

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	---	--

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

**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**

<p><b>1a</b> Name of plan <u>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE P</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> 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) <u>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE FUND</u></p> <p><u>1300 W. HIGGINS ROAD</u> <u>SUITE 303</u> <u>PARK RIDGE, IL 60068</u></p>	<p><b>1c</b> Effective date of plan <u>03/01/1961</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>36-6069119</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>773-685-0340</u></p> <p><b>2d</b> Business code (see instructions) <u>812220</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	11/21/2025	JOHN COLI JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	11/21/2025	GREGORY T. YOUMANS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	4469
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	4460
	<b>6a(2)</b>	4613
	<b>6b</b>	11
	<b>6c</b>	
	<b>6d</b>	4624
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	334

**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

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

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

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

---

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

---

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

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

---

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

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

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

---

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

For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p><b>A</b> Name of plan <b>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE P</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>36-6069119</b></p>	

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

**1 Coverage Information:**

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	Y9E-001	8875	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid <b>64038</b></p>	<p>(b) Total amount of fees paid <b>0</b></p>
--	---

**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  
**ELITE ADMINISTRATION & INS GROUP**      **1211 W. 22ND STREET, STE 820**  
**OAK BROOK, IL 60523**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
53365			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**BSP GROUP BENEFITS INC.**      **206 S. JEFFERSON, SUITE 200**  
**CHICAGO, IL 60661**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10673			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	

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1067293
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p><b>A</b> Name of plan <b>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE P</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>36-6069119</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**DEARBORN 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
36-2598882	71129	F005917	3968	03/01/2024	02/28/2025

**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.

<p><b>(a)</b> Total amount of commissions paid <b>41041</b></p>	<p><b>(b)</b> Total amount of fees paid <b>9750</b></p>
---	---

**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  
**ELITE ADMINISTRATION & INS GROUP**      **1211 W. 22ND STREET, STE 820**  
**OAK BROOK, IL 60523**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41041	9750	ADDITIONAL COMPENSATION	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.

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	410411
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p><b>A</b> Name of plan <b>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE P</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>36-6069119</b></p>	

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

**1 Coverage Information:**

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-2611847	70939	GB00209IL-11	3628	03/01/2024	02/28/2025

**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.

<p><b>(a)</b> Total amount of commissions paid <b>53364</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
---	--

**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  
**ELITE ADMINISTRATION & INS GROUP**      **1300 W. HIGGINS SUITE 208**  
**PARK RIDGE, IL 60068**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
53364			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.

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1908139
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<b>A</b> Name of plan <b>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE P</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6069119</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**THE VANGUARD GROUP, INC.**

**23-1945930**

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

**BAIRD FUNDS** **P.O. BOX 701**  
**MILWAUKEE, WI 53201**

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

**GOLDMAN SACHS ASSET MANAGEMENT** **P.O. BOX 06050**  
**CHICAGO, IL 60606**

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

**INVESCO ADVISORS INC** **303 COLORADO ST.**  
**AUSTIN, TX 78701**

---

---

**(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

---

---

---

**(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

---

---

---

**(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

---

---

---

**(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

---

**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)

MARATHON HEALTH

83-0674262

(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	NONE	3111836	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEALTH CARE SERVICE CORPORATION

36-1236610

(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 99	NONE	2127130	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ELITE ADMINISTRATION & INSURANCE

36-2238689

(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 22 53 73	NONE	1100178	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	46194	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

PAYDHEALTH

84-2853707

(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	NONE	388659	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

R. LAINO

36-6102397

(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?
30	ADMINISTRATOR	187300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

S. JOHNSON

36-6102397

(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?
30	EMPLOYEE	184182	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

J. MARTINEZ

36-6102397

(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?
30	EMPLOYEE	174583	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

C. LAINO

36-6102397

(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?
30	EMPLOYEE	172942	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

B. RODRIGUEZ

36-6102397

(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?
30	EMPLOYEE	164264	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

T. MARINO

36-6102397

(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?
30	EMPLOYEE	160632	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VIVEKA HEALTH, INC.

86-2467157

(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	NONE	160315	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CTM LEGAL GROUP

46-1047517

(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	OWNER IS BRO. OF TRUSTEE	159910	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

M. PRYOR

36-6102397

(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?
30	EMPLOYEE	157714	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONAL INVESTMENT SERVICES

84-3937993

(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	NONE	157676	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

L. CRUZ

36-6102397

(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?
30	EMPLOYEE	157291	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

S. BRULL

36-6102397

(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?
30	EMPLOYEE	153451	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Z. FRANKENBACH

36-6102397

(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?
30	EMPLOYEE	152376	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

B. AFFETTO

36-6102397

(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?
30	EMPLOYEE	143948	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

VALENZ CARE

36-4869660

(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	NONE	111623	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

A. JOZWICKI

36-6102397

(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?
30	EMPLOYEE	110320	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELTA DENTAL OF ILLINOIS

36-2612058

(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	NONE	97466	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

C. JACOBazzi

36-6102397

(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?
30	EMPLOYEE	60262	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

G. SHAMOON

36-6102397

(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?
30	EMPLOYEE	59231	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIG, WILLIAMS & DAVIDSON

23-2416488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	52803	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FOSTER AND FOSTER

59-1921114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	52402	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

R. CLANCY

36-6102397

(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?
30	EMPLOYEE	51511	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

V. NAPLES

36-6102397

(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?
30	EMPLOYEE	47969	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	43430	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

B. MARTINEZ

36-6102397

(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?
30	EMPLOYEE	41223	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

G. YOUMANS

36-6069119

(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 20	TRUSTEE	41023	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BUCK GLOBAL

83-1116912

(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	NONE	40000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

C. TOMINBERG

36-6069119

(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 20	TRUSTEE	31085	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMERICA

42-1741646

(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?
18 19 28 49 59 62	NONE	23556	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

STRATEGIC CAPITAL

36-4268991

(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?
27	NONE	20000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ENGBERG ANDERSON

39-1601532

(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	NONE	16600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE HORTON GROUP

36-3672171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	16250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AMALGAMATED BANK

36-0721895

(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 62 65 28	NONE	14397	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MR. MICROCHIP

59-3084068

(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	NONE	13722	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SOMMERS AND FAHRENBACH

36-1796440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	11890	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

K-PLUS TECHNOLOGY SOLUTIONS

36-4282001

(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	NONE	8107	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

J. COLI JR.

36-6069119

(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 49	TRUSTEE	6428	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

C. CARTER-PATTON

36-6069119

(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 49	TRUSTEE	5971	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

N. MICALETTI

36-6069119

(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 49	TRUSTEE	5319	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

M. DEGARD

36-6069119

(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 49	TRUSTEE	5045	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

<b>A</b> Name of plan <u>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE P</u>	<b>B</b> Three-digit plan number (PN)	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6069119</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS HIGH YIELD FUND LLC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA LLC</u>		
<b>c</b> EIN-PN <u>39-2021943-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1620095</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS TOTAL ABSOLUTE RETURN FUND LLC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA LLC</u>		
<b>c</b> EIN-PN <u>45-4783986-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4046606</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)



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

For calendar plan year 2024 or fiscal plan year beginning <b>03/01/2024</b> and ending <b>02/28/2025</b>	
<b>A</b> Name of plan <b>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE P</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6069119</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	3728811	2197575
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	9938059	9281381
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2333562	3238728
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1669138	1492077
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	11754993	18238640
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	3563338	7778792
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	14587342	11035119
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	7145000	5666701
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	80340526	94984745
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	1764591	1990664

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	2025324	2363220
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	138850684	158267642
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	10976000	12270000
<b>h</b> Operating payables.....	<b>1h</b>	950476	383551
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1829408	2475905
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	13755884	15129456
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	125094800	143138186

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	84221916	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	218800	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		84440716
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	63664	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	685538	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	707162	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	76427	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1532791
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2300009	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2300009
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	38979896	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	39068888	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-88992
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1006395	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		436701
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		8144210
<b>c</b> Other income .....	<b>2c</b>		5726
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		97777556

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	3380933	
(3) Other .....	<b>2e(3)</b>	73133855	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		76514788
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	43430	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	201232	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	14397	
(7) Actuarial fees .....	<b>2i(7)</b>	68652	
(8) Legal fees .....	<b>2i(8)</b>	212713	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	69300	
(11) Other expenses .....	<b>2i(11)</b>	2609658	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		3219382
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		79734170

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		18043386
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**Teamsters Local Union No. 727  
Health and Welfare Fund**

Financial Statements

February 28, 2025

**Teamsters Local Union No. 727  
Health and Welfare Fund**

Financial Statements with Supplementary Information

February 28, 2025 and February 29, 2024

**Contents**

	Page
Report of Independent Auditors	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Benefit Obligations	6
Statements of Changes in Benefit Obligations	7
Notes to Financial Statements	8
	Schedule
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	1
Schedule H, Line 4j - Schedule of Reportable Transactions	2

## **Report of Independent Auditors**

To the Participants and Trustees of  
Teamsters Local Union No. 727  
Health and Welfare Fund

### ***Opinion***

We have audited the financial statements of Teamsters Local Union No. 727 Health and Welfare 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 February 28, 2025 and February 29, 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Teamsters Local Union No 727 Health and Welfare Fund as of February 28, 2025 and February 29, 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 (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence that we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Other Matter - Restatement of Net Assets Available for Benefits***

As part of our audit of the 2025 financial statements, we audited the adjustments described in Note 15 that were applied to restate the 2024 financial statements. In our opinion, such adjustments were appropriate and have been properly applied.

### ***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.

### ***Responsibilities of Management for the Financial Statements (continued)***

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

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

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 financial statements; and
- Conclude whether, in our judgement, 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.

***Auditors' Responsibilities for the Audit of the Financial Statements (continued)***

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.

*Legacy Professionals LLP*

Westchester, Illinois

December 2, 2025

**Teamsters Local Union No. 727  
Health and Welfare Fund**

**Statements of Net Assets Available for Benefits**

February 28, 2025 and February 29, 2024

	<u>2025</u>	<u>2024</u>
<b>Assets</b>		
Investments - at fair value		
Collective investment funds	\$ 5,666,701	\$ 7,145,000
Mutual funds	94,984,745	80,340,526
U.S. Government and Government		
Agency obligations	18,238,640	11,754,993
Corporate obligations	18,813,911	18,150,680
Municipal obligations	1,990,664	1,764,591
Money market funds	<u>1,492,077</u>	<u>1,669,138</u>
Total investments	<u>141,186,738</u>	<u>120,824,928</u>
Receivables		
Employer contributions	8,354,452	9,018,768
Payroll compliance audit collections	926,929	919,291
Stop-loss refunds	478,935	-
Prescription drug rebates	2,418,947	2,083,438
Accrued interest and dividends	<u>298,538</u>	<u>227,971</u>
Total receivables	<u>12,477,801</u>	<u>12,249,468</u>
Property and equipment - net	<u>1,338,728</u>	<u>1,214,662</u>
Operating lease right-of-use asset	<u>1,024,492</u>	<u>810,662</u>
Other assets		
Prepaid expenses	32,563	12,408
Other	<u>9,745</u>	<u>9,745</u>
Total other	<u>42,308</u>	<u>22,153</u>
Cash	<u>2,197,575</u>	<u>3,728,811</u>
Total assets	<u>158,267,642</u>	<u>138,850,684</u>
<b>Liabilities and Net Assets</b>		
Liabilities		
Accounts payable and accrued expenses	383,551	950,476
Due to broker	101,263	-
Due to related organizations	514,385	403,969
Operating lease liability	<u>1,860,257</u>	<u>1,425,439</u>
Total liabilities	<u>2,859,456</u>	<u>2,779,884</u>
Net assets available for benefits	<u>\$ 155,408,186</u>	<u>\$ 136,070,800</u>

See accompanying notes to financial statements.

**Teamsters Local Union No. 727  
Health and Welfare Fund**

**Statements of Changes in Net Assets Available for Benefits**

Years Ended February 28, 2025 and February 29, 2024

	<u>2025</u>	<u>2024</u>
<b>Additions</b>		
Contributions		
Employer	\$ 83,959,381	\$ 83,256,300
Participant	<u>218,800</u>	<u>268,348</u>
Total contributions	<u>84,178,181</u>	<u>83,524,648</u>
Investment income		
Net appreciation in fair value of investments	9,498,314	7,282,592
Dividends and interest	<u>3,832,800</u>	<u>5,660,655</u>
	13,331,114	12,943,247
Less investment expenses	<u>(201,232)</u>	<u>(119,628)</u>
Investment income - net	<u>13,129,882</u>	<u>12,823,619</u>
Payroll compliance audit collections	262,535	632,213
Other income	<u>5,726</u>	<u>57,152</u>
Total additions	<u>97,576,324</u>	<u>97,037,632</u>
<b>Deductions</b>		
Cost of benefits		
Medical, disability and prescription drug - net	58,416,614	54,030,969
Stop-loss insurance premiums	1,908,139	2,372,766
Disease management	235,634	286,422
Dental and vision	7,291,031	5,212,495
Life insurance premiums	410,411	458,823
Wellness center	3,265,884	2,403,519
Blue Cross Blue Shield access fees	2,127,130	2,371,301
Claims processing, administration fees and pricing tool	1,454,322	1,968,214
Claims utilization	<u>111,623</u>	<u>117,197</u>
Total cost of benefits	75,220,788	69,221,706
Administrative expenses	<u>3,018,150</u>	<u>2,779,619</u>
Total deductions	<u>78,238,938</u>	<u>72,001,325</u>
<b>Net increase</b>	19,337,386	25,036,307
<b>Net assets available for benefits</b>		
Beginning of year - as restated	<u>136,070,800</u>	<u>111,034,493</u>
End of year	<u>\$ 155,408,186</u>	<u>\$ 136,070,800</u>

See accompanying notes to financial statements.

**Teamsters Local Union No. 727  
Health and Welfare Fund**

**Statements of Benefit Obligations**

February 28, 2025 and February 29, 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Medical claims payable and claims incurred but not reported	\$ 11,659,000	\$ 9,730,000
Dental and vision claims payable and claims incurred but not reported	<u>611,000</u>	<u>1,246,000</u>
Total amounts currently payable	12,270,000	10,976,000
Other obligations for current benefit coverage, at estimated amounts		
Accumulated eligibility	<u>23,778,000</u>	<u>16,606,000</u>
Total benefit obligations	<u>\$ 36,048,000</u>	<u>\$ 27,582,000</u>

See accompanying notes to financial statements.

**Teamsters Local Union No. 727  
Health and Welfare Fund**

**Statements of Changes in Benefit Obligations**

Years Ended February 28, 2025 and February 29, 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Balance at beginning of year	\$ 10,976,000	\$ 9,907,000
Increase (decrease) during the year attributable to changes in		
Medical claims payable and claims incurred but not reported	1,929,000	1,019,000
Dental and vision claims payable and claims incurred but not reported	<u>(635,000)</u>	<u>50,000</u>
Balance at end of year	<u>12,270,000</u>	<u>10,976,000</u>
Other obligations for current benefit coverage, at estimated amounts		
Balance at beginning of year	16,606,000	15,617,000
Increase during the year attributable to changes in		
Accumulated eligibility	<u>7,172,000</u>	<u>989,000</u>
Balance at end of year	<u>23,778,000</u>	<u>16,606,000</u>
Total benefit obligations	<u>\$ 36,048,000</u>	<u>\$ 27,582,000</u>

See accompanying notes to financial statements.

**Teamsters Local Union No. 727  
Health and Welfare Fund**

**Notes to Financial Statements**

February 28, 2025 and February 29, 2024

**Note 1. Description of the Plan**

Teamsters Local Union No. 727 Health and Welfare Fund (the Plan) was established in 1961 as a result of collective bargaining agreements between the local union and participating employers to provide health care, death and disability benefits for eligible participants and their dependents. The Plan is a multiemployer welfare plan subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is administered by a joint board of trustees consisting of an equal number of union and employer representatives.

The Plan provides benefits under Basic and Expanded Programs. The Basic Program provides dental, vision and life insurance benefits. The Expanded Program provides medical, dental, vision, prescription drug, disability and life insurance benefits. Benefits in each program cover participants and their dependents who meet the eligibility requirements as specified in the Plan documents.

Under current provisions of the Plan, participants become eligible for benefits beginning on the first day of the fourth month of working under a collective bargaining agreement. Generally, participants remain eligible for benefits until the last day of the third month following the month in which such employment ends.

Continuation of health care benefits to persons who could otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act (COBRA), has been adopted by the Plan.

The Plan opened the Teamsters Local 727 Wellness Center in Berwyn, Illinois, in partnership with Marathon Health (previously Everside Health), to provide comprehensive primary care services at no charge to participants. Services provided include, but are not limited to, annual physicals exams, DOT physicals, mental health services, school and sports physicals, sick and urgent care and select onsite medication. Subsequent to year end, the Plan opened another Wellness Center in Oak Lawn, Illinois.

Participants should refer to the summary plan description for more complete information.

**Note 2. Summary of Significant Accounting Policies**

**Method of Accounting** - The accompanying financial statements have been prepared using the accrual basis of accounting.

## Note 2. Summary of Significant Accounting Policies (continued)

**Investments** - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Purchases and sales of investments are reflected on a trade-date basis.

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex dividend date.

**Contributions Receivable** - Employer contributions due and not paid at year end are recorded as contributions receivable. Contributions owed as a result of payroll compliance audits are recorded as income when upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided. The direct write-off method is used wherein management writes off uncollectible accounts after collection efforts have proved unsuccessful. There were no amounts written off for the years ended February 28, 2025 and February 29, 2024, respectively.

**Property and Equipment** - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation and amortization are computed by the straight-line method over the following estimated useful lives of the related assets:

Furniture and equipment	5 years
Computer equipment and software	5 years
Leasehold improvements	10 - 13 years

**Leases** - The Plan determines if an arrangement is a lease at inception. Operating leases are included in right-of-use (ROU) assets and a corresponding lease liability in the statement of net assets available for benefits. ROU assets represent the Plan's right to use an underlying asset for the lease term, and lease liabilities represent the Plan's obligation to make lease payments arising from the lease. ROU assets and liabilities are recognized at the lease commencement date based on the present value of lease payments over the lease term. Lease terms may include options to extend or terminate the lease when it is reasonably certain that the Plan will exercise that option. Lease expense for operating lease payments is recognized on a straight-line basis over the lease term. The Plan has made an accounting policy election to not recognize assets or liabilities for leases with a term of less than 12 months.

When individual lease contracts do not provide information about the discount rate implicit in the lease, the Plan has elected to use a risk-free discount rate determined using a period comparable with that of the lease term for computing the present value of lease liabilities. The lease liability includes free rent and past and future lease incentives from the landlord.

## **Note 2. Summary of Significant Accounting Policies (continued)**

**Revenue Recognition** - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rate currently in effect, as set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 1 within a jurisdiction primarily located in Chicago and surrounding areas of Illinois.

**Benefits** - All benefits except for life insurance and vision are provided on a self-insured basis. The Plan provides medical, prescription drug, dental, disability and death benefits for eligible participants and their dependents or beneficiaries.

**Prescription Drug Rebates** - The Plan utilizes a pharmacy benefit manager (PBM) who periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Rebates due from the Plan's PBM are recorded when earned. Rebates due as of the financial statement date have been reported as a receivable. Rebates received of \$3,478,071 and \$3,088,196 for the years ended February 28, 2025 and February 29, 2024, respectively, are netted against benefits paid on the statements of changes in net assets available for benefits.

**Stop-Loss Insurance** - The Plan maintains a stop-loss arrangement in an effort to limit its exposure for self-insured benefits. Under the terms of the contract, individual participant claims incurred within the contract year in excess of specific limits within the contract are reimbursed to the Plan. During the years ended February 28, 2025 and February 29, 2024, contract limits were \$400,000. Medical claims for the years ended February 28, 2025 and February 29, 2024 are reported net of stop-loss reimbursements of \$1,385,386 and \$892,895 respectively.

**Benefit Obligations** - Benefit obligations are primarily estimated by the Plan's actuarial consultant using accepted actuarial principles based on claims experience, Plan benefits and other data as considered necessary.

The obligation for accumulated eligibility represents an estimate of claims which will be due the following year for participants who had earned eligibility prior to February 28/29 to maintain coverage at year end.

**Expenses** - Certain investment related expenses are included in net appreciation in fair value of investments.

**Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

**Subsequent Events** - Subsequent events have been evaluated through December 2, 2025, which is the date the financial statements were available to be issued.

### **Note 3. Priorities upon Termination**

It is the intent of the Trustees to continue the Plan in full force and effect; however, in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan.

### **Note 4. Tax Status**

The Plan obtained a notice of exemption in which the Internal Revenue Service stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the notice of exemption. The Plan's administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

### **Note 5. Fair Value Measurements**

The *Fair Value Measurements and Disclosures* Topic of the Financial Accounting Standards Board Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

#### Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

**Note 5. Fair Value Measurements (continued)**

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of February 28, 2025 and February 29, 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

	Total	Fair Value Measurements at 2/28/25 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 94,984,745	\$ 94,984,745	\$ -	\$ -
U.S. Government and Government				
Agency obligations	18,238,640	12,829,864	5,408,776	-
Corporate obligations	18,813,911	-	18,813,911	-
Municipal obligations	1,990,664	-	1,990,664	-
Money market funds	1,492,077	-	1,492,077	-
	<u>135,520,037</u>	<u>\$ 107,814,609</u>	<u>\$ 27,705,428</u>	<u>\$ -</u>
Investments measured at net asset value:				
Collective investment funds	<u>5,666,701</u>			
Total	<u>\$ 141,186,738</u>			

## Note 5. Fair Value Measurements (continued)

	Total	Fair Value Measurements at 2/29/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 80,340,526	\$ 80,340,526	\$ -	\$ -
U.S. Government and Government Agency obligations	11,754,993	7,400,945	4,354,048	-
Corporate obligations	18,150,680	-	18,150,680	-
Municipal obligations	1,764,591	-	1,764,591	-
Money market funds	1,669,138	-	1,669,138	-
	113,679,928	\$ 87,741,471	\$ 25,938,457	\$ -
Investments measured at net asset value:				
Collective investment funds	7,145,000			
Total	\$ 120,824,928			

### Level 1 Measurements

U.S. Treasury securities are traded in active markets on national and international exchanges and are valued at closing prices on the last business day of each period presented.

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

### Level 2 Measurements

U.S. Government Agency, corporate and municipal obligations are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with a reasonable level of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Money market funds are valued at cost, which approximates fair value.

## Note 5. Fair Value Measurements (continued)

### Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The collective investment funds are considered direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. Redemptions for the collective investment funds held at February 28, 2025 and February 29, 2024 are available monthly with three days' notice.

## Note 6. Property and Equipment

Property and equipment consisted of the following at February 28, 2025 and February 29, 2024:

	<u>2025</u>	<u>2024</u>
Furniture and equipment	\$ 96,003	\$ 96,003
Computer equipment and software	173,546	147,836
Leasehold improvements	<u>1,565,752</u>	<u>1,324,455</u>
	1,835,301	1,568,294
Less accumulated depreciation and amortization	<u>(496,573)</u>	<u>(353,632)</u>
Property and equipment - net	<u>\$ 1,338,728</u>	<u>\$ 1,214,662</u>

Total depreciation and amortization expense was \$142,941 and \$125,459 for the years ended February 28, 2025 and February 29, 2024, respectively.

## Note 7. Concentration of Cash

Cash consists of monies held in checking and highly liquid interest bearing accounts without significant withdrawal restrictions. The Plan maintains cash balances with financial institutions deemed to be creditworthy. Balances are insured by the Federal Deposit Insurance Corporation up to \$250,000 per financial institution. Balances may at times exceed federally insured limits. Plan management believes its credit risk to be minimal.

## Note 8. Leases

The Plan is a named party, along with the related legal and educational assistance plan, to an operating lease for office space located in Park Ridge, Illinois that is owned and operated by a wholly-owned subsidiary of the related pension plan. The term for the office space operating lease is January 1, 2023 through June 30, 2036. The Plan also has an operating lease agreement for its Wellness Center in Berwyn, Illinois that began May 1, 2022 and runs through April 30, 2032. The Plan entered into an operating lease for a second Wellness Center location in Oak Lawn, Illinois that began March 1, 2025 and runs through May 31, 2032.

The components of lease expense for the years ended February 28, 2025 and February 29, 2024 are as follows:

	<u>2025</u>	<u>2024</u>
Operating lease cost	\$ 79,810	\$ 115,500
Non-lease components	<u>120,113</u>	<u>102,848</u>
Total	<u>\$ 199,923</u>	<u>\$ 218,348</u>

Total cash paid for operating leases was \$220,232 and \$162,542 for the years ended February 28, 2025 and February 29, 2024, respectively. At February 28, 2025 and February 29, 2024, the current portion of the lease liabilities was \$131,822 and \$80,347, respectively. The weighted average remaining lease terms was 8.9 and 10.5 years and the weighted average discount rate was 3.76% and 3.58% as of February 28, 2025 and February 29, 2024, respectively.

The following is a summary of annual cash flows for the lease liabilities under the operating leases:

	Wellness Center Berwyn	Wellness Center Oak Lawn	Office Space	Total
Year ending February 28/29,				
2026	\$ 70,308	\$ 59,708	\$ 68,049	\$ 198,065
2027	70,308	81,117	86,777	238,202
2028	70,308	83,157	94,268	247,733
2029	70,308	85,230	96,763	252,301
2030	70,308	87,373	99,258	256,939
Thereafter	<u>152,334</u>	<u>204,258</u>	<u>676,733</u>	<u>1,033,325</u>
	503,874	600,843	1,121,848	2,226,565
Less - imputed interest	<u>(50,834)</u>	<u>(85,678)</u>	<u>(229,796)</u>	<u>(366,308)</u>
Present value of lease liability	<u>\$ 453,040</u>	<u>\$ 515,165</u>	<u>\$ 892,052</u>	<u>\$ 1,860,257</u>

**Note 8. Leases (continued)**

The Plan shares the office space in Park Ridge, Illinois with other related organizations. The related organizations reimburse the Plan for their prorata share of the lease, based on estimates of space used. Cash paid for the operating lease was \$71,336 and \$14,701 for the years ended February 28, 2025 and February 29, 2024, respectively.

The Plan acquired leasehold improvements under the operating lease agreements. The leasehold improvements acquired from the operating lease agreements at February 28, 2025 and February 29, 2024 are as follows:

	<u>2025</u>	<u>2024</u>
Leasehold improvements under operating leases	\$ 1,565,752	1,324,455
Amortization of leasehold improvements	<u>(364,296)</u>	<u>(241,558)</u>
Net leasehold improvements	<u>\$ 1,201,456</u>	<u>\$ 1,082,897</u>

**Note 9. Risks and Uncertainties**

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

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

The Plan has a significant portion of its assets invested in certain equity and fixed income mutual funds. One equity mutual fund represented approximately 32% and 33% of the Plan's net assets available for benefits as of February 28, 2025 and February 29, 2024, respectively. One fixed income mutual fund represented approximately 30% and 26% of the Plan's net assets available for benefits as of February 28, 2025 and February 29, 2024, respectively.

**Note 10. Funding Policy**

The Plan is primarily funded by employer contributions and contributions from participants electing COBRA coverage. Participating employers contribute such amounts as specified in their collective bargaining agreements. During the years ended February 28, 2025 and February 29, 2024, the hourly contribution rates for the majority of participants ranged from \$9.51 to \$12.45 and monthly COBRA contribution rates ranged from \$105 to \$1,724 depending on the coverage option elected.

### **Note 11. Major Employers**

The Plan receives contributions from two employers who accounted for approximately 27% of employer contributions for each of the years ended February 28, 2025 and February 29, 2024. In the event these employers were to suspend contributions, the Plan would terminate benefit coverage as required under the Plan document. The Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

### **Note 12. Related Organizations**

The Plan is related to a local union, a pension plan, a legal and educational assistance plan and a labor management committee, all of which are tax-exempt.

The Plan shares facilities, equipment and staff with its related organizations. Certain common administrative expenses incurred among the related organizations are initially paid by the pension plan and are allocated based on estimates of time spent, space used and costs incurred. The total amount of expenses allocated to the Plan was \$2,280,693 and \$2,059,355 for the years ended February 28, 2025 and February 29, 2024, respectively.

During the year ended February 28, 2025, the Plan paid for shared expenses related to software costs and maintenance. The total amount of expenses allocated to the Plan was \$57,484 for the year ended February 28, 2025, of which \$25,710 was capitalized.

Amounts due to related organizations totaled \$514,385 and \$403,969 at February 28, 2025 and February 29, 2024, respectively.

In addition, at times, contributions are received for/by the Plan by/for the related organizations which are transferred shortly after year end. Any contributions due to/from the Plan by/for related organizations are included in the due from/(to) related organizations in the accompanying financial statements.

Shared employees are covered under a defined contribution SEP-IRA plan and a multiemployer defined benefit pension plan. The Plan's share of contributions for the defined contribution SEP-IRA plan for the years ended February 28, 2025 and February 29, 2024 was \$268,629 and \$240,189 respectively. The Plan's share of contributions for the multiemployer defined benefit pension plan for the years ended February 28, 2025 and February 29, 2024 was \$172,877 and \$156,225, respectively. Contributions to benefit plans are included in allocated expenses described above.

### **Note 13. Party-In-Interest Transactions**

The Plan's investments are held by Comerica Bank, who provides certain custodial services to the Plan. During the year ended February 29, 2024, three of the Plan's investments were managed by Comerica Bank. Transactions with Comerica Bank qualify as party-in-interest transactions that are exempt from the prohibited transaction rules of ERISA.

#### Note 14. General Litigation

The Plan is involved in various legal actions arising in the normal course of its operations. In the opinion of management, such matters will not have a material effect upon the financial position of the Plan.

#### Note 15. Restatement

Net assets available for benefits as of March 1, 2024 were restated to correct certain errors as follows:

	<u>2024</u>		<u>Net Assets</u>
	<u>Property and</u>	<u>Due to Related</u>	<u>Available</u>
	<u>Equipment - net</u>	<u>Organizations</u>	<u>for Benefits</u>
As previously reported	\$ 1,210,989	\$ 250,271	\$ 136,220,825
Adjustment	<u>3,673</u>	<u>153,698</u>	<u>(150,025)</u>
As restated	<u>\$ 1,214,662</u>	<u>\$ 403,969</u>	<u>\$ 136,070,800</u>

#### Note 16. Reconciliation of Financial Statements to Form 5500

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

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 155,408,186	\$ 136,070,800
Less - benefit obligations currently payable	<u>(12,270,000)</u>	<u>(10,976,000)</u>
Net assets available for benefits per the 5500	<u>\$ 143,138,186</u>	<u>\$ 125,094,800</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended February 28, 2025:

Benefits paid to or for participants per the financial statements	\$ 75,220,788
Add - amounts currently payable at the end of the year	12,270,000
Less - amounts current payable at the beginning of the year	<u>(10,976,000)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 76,514,788</u>

**Note 17. Subsequent Events**

As disclosed in Note 1 and Note 8, during the year ended February 28, 2025, the Plan entered into a lease agreement for office space to open another Wellness Center in Oak Lawn, Illinois. The Plan's expected cost to construct the space for use total approximately \$1,200,000, of which \$241,297 is expected to be reimbursed by the landlord. The new Wellness Center became operational in September 2025.

Report of Independent Auditors on Supplemental Schedules

To the Participants and Trustees of  
Teamsters Local Union No. 727  
Health and Welfare Fund

We have audited the financial statements of Teamsters Local Union No. 727 Health and Welfare (the Plan) as of February 28, 2025 and February 29, 2024, and our report thereon dated December 2, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the financial statement as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

In our opinion, the information in the accompanying schedules 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.

*Legacy Professionals LLP*

Westchester, Illinois

December 2, 2025





**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 7 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Debt Securities</b>							
<b>U S Government Obligations</b>							
1-103570.2 UNITED STATES TREAS DTD 1/31/2020 1.50% 1/31/2027 Cusip: 912828Z78	198,000.0000	95.43	188,951.40	182,733.62	6,217.78	237.93 2,970.00	0.0400
1-103570.2 UNITED STATES TREAS 0% NTS DTD 12/31/2022 3.875% 12/31/2027 Cusip: 91282CGC9	493,000.0000	99.75	491,767.50	495,149.06	(3,381.56)	3,166.37 19,103.75	0.0400
1-103570.2 UNITED STATES TREAS 0% NTS DTD 3/31/2022 2.375% 3/31/2029 03/31/2029 Cusip: 91282CEE7	1,810,000.0000	93.91	1,699,698.60	1,681,973.59	17,725.01	17,950.82 42,987.50	0.0400
1-103570.2 UNITED STATES TREAS 1% NTS DTD 7/22/2021 1.00% 7/31/2028 07/31/2028 Cusip: 91282CCR0	181,000.0000	90.56	163,911.79	158,402.93	5,508.86	145.00 1,810.00	0.0400
1-103570.2 UNITED STATES TREAS 2.875% DTD 5/15/2022 2.875% 5/15/2032 Cusip: 91282CEP2	1,330,000.0000	92.31	1,227,762.90	1,198,402.28	29,360.62	11,196.62 38,237.50	0.0410
1-103570.2 UNITED STATES TREAS 4.25% 11/15/2034 Ser F-2034 DTD 11/15/2024 4.25% 11/15/2 Cusip: 91282CLW9	402,000.0000	100.39	403,571.82	393,676.87	9,894.95	5,002.79 17,085.00	0.0420
1-103570.2 UNITED STATES TREAS BDS DTD 8/15/2024 4.25% 8/15/2054 Cusip: 912810UC0	653,000.0000	96.09	627,493.82	601,393.80	26,100.02	1,073.30 27,752.50	0.0450
1-103570.2 UNITED STATES TREAS BDS 0% BDS DTD 2/15/2023 3.625% 2/15/2053 Cusip: 912810TN8	168,000.0000	85.70	143,981.04	147,041.32	(3,060.28)	235.52 6,090.00	0.0450
1-103570.2 UNITED STATES TREAS BDS 1.75% BDS 15/08/2041 USD (BOND 08/41) 1.75% 08/15/2041 Cusip: 912810TA6	26,000.0000	68.24	17,741.88	18,159.38	(417.50)	17.60 455.00	0.0450



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 8 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>U S Government Obligations</b>							
1-103570.2 UNITED STATES TREAS BDS 3.375% DTD 11/15/2018 3.375% 11/15/2048 Cusip: 912810SE9	2,186,000.0000	82.18	1,796,542.24	1,919,292.17	(122,749.93)	21,603.36 73,777.50	0.0460
1-103570.2 UNITED STATES TREAS BDS 3.875% DTD 2/15/2023 3.875% 2/15/2043 Cusip: 912810TQ1	2,528,000.0000	92.27	2,332,661.44	2,345,959.46	(13,298.02)	3,788.51 97,960.00	0.0450
1-103570.2 UNITED STATES TREAS NTS Ser B-2035 DTD 2/15/2025 0.00% 2/15/2035 Cusip: 91282CMM0	844,000.0000	103.45	873,143.32	860,774.92	12,368.40	0.00 0.00	
1-103570.2 UNITED STATES TREASURY NOTES DTD 03/31/2024 4.125% 03/31/2031 Cusip: 91282CKF7	261,000.0000	100.26	261,673.38	260,480.36	1,193.02	4,495.80 10,766.25	0.0410
1-103570.2 United States Treasury Notes Ser K-2030 DTD 4/30/2023 3.50% 4/30/2030 Cusip: 91282CGZ8	1,344,000.0000	97.51	1,310,561.28	1,298,357.91	12,203.37	15,723.31 47,040.00	0.0400
1-103570.2 US TREASURY NOTE 11/15/2033 Cusip: 91282CJJ1	865,000.0000	102.39	885,647.55	880,264.75	5,382.80	11,397.93 38,925.00	0.0420
1-103570.2 US TREASURY NOTE 3.875% 08/15/2034 Ser E-2034 DTD 8/15/2024 3.875% 8/15/20 Cusip: 91282CLF6	415,000.0000	97.53	404,753.65	408,221.48	(3,467.83)	621.93 16,081.25	0.0420
<b>Total U S Government Obligations</b>			<b>12,829,863.61</b>	<b>12,850,283.90</b>	<b>(20,420.29)</b>	<b>96,656.79 441,041.25</b>	

To Page 1

**Mortgage Backed Securities**

1-103570.2 FEDERAL HOME LN MTG CORP PARTN C 3.000 2047-05-01 USD/ GOLD POOL 3% 05/01/2047 Cusip: 31335BCW4	151,148.8700	89.47	135,226.85	144,678.58	(9,451.73)	377.87 4,534.47	
--	--------------	-------	------------	------------	------------	--------------------	--



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 9 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Mortgage Backed Securities</b>							
1-103570.2 FEDERAL HOME LN MTG CORP PARTN C 4.500 2038-10-01 USD/ GOLD POOL 4.5% 10/01/2038 Cusip: 3128P8HA2	5,151.0200	99.99	5,150.56	5,390.85	(240.29)	19.32 231.80	
1-103570.2 FEDERAL HOME LN MTG GOLD POOL NBR G0-7786 4% 08/01/2044 Cusip: 3128M96X5	71,502.3300	96.57	69,046.94	78,876.00	(9,829.06)	238.34 2,860.09	
1-103570.2 FEDERAL HOME LOAN MTG CORP 3.000 2040-01-01 USD 3% 01/01/2040 Cusip: 3132D9BQ6	79,352.9000	92.36	73,292.72	84,808.43	(11,515.71)	198.38 2,380.59	
1-103570.2 FEDERAL HOME LOAN MTG CORP 3.000 2042-07-01 USD 3% 07/01/2042 Cusip: 3132D9KM5	136,184.7800	90.65	123,448.78	123,928.18	(479.40)	340.46 4,085.54	
1-103570.2 FEDERAL HOME LOAN MTG CORP 3.000 2049-11-01 USD 3% 11/01/2049 Cusip: 3132DN3X9	120,679.5200	88.73	107,081.35	107,536.75	(455.40)	301.70 3,620.39	
1-103570.2 FEDERAL HOME LOAN MTG CORP 3.000 2050-12-01 USD 3% 12/01/2050 Cusip: 3132DNV75	76,204.5800	88.73	67,616.33	70,751.18	(3,134.85)	190.51 2,286.14	
1-103570.2 FEDERAL HOME LOAN MTG CORP 4.000 2046-01-01 USD/ GOLD POOL 4% 01/01/2046 Cusip: 31335CGD0	27,263.7900	95.91	26,148.15	28,499.11	(2,350.96)	90.88 1,090.55	
1-103570.2 FEDERAL NATIONAL MORTGAGE ASSOC DTD 10/1/2019 4.00% 7/1/2038 07/01/2038 Cusip: 3140X4ZM1	11,735.2300	97.43	11,433.99	12,345.16	(911.17)	39.12 469.41	
1-103570.2 FEDERAL NATL MTG ASSN 2.000 2042-03-01 USD 2% 03/01/2042 Cusip: 31418ECG3	126,021.1900	85.29	107,478.43	114,305.18	(6,826.75)	210.04 2,520.42	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 10 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Mortgage Backed Securities</b>							
1-103570.2 FEDERAL NATL MTG ASSN GTD MTG 3.000 2037-12-01 USD 3% 12/01/2037 Cusip: 3140J7VQ5	57,953.9100	92.91	53,845.56	61,965.39	(8,119.83)	144.88 1,738.62	
1-103570.2 FEDERAL NATL MTG ASSN GTD MTG 3.000 2048-02-01 USD 3% 02/01/2048 Cusip: 3140J72S3	91,671.0000	89.37	81,921.79	79,667.85	2,253.94	229.18 2,750.13	
1-103570.2 FEDERAL NATL MTG ASSN GTD MTG 3.500 2042-02-01 USD 3.5% 02/01/2042 Cusip: 3140FXGT3	187,821.6400	93.64	175,883.69	184,820.27	(8,936.58)	547.81 6,573.76	
1-103570.2 FEDERAL NATL MTG ASSN GTD MTG 4.500 2038-01-01 USD 4.5% 01/01/2038 Cusip: 3140J72Z7	12,713.9100	99.84	12,693.83	13,303.98	(610.15)	47.68 572.13	
1-103570.2 FEDERAL NATL MTG ASSN GTD MTG 4.500 2051-07-01 USD 4.5% 07/01/2051 Cusip: 3140FXNL2	111,456.6800	98.18	109,424.83	113,520.40	(4,095.57)	417.96 5,015.55	
1-103570.2 FEDERAL NATL MTG ASSN GTD MTG DTD 4/1/2018 3.50% 2/1/2052 02/01/2052 Cusip: 3140FXGY2	115,723.1200	92.26	106,771.93	115,361.48	(8,589.55)	337.53 4,050.31	
1-103570.2 FEDERAL NATL MTG ASSN GTD MTG DTD 5/1/2017 2.50% 4/1/2037 04/01/2037 Cusip: 3140J5MF3	136,820.8200	91.50	125,188.31	128,422.82	(3,234.51)	285.04 3,420.52	
1-103570.2 FEDERAL NATL MTG ASSN GTD MTG POOL NBR AL9135 4% 01/01/2043 Cusip: 3138EREH9	34,318.1000	96.78	33,213.75	35,958.93	(2,745.18)	114.39 1,372.72	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 11 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Mortgage Backed Securities</b>							
1-103570.2 FEDERAL NATL MTG ASSN GTD MTG PA 3.500 2038-08-01 USD 3.5% 08/01/2038 Cusip: 31418CZE7	10,948.3000	95.16	10,418.18	11,458.09	(1,039.91)	31.93 383.19	
1-103570.2 FEDERAL NATL MTG ASSN GTD MTG PA POOL NBR MA2164 3.5% 02/01/2035 Cusip: 31418BMN3	36,051.5400	96.27	34,706.46	37,121.82	(2,415.36)	105.15 1,261.80	
1-103570.2 FEDERAL NATL MTG ASSN GTD MTG PA POOL NBR MA2833 3% 12/01/2046 Cusip: 31418CEF7	129,126.7000	88.91	114,803.97	121,782.59	(6,978.62)	322.82 3,873.80	
1-103570.2 FEDERAL NATL MTG ASSN GTD MTG PA POOL NBR MA2937 4% 03/01/2037 Cusip: 31418CHP2	25,487.6700	98.01	24,979.95	26,562.92	(1,582.97)	84.96 1,019.51	
1-103570.2 FEDERAL NATL MTG ASSN POOL NBR 725229 6% 03/01/2034 Cusip: 31402CVW9	17,921.0700	103.06	18,469.99	20,381.72	(1,911.73)	89.61 1,075.26	
1-103570.2 FEDERAL NATL MTG ASSN POOL NBR AV0692 4% 12/01/2043 Cusip: 3138XBXW9	13,439.5100	96.45	12,962.14	14,002.69	(1,040.55)	44.80 537.58	
1-103570.2 FHLMC 1.238% 01/25/2035 DTD 7/1/2020 1.238% 1/25/2035 Cusip: 3137FUZH0	55,137.6400	82.86	45,686.36	43,214.12	2,472.24	56.88 682.60	
1-103570.2 FHLMC 1.406% 08/25/2030 DTD 10/1/2020 1.406% 8/25/2030 Cusip: 3137FX3Q9	40,000.0000	85.75	34,301.26	34,062.50	238.76	46.87 562.40	
1-103570.2 FHLMC 1.566% 09/25/2030 DTD 11/1/2020 1.566% 9/25/2030 Cusip: 3137F63Z8	60,000.0000	86.26	51,756.49	46,521.09	5,235.40	78.30 939.60	
1-103570.2 FHLMC 2.013% 12/25/2035 DTD 1/1/2021 2.013% 12/25/2035 Cusip: 3137F8TF0	117,500.0000	77.89	91,518.00	88,482.81	3,035.19	197.11 2,365.28	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 12 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Mortgage Backed Securities</b>							
1-103570.2 FHLMC 2.481%07/25/2034 DTD 12/1/2019 2.481% 7/25/2034 Cusip: 3137FQJY0	38,981.2200	90.20	35,159.36	39,174.10	(4,014.74)	80.59 967.12	
1-103570.2 FHLMC 4.489% 09/25/2034 Cusip: 3137HHHY0	25,000.0000	99.53	24,882.98	24,665.45	217.53	93.52 1,122.25	
1-103570.2 FHLMC POOL #SD-3582 3.5% 10/01/2049 Cusip: 3132DQ6T8	213,839.5200	92.37	197,527.84	185,321.34	12,206.50	623.70 7,484.38	
1-103570.2 FHLMC POOL #ZT1455 3.50 07/01/2042 DTD 11/1/2018 3.50% 7/1/2042 Cusip: 3132ADTL2	90,993.7000	93.76	85,313.87	83,884.81	1,429.06	185.78 3,184.78	
1-103570.2 FHLMC VAR 01/25/2029 DTD 3/1/2019 3.63% 1/25/2029 Cusip: 3137FL6Q2	60,000.0000	97.33	58,400.53	64,924.22	(6,523.69)	181.65 2,179.80	
1-103570.2 FHLMC VAR 03/25/2038 DTD 5/1/2018 3.35% 3/25/2038 Cusip: 302961AE7	13,815.5100	96.05	13,269.81	13,427.46	(157.65)	38.57 462.82	
1-103570.2 FHLMC VAR 04/25/2048 DTD 6/1/2015 3.71% 4/25/2048 Cusip: 30292RAJ3	75,000.0000	99.70	74,772.59	78,373.04	(3,600.45)	232.14 2,785.67	
1-103570.2 FHLMC VAR 06/25/2028 DTD 9/1/2018 3.66% 6/25/2028 Cusip: 30297DAJ9	16,826.0000	97.82	16,459.28	17,063.99	(604.71)	50.68 608.01	
1-103570.2 FHLMC VAR 09/25/2032 DTD 10/1/2022 3.71% 9/25/2032 Cusip: 3137H9C98	80,000.0000	94.99	75,993.25	75,631.25	362.00	247.33 2,968.00	
1-103570.2 FNMA DTD 6/1/2024 2.00% 4/1/2047 Cusip: 3140XQBH9	110,045.6400	81.80	90,018.43	89,721.59	296.84	183.41 2,200.91	
1-103570.2 FNMA PASS-THRU I 2.500 2046-12-01 USD 2.5% 12/01/2046 Cusip: 3140X6LH2	22,997.0200	85.73	19,716.27	23,985.13	(4,268.86)	47.91 574.93	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 13 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Mortgage Backed Securities</b>							
1-103570.2 FNMA PASS-THRU I 3.000 2038-04-01 USD 3% 04/01/2038 Cusip: 3140XBNZ9	75,312.3700	94.82	71,413.45	78,795.54	(7,382.09)	188.28 2,259.37	
1-103570.2 FNMA PASS-THRU I 3.000 2048-01-01 USD 3% 01/01/2048 Cusip: 3140XGKR9	162,684.3300	89.16	145,050.98	148,607.63	(3,556.65)	406.71 4,880.53	
1-103570.2 FNMA PASS-THRU I 3.000 2048-08-01 USD 3% 08/01/2048 Cusip: 3140XJXT5	82,912.1900	88.60	73,457.71	76,266.27	(2,808.56)	207.28 2,487.37	
1-103570.2 FNMA PASS-THRU I 4.000 2043-02-01 USD 4% 02/01/2043 Cusip: 3140X6M57	106,677.6000	96.78	103,246.85	107,544.36	(4,297.51)	355.59 4,267.10	
1-103570.2 FNMA PASS-THRU I 4.000 2046-03-01 USD 4% 03/01/2046 Cusip: 3140XHK97	108,883.4800	96.77	105,370.90	111,996.85	(6,625.95)	362.94 4,355.34	
1-103570.2 FNMA PASS-THRU I MBS 2.5% 09/01/2042 Cusip: 3140XJZ48	68,221.7500	88.12	60,114.28	61,367.61	(1,253.33)	142.13 1,705.54	
1-103570.2 FNMA PASS-THRU I MBS 2.5% DTD 3/1/2023 2.50% 2/1/2042 Cusip: 3140XKRE2	165,570.2400	88.17	145,978.32	145,984.39	(6.07)	68.99 4,139.26	
1-103570.2 FNMA PASS-THRU I MBS 3% 05/01/2042 Cusip: 3140XJZL0	139,814.3300	90.65	126,740.29	125,680.00	1,060.29	349.54 4,194.43	
1-103570.2 FNMA POOL #FM3751 3.00% 08/01/2043 Cusip: 3140X7EZ8	106,788.9700	90.42	96,563.92	97,161.29	(597.37)	266.97 3,203.67	
1-103570.2 FNMA POOL #FS4537 3.00% 12/01/2047 Cusip: 3140XLBF4	165,517.4300	90.40	149,626.10	146,028.02	3,598.08	413.79 4,965.52	
1-103570.2 FNMA POOL #FS4915 5.00% 06/01/2043 Cusip: 3140XLN95	121,704.7800	100.29	122,055.29	121,286.43	768.86	507.10 6,085.24	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 14 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Mortgage Backed Securities</b>							
1-103570.2 FNMA POOL #FS5953 6.00% 10/01/2043 Cusip: 3140XMTK2	89,776.5100	102.44	91,962.57	89,089.16	2,873.41	448.88 5,386.59	
1-103570.2 FNMA POOL #FS7228 3.00% 08/01/2049 Cusip: 3140XPA66	224,570.6300	90.40	203,009.61	203,376.78	(367.17)	561.43 6,737.12	
1-103570.2 FNMA POOL #FS7393 5.00% 04/01/2050 Cusip: 3140XPGB9	79,638.1300	101.51	80,838.28	78,045.38	2,792.90	331.83 3,981.91	
1-103570.2 FNMA SUPER INT DTD 5/1/2024 6.00% 5/1/2044 Cusip: 3140XPYD5	103,806.0500	103.97	107,931.31	107,001.33	929.98	519.03 6,228.36	
1-103570.2 FNMA SUPER INT 20 YEAR DTD 11/1/2024 6.00% 4/1/2044 Cusip: 3140XRY90	90,371.3800	102.43	92,571.92	92,588.30	(16.38)	451.86 5,422.28	
1-103570.2 GNMA 03/20/2048 DTD 3/1/2020 4.76% 3/20/2048 Cusip: 38382DF20	37,805.0300	100.45	37,973.62	43,074.10	(5,100.48)	149.92 1,799.07	
1-103570.2 GNMA I & II - SINGLE ISSUER POOL NBR AB2158 4% 08/20/2042 Cusip: 36178MMF5	12,390.2200	96.41	11,945.04	13,410.63	(1,465.59)	15.14 495.61	
1-103570.2 GNMA II GTD CTF MULTI ISSUER POOL NBR MA3597 3.5% 04/20/2046 Cusip: 36179R7J2	68,004.1300	92.92	63,188.76	72,551.93	(9,363.17)	72.73 2,380.14	
1-103570.2 GNMA POOL #737851C 4.00% 01/20/2041 Cusip: 3620ARWL1	167,163.5100	96.41	161,157.33	156,141.18	5,016.15	557.21 6,686.54	
1-103570.2 GNMA POOL #787248C 4.00% 06/20/2052 Cusip: 3622AC5H9	55,638.0200	94.96	52,836.09	53,560.29	(724.20)	185.46 2,225.52	
1-103570.2 GNMA POOL #787516M 4.5% 12/20/2051 Cusip: 3622ADGZ5	190,155.6900	97.61	185,610.97	183,321.98	2,288.99	713.08 8,557.01	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 15 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Mortgage Backed Securities</b>							
1-103570.2 GOVERNMENT NATIONAL MORTGAGE DTD 1/1/2022 5.47% 5/20/2049 Cusip: 38383FH63	41,058.6400	101.56	41,699.63	43,919.93	(2,220.30)	186.99 2,243.88	
1-103570.2 GOVERNMENT NATIONAL MORTGAGE DTD 11/20/2024 5.16% 6/20/2052 Cusip: 38384XWX7	77,069.5500	99.44	76,638.69	77,503.06	(864.37)	121.47 3,975.37	
1-103570.2 GOVERNMENT NATIONAL MORTGAGE CMO DTD 1/1/2020 5.41% 12/20/2049 Cusip: 38382B5R0	26,247.5800	102.85	26,995.62	28,741.06	(1,745.44)	118.88 1,426.51	
1-103570.2 GOVERNMENT NATIONAL MORTGAGE CMO DTD 12/1/2019 5.05% 12/20/2049 Cusip: 38382BYN7	29,031.0900	101.78	29,549.27	32,233.60	(2,684.33)	122.19 1,466.27	
1-103570.2 GOVERNMENT NATL MTG ASSN 3.500 2048-06-15 USD 3.5% 06/15/2048 Cusip: 3622A3CG3	145,412.9000	94.20	136,983.31	150,798.79	(13,815.48)	226.20 5,089.45	
1-103570.2 GOVERNMENT NATL MTG ASSN 5.000 2040-07-15 USD 5% 07/15/2040 Cusip: 3622ACCE8	138,913.8500	101.40	140,855.87	143,016.16	(2,160.29)	308.70 6,945.69	
1-103570.2 GOVERNMENT NATL MTG ASSN CMO DTD 11/1/2019 4.98% 4/20/2049 Cusip: 38382AXS9	64,582.1100	100.85	65,129.98	71,633.58	(6,503.60)	268.07 3,216.82	
1-103570.2 GOVERNMENT NATL MTG ASSN CMO DTD 8/1/2021 4.44% 2/20/2050 Cusip: 38382WZ91	26,465.0100	95.51	25,277.66	28,648.40	(3,370.74)	98.02 1,176.19	
1-103570.2 GOVERNMENT NATL MTG ASSN MBS 4.5% 01/20/2050 Cusip: 3622AAK52	21,091.3400	99.65	21,017.73	22,844.56	(1,826.83)	29.00 949.11	
<b>Total Mortgage Backed Securities</b>			<b>5,408,776.15</b>	<b>5,556,121.86</b>	<b>(147,345.71)</b>	<b>15,910.21</b> <b>205,745.64</b>	

To Page 1



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 16 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Collateralized Mtg Obligations</b>							
1-103570.2 AMERICAN HOME MTG INVT TR CMO VAR 7.277% 06/25/2045 Cusip: 02660TDH3, Standard & Poor's AA	5,499.1700	99.62	5,478.49	5,583.38	(104.89)	22.48 400.17	
1-103570.2 BARCLAYS COMMERCIAL MORTGAGE CMO 2.946% 02/15/2055 Cusip: 07336AAE7	70,000.0000	88.31	61,814.89	70,000.00	(8,185.11)	171.85 2,062.20	
1-103570.2 BBCMS MORTGAGE TRUST 09/17/2057 Ser 2024-C28 DTD 8/1/2024 5.403% 9/17/2 Cusip: 07336WBA6, Standard & Poor's AAA	90,000.0000	103.62	93,255.54	92,696.17	559.37	405.23 4,862.70	
1-103570.2 BBCMS MORTGAGE TRUST CMO 2.108% 09/15/2054 Cusip: 05493MAC8, Standard & Poor's AAA	80,000.0000	91.80	73,441.97	73,056.25	385.72	140.53 1,686.40	
1-103570.2 BBCMS MORTGAGE TRUST VAR 09/15/2056 Cusip: 05553WAE9, Standard & Poor's AAA	95,000.0000	107.34	101,972.78	99,509.18	2,463.60	475.00 5,700.00	
1-103570.2 BBCMS MORTGAGE VAR 09/17/2055 Cusip: 054976AE5	80,000.0000	97.53	78,024.72	78,075.00	(50.28)	296.07 3,552.80	
1-103570.2 BBCMS MTG TR Ser 2025-C32 DTD 2/1/2025 0.00% 2/17/20 Cusip: 07337AAF3, Standard & Poor's AA	65,000.0000	105.46	68,548.52	66,946.61	1,601.91	321.21 3,854.50	
1-103570.2 BBCMS MTG TR VAR 07/17/2056 Cusip: 07336DAW1, Standard & Poor's AAA	120,000.0000	104.37	125,246.12	123,969.67	1,276.45	557.60 6,696.00	
1-103570.2 BBCMS MTG TR VAR 11/19/2057 Cusip: 05493YAE8, Standard & Poor's AAA	75,000.0000	104.46	78,344.33	77,246.93	1,097.40	345.75 4,149.00	
1-103570.2 BENCHMARK 2020-B21 MORTGAGE TRUS CMO 1.9775% 12/15/2053 Cusip: 08163LAG4, Standard & Poor's AAA	35,000.0000	85.21	29,822.59	36,049.93	(6,227.34)	57.68 692.13	
1-103570.2 BENCHMARK MORTGAGE TRUST CMO 2.148% 09/15/2053 Cusip: 08162WBE5, Standard & Poor's AA	15,000.0000	83.27	12,490.58	15,448.82	(2,958.24)	26.85 322.20	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 17 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Collateralized Mtg Obligations</b>							
1-103570.2 BENCHMARK MORTGAGE TRUST CMO DTD 9/1/2021 2.3879% 9/15/2054 Cusip: 08163JAE4, Standard & Poor's AAA	25,000.0000	86.00	21,500.96	24,132.81	(2,631.85)	49.75 596.98	
1-103570.2 BX TRUST CMO 3.202% 12/09/2041 Cusip: 05606FAA1	85,000.0000	92.86	78,927.37	80,464.62	(1,537.25)	226.81 2,721.70	
1-103570.2 BX TRUST CMO 4.075457% DTD 12/1/2019 4.075457% 12/9/2041 Cusip: 05606FAL7	60,000.0000	92.54	55,524.98	62,917.96	(7,392.98)	197.20 2,445.27	
1-103570.2 CHASE MTG TR 2016-2 CMO 3.75% 12/25/2045 Cusip: 16164AAC9	64,549.1100	92.25	59,548.53	66,110.48	(6,561.95)	201.28 2,420.59	
1-103570.2 CIM TRUST CMO 3.94133% 08/25/2049 Cusip: 12556MCP7	70,862.5900	93.77	66,447.23	74,361.47	(7,914.24)	232.56 2,792.93	
1-103570.2 CITIGROUP MTG LN TR 2.817936 4.429678% 05/25/2035 Cusip: 17307GQZ4	29,573.4500	98.27	29,061.33	29,868.72	(807.39)	152.77 1,310.01	
1-103570.2 COLT MTG TR VAR 10/25/2068 Cusip: 12598WAA0	144,193.1200	102.06	147,157.37	147,662.77	(505.40)	860.71 10,328.55	
1-103570.2 COUNTRYWIDE ALTERNATE LOAN INC 2004-2 MTG PASSTHRU CTF CL 1-A-9 5.75% 03/25/2034 Cusip: 12667FAQ8, Standard & Poor's A	101,571.9000	100.96	102,548.70	99,436.08	3,112.62	486.70 5,840.38	
1-103570.2 COUNTRYWIDE ALTERNATE LOAN INC CMO 5.5% 07/25/2034 Cusip: 12667FJR7, Standard & Poor's AA	84,421.9100	100.61	84,934.26	81,788.40	3,145.86	386.93 4,643.20	
1-103570.2 CSMC TRUST 2014-IVR3 CMO 4.050543% 07/25/2044 Cusip: 12648TAR0, Standard & Poor's AA	35,709.4000	96.58	34,488.07	36,468.23	(1,980.16)	118.96 1,446.42	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 18 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Collateralized Mtg Obligations</b>							
1-103570.2 CSMLT TRUST CMO 3.826227% 11/25/2045 Cusip: 12650UAZ4, Standard & Poor's AA+	41,504.0100	97.61	40,510.49	43,021.47	(2,510.98)	153.39 1,588.04	
1-103570.2 DEUTSCHE MTG SECS INC CMO 5.625% 07/25/2034 Cusip: 251563GG1, Standard & Poor's N/R	129,499.9500	98.30	127,300.39	122,417.21	4,883.18	449.14 7,284.37	
1-103570.2 EXTENDED STAY AMERICA, INC. CMO 6.385% 07/15/2038 Cusip: 30227FAG5	60,730.8400	100.06	60,768.80	60,825.74	(56.94)	320.10 3,877.66	
1-103570.2 FEDERAL NATL MTG ASSN CMO DTD 7/1/2021 1.71% 7/25/2031 Cusip: 3136BGFQ9	90,000.0000	85.14	76,622.92	78,314.06	(1,691.14)	128.55 1,542.60	
1-103570.2 FEDERAL NATL MTG ASSN CMO 3.5% DTD 7/24/2012 3.50% 8/25/2042 Cusip: 3136A7WD0	117,879.9800	93.84	110,622.58	113,210.85	(2,588.27)	343.82 4,125.80	
1-103570.2 FEDERAL NATL MTG ASSN CMO 3.61% 02/25/2031 Cusip: 3136B35Z9	54,452.7200	95.93	52,238.52	53,155.21	(916.69)	163.81 1,965.74	
1-103570.2 FEDERAL NATL MTG ASSN CMO 3.665% DTD 1/1/2019 3.665% 9/25/2028 Cusip: 3136B3XY1	41,661.8800	97.49	40,617.78	39,212.62	1,405.16	123.02 1,526.91	
1-103570.2 FLAGSTAR MORTGAGE TRUST CMO 4.468556% 05/25/2048 Cusip: 33851JAT6	96,450.7900	93.93	90,592.10	102,961.23	(12,369.13)	357.56 4,309.96	
1-103570.2 FNMA VAR 07/25/2033 Cusip: 3136BQCP2	80,000.0000	98.46	78,769.73	77,512.50	1,257.23	293.33 3,520.00	
1-103570.2 GOVERNMENT NATL MTG ASSN CMO DTD 9/1/2018 6.60% 11/20/2047 Cusip: 38381AAR7	17,747.9700	104.63	18,569.24	20,587.65	(2,018.41)	97.55 1,170.55	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 19 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Collateralized Mtg Obligations</b>							
1-103570.2 GS MTG SECS CORP CMO 5.25% 06/25/2035 Cusip: 36242D7Q0, Standard & Poor's AA+	111,491.4100	101.18	112,811.31	111,219.48	1,591.83	487.77 5,853.30	
1-103570.2 GS MTG SECS CORP SER 2005-AR6 CL 1A1 CMO 4.32377% 09/25/2035 Cusip: 362341RT8, Standard & Poor's AA+	3,339.7600	100.86	3,368.60	3,382.56	(13.96)	18.64 144.40	
1-103570.2 INDYMAC MBS INC CMO 4.15345% 10/25/2034 Cusip: 45660NX75, Standard & Poor's BBB+	50,954.1500	96.52	49,182.37	50,131.04	(948.67)	259.30 2,116.36	
1-103570.2 J P MORGAN MTG TR 2017-3 CMO 3.748539% 08/25/2047 Cusip: 46647SCU2, Standard & Poor's N/R	75,114.8000	92.39	69,397.45	76,898.81	(7,501.36)	236.64 2,815.71	
1-103570.2 J P MORGAN MTG TR CMO 4.166351% 04/25/2035 Cusip: 466247NK5, Standard & Poor's AA+	32,452.1100	97.03	31,489.14	32,849.02	(1,359.88)	161.18 1,352.07	
1-103570.2 J P MORGAN MTG TR CMO VAR 3.4459% 07/25/2035 Cusip: 466247RP0, Standard & Poor's AA+	21,209.2400	98.42	20,874.60	21,553.92	(679.32)	96.36 730.85	
1-103570.2 J.P. MORGAN MORTGAGE TRUST CMO 3.688172% 01/25/2044 Cusip: 46641CBQ3, Standard & Poor's AA-	28,727.2900	88.05	25,293.59	29,894.32	(4,600.73)	88.30 1,059.51	
1-103570.2 JP MORGAN MORTGAGE TRUST CMO 2.5% 07/25/2052 Cusip: 46654WAE1	85,614.9800	82.07	70,264.47	83,019.79	(12,755.32)	178.36 2,140.37	
1-103570.2 JP MORGAN MORTGAGE TRUST CMO 3% 07/25/2052 Cusip: 46654WAC5	163,076.1400	85.45	139,341.23	138,958.98	382.25	407.69 4,892.28	
1-103570.2 JP MORGAN MORTGAGE TRUST CMO 2.5% 12/25/2051 Cusip: 46653TAB5, Standard & Poor's AAA	200,337.5100	82.19	164,658.00	177,192.17	(12,534.17)	417.37 5,008.44	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 20 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Collateralized Mtg Obligations</b>							
1-103570.2 JP MORGAN MORTGAGE TRUST CMO 3.027691% 01/25/2052 Cusip: 46654KBY2	101,551.9300	83.40	84,692.55	105,114.51	(20,421.96)	255.51 3,074.68	
1-103570.2 JP MORGAN MORTGAGE TRUST CMO 3.5% 06/25/2048 Cusip: 46648RAN1	66,331.8900	89.68	59,484.14	67,776.24	(8,292.10)	193.47 2,321.62	
1-103570.2 JP MORGAN MORTGAGE TRUST CMO DTD 4/1/2022 3.50% 10/25/2052 Cusip: 46655GAB1	123,603.2600	89.03	110,042.50	109,292.31	750.19	360.51 4,326.11	
1-103570.2 JPMBB COML MTG SECS TR 2015-C27 CMO 3.1794% 02/15/2048 Cusip: 46644ABF8	7,214.5100	99.05	7,145.97	7,430.93	(284.96)	19.11 229.38	
1-103570.2 JPMBB COML MTG SECS TR 2015-C30 CMO 3.8218% 07/15/2048 Cusip: 46644UBA5	110,000.0000	99.22	109,145.40	109,432.81	(287.41)	350.33 4,203.98	
1-103570.2 MELLO MTG CAP ACCEP 2018-MTG1 CMO 3.73622% 03/25/2048 Cusip: 585498BJ6	71,576.3100	92.05	65,882.90	75,356.45	(9,473.55)	217.18 2,674.25	
1-103570.2 MS BOFA ML TRUST 2.84% 11/18/2049 Cusip: 61766RAY2	76,420.3200	97.77	74,713.09	70,849.99	3,863.10	180.86 2,170.34	
1-103570.2 NEW RESI MTG LN TR 2016-4 CMO 4.799698% 11/25/2056 Cusip: 64829LBE7, Standard & Poor's A-	52,555.3300	96.41	50,667.57	56,831.91	(6,164.34)	208.22 2,522.50	
1-103570.2 NEW RESI MTG LN TR VAR 12/25/2057 Cusip: 64830DAB9	119,820.3400	97.35	116,649.36	115,533.02	1,116.34	424.36 5,092.36	
1-103570.2 NEW RESIDENTIAL MORTGAGE LOAN CMO 3.75% 11/25/2035 Cusip: 64829GAA7	188,150.6100	96.01	180,639.80	184,499.95	(3,860.15)	587.97 7,055.65	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 21 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Collateralized Mtg Obligations</b>							
1-103570.2 NEW RESIDENTIAL MORTGAGE LOAN CMO 4% 12/25/2058 Cusip: 64830WAQ4	137,647.2700	95.10	130,904.59	139,965.96	(9,061.37)	458.82 5,505.89	
1-103570.2 NEW RESIDENTIAL MORTGAGE LOAN TR DTD 6/1/2019 0.00% 11/25/2058 Cusip: 64830EAV3	205,000.0000	96.83	198,497.09	134,724.20	63,772.89	0.00 8,712.50	
1-103570.2 NEW RESIDENTIAL MTG LN 2017-3 4% DTD 5/1/2017 4.00% 4/25/2057 Cusip: 64828MAA5, Standard & Poor's AAA	118,038.8500	96.63	114,061.01	120,024.74	(5,963.73)	393.46 4,721.55	
1-103570.2 NEW RESIDENTIAL MTG LN TR 2014-2 CMO 3.75% 05/25/2054 Cusip: 64828YAR2, Standard & Poor's AAA	47,902.9400	94.38	45,208.86	49,458.68	(4,249.82)	149.70 1,796.36	
1-103570.2 NEW RESIDENTIAL MTG LN TR 2014-2 CMO 5.565% 05/25/2054 Cusip: 64828YAH4, Standard & Poor's A	17,685.7400	98.94	17,497.58	19,371.38	(1,873.80)	66.86 984.21	
1-103570.2 NEW RESIDENTIAL MTG LN TR 2015-1 CMO 4.6% 05/28/2052 Cusip: 64829CAE8	44,935.4100	98.44	44,236.00	48,193.24	(3,957.24)	172.25 2,067.03	
1-103570.2 NEW RESIDENTIAL MTG LN TR 2016-3 CMO 3.25% 09/25/2056 Cusip: 64829HAD9	80,997.3200	93.77	75,952.42	79,022.98	(3,070.56)	219.37 2,632.41	
1-103570.2 NEW RESIDENTIAL MTG LN TR 2017-1 DTD 2/1/2017 4.00% 2/25/2057 Cusip: 64829JAA1, Standard & Poor's AAA	90,220.0100	96.44	87,009.17	93,810.61	(6,801.44)	300.73 3,608.80	
1-103570.2 NEW RESIDENTIAL MTG LN TR 2017-2 DTD 4/1/2017 4.00% 3/25/2057 Cusip: 64829KBV1, Standard & Poor's AAA	100,941.9900	96.73	97,638.56	103,670.17	(6,031.61)	336.47 4,037.68	
1-103570.2 NEW RESIDENTIAL MTG LN TR 2017-4 DTD 6/1/2017 4.00% 5/25/2057 Cusip: 64829NAA2	47,308.3300	95.84	45,340.58	48,633.33	(3,292.75)	157.69 1,892.33	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 22 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Collateralized Mtg Obligations</b>							
1-103570.2 NEW RESIDENTIAL MTG LN TR 2018-1 CMO 5% 12/25/2057 Cusip: 64830GBC9, Standard & Poor's BBB+	115,481.7400	97.79	112,933.52	111,584.22	1,349.30	481.17 5,774.09	
1-103570.2 OBX 2019-EXP3 TRUST Ser 2019-EXP DTD 10/1/2019 0.00% 9/25/2 Cusip: 67113ABV1	186,120.4300	106.22	197,705.30	192,111.18	5,594.12	1,000.21 12,002.50	
1-103570.2 OBX TRUST VAR 01/25/2060 Ser 2020-EXP DTD 2/1/2020 0.00% 1/25/20 Cusip: 67448TBP9	194,966.7200	102.38	199,612.64	197,578.97	2,033.67	796.63 9,559.51	
1-103570.2 RCKT MORT TRUST 6.631% 09/25/2043 Ser 2023-CES DTD 9/19/2023 6.631% 9/25/ Cusip: 748956AA7	129,131.9100	101.52	131,090.65	129,111.72	1,978.93	146.52 8,562.74	
1-103570.2 RCKT MORTGAGE TRUST VAR 11/25/2043 Cusip: 749407AA0	149,467.9800	102.10	152,604.96	151,523.15	1,081.81	885.97 10,631.66	
1-103570.2 WASHINGTON MUTUAL CMO 5% 11/25/2033 Cusip: 92922FGN2, Standard & Poor's AA+	33,940.8200	96.45	32,735.71	34,799.97	(2,064.26)	141.39 1,697.04	
1-103570.2 WASHINGTON MUTUAL CMO 6% 06/25/2034 Cusip: 92922FRL4, Standard & Poor's AA+	21,930.1700	101.60	22,281.68	24,308.26	(2,026.58)	109.59 1,315.81	
1-103570.2 WASHINGTON MUTUAL CMO 6.5% 12/25/2034 Cusip: 92922FZX9, Standard & Poor's AA+	35,801.0600	102.62	36,738.62	38,139.34	(1,400.72)	193.83 2,327.07	
1-103570.2 WELLS FARGO COML MTG TR 2016-C33 CMO 3.426% 03/15/2059 Cusip: 95000LAZ6	75,000.0000	98.58	73,931.96	70,306.64	3,625.32	214.13 2,569.50	
1-103570.2 WINWATER MTG LN TR 2015-3 CMO 3.844205% 03/20/2045 Cusip: 97651JBD7	30,161.1500	93.52	28,208.21	31,820.03	(3,611.82)	96.43 1,159.46	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 23 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Collateralized Mtg Obligations</b>							
<b>Total Collateralized Mtg Obligations</b>			<b>5,495,125.03</b>	<b>5,598,389.00</b>	<b>(103,263.97)</b>	<b>19,634.54</b>	<b>250,778.06</b>
			<b>To Page 1</b>				
<b>Asset Back Securities</b>							
1-103570.2 AMERICAN AIRLS 2017-2 CL AA PASS DTD 8/14/2017 3.35% 4/15/2031 Cusip: 02376AAA7	87,507.7300	95.69	83,735.52	77,736.04	5,999.48	1,107.46 2,931.51	
1-103570.2 AMERICAN AIRLS INC 2016-1 CL AA DTD 1/19/2016 3.575% 7/15/2029 Cusip: 02376UAA3, Standard & Poor's AA-	32,761.9400	97.07	31,803.32	29,321.92	2,481.40	149.66 1,171.24	
1-103570.2 BEAR STEARNS ABS 6.867% DTD 5/13/2005 6.867% 3/25/2035 Cusip: 073877BM3, Standard & Poor's AA	0.0900	111.11 07/25/24	0.10	0.09	0.01	167.49 0.01	
1-103570.2 CAL FUNDING IV LIMITED ABS 2.22% 09/25/2045 Cusip: 12807CAA1, Standard & Poor's A	31,177.0800	93.66	29,201.58	31,654.40	(2,452.82)	57.68 692.13	
1-103570.2 CAPITAL ONE MULTI-ASSET ABS 3.49% 05/15/2027 Cusip: 14041NGA3, Standard & Poor's AAA	190,000.0000	99.83	189,670.54	189,969.64	(299.10)	552.58 6,631.00	
1-103570.2 CARVANA AUTO RECEIVABLES TRUST ABS 1.58% 06/12/2028 Cusip: 14687GAE5, Standard & Poor's A+	16,424.2100	96.37	15,828.62	16,437.68	(609.06)	21.63 259.50	
1-103570.2 CASCADE FUNDING MORTGAGE TRUST DTD 11/30/2021 1.39% 9/22/2031 Cusip: 12529UAF7	10,272.9600	98.44	10,112.68	10,266.99	(154.31)	11.90 142.79	
1-103570.2 CITICORP RESIDENTIAL MTG TR SER ABS 4.93326% 03/25/2037 Cusip: 173109AE9, Standard & Poor's N/R	5,951.3700	99.49	5,921.14	6,157.03	(235.89)	23.38 293.60	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 24 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Asset Back Securities</b>							
1-103570.2 CLI FDG VI LLC ABS 2.08% 09/18/2045 Cusip: 12563LAN7, Standard & Poor's A	44,192.2200	92.61	40,928.21	44,706.75	(3,778.54)	76.60 919.20	
1-103570.2 CLI FUNDING VIII LLC ABS 2.72% DTD 1/26/2022 2.72% 1/18/2047 Cusip: 12565KAE7, Standard & Poor's A	44,688.0000	91.25	40,777.91	40,636.43	141.48	101.29 1,215.51	
1-103570.2 COUNTRYWIDE INC ABS 4.656833% DTD 12/1/2004 4.65683% 5/25/2035 Cusip: 126673SN3	455,000.0000		0.00	0.00	0.00	0.00 0.00	
1-103570.2 COUNTRYWIDE INC ABS 5.34529% 10/25/2034 Cusip: 1266716B7, Standard & Poor's BB	65,948.6000	96.04	63,334.28	64,559.98	(1,225.70)	261.65 3,525.14	
1-103570.2 CPS AUTO RECV TR 5.65% 05/15/2028 Cusip: 22411CAB6, Standard & Poor's AA	100,000.0000	100.72	100,717.40	100,703.13	14.27	251.11 5,650.00	
1-103570.2 DB MASTER FIN LLC ABS 2.493% 11/20/2051 Cusip: 233046AQ4, Standard & Poor's BBB	82,237.5000	92.09	75,736.18	77,883.75	(2,147.57)	170.85 2,050.18	
1-103570.2 DRIVE AUTO RECEIVABLES TRUST ABS 1.39% 03/15/2029 Cusip: 262104AF9, Standard & Poor's AAA	46,977.1000	98.65	46,345.11	46,971.02	(625.91)	54.42 652.98	
1-103570.2 DRIVE AUTO RECEIVABLES TRUST ABS DTD 4/13/2021 1.45% 1/16/2029 Cusip: 262108AF0, Standard & Poor's AAA	36,095.7900	99.42	35,884.83	36,311.52	(426.69)	43.62 523.39	
1-103570.2 EXETER AUTOMOBILE RECEIVABLES TR ABS 1.96% 01/17/2028 Cusip: 30165JAF3, Standard & Poor's AA-	121,936.9700	98.36	119,935.06	121,928.68	(1,993.62)	199.16 2,389.96	
1-103570.2 FORD CREDIT AUTO 6.43% 04/15/2027 Cusip: 34529NAG5, Standard & Poor's AA-	105,000.0000	101.88	106,973.30	104,977.94	1,995.36	300.07 6,751.50	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 25 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Asset Back Securities</b>							
1-103570.2 FORD CREDIT AUTO LEASE TRUST 202 DTD 1/18/2023 5.29% 6/15/2026 Cusip: 345287AF3, Standard & Poor's AAA	160,000.0000	100.18	160,289.44	159,985.17	304.27	705.33 8,464.00	
1-103570.2 GLS AUTO RECEIVABLES ISSUER TRUS ABS 1.94% 10/15/2027 Cusip: 36263DAC1, Standard & Poor's AAA	14,763.4100	99.76	14,727.75	14,760.20	(32.45)	23.87 286.41	
1-103570.2 HARLEY-DAVIDSON MOTORCYCLE ABS 4.97% 06/17/2030 Cusip: 41285JAE8	110,000.0000	100.61	110,674.65	109,992.28	682.37	455.58 5,467.00	
1-103570.2 HIN TIMESHARE TRUST ABS 2.23% 10/09/2039 Cusip: 40439HAB5, Standard & Poor's A	37,084.2200	95.70	35,488.77	34,919.16	569.61	68.91 826.98	
1-103570.2 HYUNDAI AUTO RECEIVABLES TRUST DTD 11/17/2021 1.66% 6/15/2028 Cusip: 44935FAG9, Standard & Poor's AAA	95,000.0000	97.09	92,237.12	94,991.66	(2,754.54)	131.42 1,577.00	
1-103570.2 J P MORGAN MTG ACQUISITION TR 20 DTD 3/7/2007 4.702593% 11/25/2036 Cusip: 46630LBD5, Standard & Poor's BB	145,000.0000	105.59	153,105.62	143,776.56	9,329.06	543.27 6,818.76	
1-103570.2 JETBLUE AIRWAYS CORPORATION 4% DTD 8/17/2020 4.00% 5/15/2034 Cusip: 477164AA5	73,825.2100	94.68	69,896.26	69,394.22	502.04	869.50 2,953.01	
1-103570.2 JIMMY JOHNS FDG LLC ABS 4.846% 07/30/2047 Cusip: 47760QAB9, Standard & Poor's BBB	29,250.0000	99.01	28,959.81	30,634.77	(1,674.96)	236.24 1,417.46	
1-103570.2 MID-STATE CAP CORP 2006-1 TR 5.787% 10/15/2040 Cusip: 59548PAA7, Standard & Poor's A+	65,626.5800	100.08	65,681.83	69,666.51	(3,984.68)	316.48 3,797.81	
1-103570.2 MILL CITY MORTGAGE LOAN TRUST 20 ABS 3.75% 05/25/2058 Cusip: 59980MAG6	134,796.6900	97.82	131,854.58	142,818.93	(10,964.35)	421.24 5,054.88	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 26 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Asset Back Securities</b>							
1-103570.2 NAVIENT PRIVATE EDUCATION LOAN T ABS 2.15% 11/15/2068 Cusip: 63941KAB1, Standard & Poor's AAA	25,068.9700	95.18	23,860.37	25,721.15	(1,860.78)	44.92 538.98	
1-103570.2 NAVIENT PRIVATE EDUCATION LOAN T ABS 5.73443% 12/15/2059 Cusip: 63941CAC7, Standard & Poor's AAA	46,350.3600	100.06	46,377.48	46,683.49	(306.01)	239.48 2,657.93	
1-103570.2 NAVIENT PRIVATE EDUCATION REFI L ABS .97% 12/16/2069 Cusip: 63942EAA6	69,041.0600	88.67	61,221.43	58,210.24	3,011.19	55.81 669.70	
1-103570.2 NAVIENT PRIVATE EDUCATION REFI LOAN TRUS Ser 2023-A DTD 4/27/2023 5.51% 9/15/2071 Cusip: 638961AA0	37,932.2300	101.55	38,520.90	37,954.45	566.45	92.89 2,090.07	
1-103570.2 NAVIENT STUDENT LOAN TRUST ABS 3.16% 11/15/2068 Cusip: 63941FAD8, Standard & Poor's AA+	60,000.0000	88.89	53,332.67	59,958.53	(6,625.86)	158.00 1,896.00	
1-103570.2 NAVIENT STUDENT LOAN TRUST ABS 3.39% 12/15/2059 Cusip: 63941LAB9, Standard & Poor's AAA	21,595.6000	97.78	21,117.25	22,202.98	(1,085.73)	61.01 732.09	
1-103570.2 NAVIENT STUDENT LOAN TRUST ABS 4% 12/15/2059 Cusip: 63890BAB2, Standard & Poor's AAA	1,991.3200	99.59	1,983.07	2,002.84	(19.77)	6.64 79.65	
1-103570.2 NAVIENT STUDENT LOAN TRUST ABS 4% 12/15/2059 Cusip: 63940UAB0, Standard & Poor's AAA	18,569.7800	98.87	18,359.63	17,687.71	671.92	61.90 742.79	
1-103570.2 NAVIENT STUDENT LOAN TRUST ABS 5.48443% 12/15/2059 Cusip: 63940UAC8, Standard & Poor's AAA	7,958.4800	99.75	7,938.69	7,928.63	10.06	39.24 436.48	
1-103570.2 NEW CENTURY HOME EQUITY ABS CL A-4 FLTG RATE 5.717% 08/25/2034 Cusip: 64352VFZ9, Standard & Poor's A+	39,626.3400	101.19	40,099.37	39,700.88	398.49	262.21 2,265.44	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 27 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Asset Back Securities</b>							
1-103570.2 OCTANE RECEIVABLES TRUST ABS 1.21% 09/20/2028 Cusip: 67578AAA6, Standard & Poor's AAA	3,814.9500	99.61	3,800.23	3,814.66	(14.43)	3.85 46.16	
1-103570.2 PFS FING CORP DTD 4/17/2024 5.34% 4/16/2029 Cusip: 69335PFJ9, Standard & Poor's AAA	100,000.0000	101.75	101,752.15	99,983.21	1,768.94	237.33 5,340.00	
1-103570.2 PRESTIGE AUTO 6.64% 12/15/2027 Cusip: 74113VAE0, Standard & Poor's AA	115,000.0000	101.37	116,578.57	114,991.04	1,587.53	339.38 7,636.00	
1-103570.2 RETAINED VANTAGE DATA DTD 9/16/2024 4.992% 9/15/2049 Cusip: 76134KAH7, Standard & Poor's A-	110,000.0000	98.80	108,684.83	110,000.00	(1,315.17)	244.05 5,491.20	
1-103570.2 SANTANDER DRIVE AUTO RECEIVABLES ABS 1.67% 10/15/2027 Cusip: 80285VAF6	145,090.8000	98.61	143,077.93	139,532.70	3,545.23	201.92 2,423.02	
1-103570.2 SMB PRIVATE ED LN TR 1.6% 09/15/2054 Cusip: 78449VAB2, Standard & Poor's AAA	57,760.9700	93.72	54,131.81	51,705.08	2,426.73	12.84 924.18	
1-103570.2 SMB PRIVATE ED LN TR 2017-B ABS 2.82% 10/15/2035 Cusip: 83189DAB6, Standard & Poor's AAA	16,503.9700	98.56	16,266.60	16,929.28	(662.68)	38.78 465.41	
1-103570.2 SMB PRIVATE EDUCATION LOAN TRUST ABS 1.29% 07/15/2053 Cusip: 78449XAA0, Standard & Poor's AAA	53,040.8700	93.94	49,825.69	50,113.10	(287.41)	57.02 684.23	
1-103570.2 SOCIAL PROFESSIONAL LOAN ABS 1.03% 08/17/2043 Cusip: 83405YAA0, Standard & Poor's AAA	64,179.6700	87.61	56,230.51	55,036.07	1,194.44	55.09 661.05	
1-103570.2 SUBWAY FUNDING LLC DTD 6/20/2024 6.028% 7/30/2054 Cusip: 864300AA6, Standard & Poor's BBB	64,837.5000	102.23	66,281.90	64,837.50	1,444.40	499.41 3,908.40	
1-103570.2 TACO BELL FDG LLC 4.94% 11/25/2048 Cusip: 87342RAE4, Standard & Poor's BBB	80,962.5000	99.67	80,697.20	76,092.10	4,605.10	66.66 3,999.55	



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 28 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Asset Back Securities</b>							
1-103570.2 TOWD POINT MORTGAGE DTD 10/1/2023 7.29% 10/25/2063 Cusip: 89182FAA7	101,861.0400	101.93	103,824.86	101,860.03	1,964.83	619.15 7,429.74	
1-103570.2 TOWD POINT MORTGAGE TRUST ABS 3.25% 11/25/2058 Cusip: 89177WAC3	27,822.1000	99.47	27,673.88	28,222.01	(548.13)	75.35 904.22	
1-103570.2 TOWD POINT MORTGAGE TRUST ABS 3.5% 11/25/2058 Cusip: 89177WAD1	80,000.0000	98.73	78,983.46	81,056.25	(2,072.79)	233.33 2,800.00	
1-103570.2 TOWD POINT MTG TR Ser 2024-5 DTD 10/1/2024 0.00% 10/25/20 Cusip: 891944AB6	118,556.2200	99.87	118,403.51	117,722.62	680.89	444.05 5,328.65	
1-103570.2 TOWD POINT MTG TR Ser 2025-CRM DTD 1/1/2025 0.00% 1/25/20 Cusip: 891946AA3	98,995.4300	100.63	99,620.17	98,994.65	625.52	478.40 5,740.75	
1-103570.2 TOWD PT MTG TR VAR 02/25/2060 Cusip: 89178YBX1	195,000.0000	92.84	181,028.89	165,871.88	15,157.01	446.88 5,362.50	
1-103570.2 VANTAGE DATA CENTERS LLC ABS DTD 10/3/2021 2.165% 10/15/2046 Cusip: 92212KAD8, Standard & Poor's A-	110,000.0000	95.65	105,216.41	97,868.56	7,347.85	105.84 2,381.50	
1-103570.2 WASHINGTON MUTUAL ABS 5.03795% 07/25/2045 Cusip: 92922FU97, Standard & Poor's A	33,964.0100	96.54	32,788.60	34,006.51	(1,217.91)	150.68 1,711.09	
1-103570.2 WESTLAKE AUTOMOBILE ABS 1.23% 12/15/2026 Cusip: 96042RAF5, Standard & Poor's AAA	44,516.8000	99.29	44,200.39	44,515.75	(315.36)	45.63 547.56	
<b>Total Asset Back Securities</b>			<b>3,761,700.06</b>	<b>3,742,366.35</b>	<b>19,333.71</b>	<b>12,700.13</b> <b>148,357.29</b>	

To Page 1



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 29 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Municipal Obligations</b>							
1-103570.2 BAY AREA TOLL AUTH CA BUILD AMERICA BONDS TAXABLE-SAN FRAN BAY AREA-F-2 6.263% 04/01/2049 Cusip: 072024ND0, Standard & Poor's AA	105,000.0000	109.68	115,165.05	114,647.82	517.23	2,740.06 6,576.15	0.0550
1-103570.2 BAY AREA TOLL AUTH CALIF TOLL BRDG REV T DTD 07/01/10 6.918% 04/01/40 Cusip: 072024NU2, Standard & Poor's AA-	20,000.0000	114.17	22,834.00	22,097.20	736.80	576.50 1,383.60	0.0550
1-103570.2 CALIFORNIA ST BUILD AMERICA BONDS TAXABLE-VAR PURP 7.625% 03/01/2040 Cusip: 13063BFR8, Standard & Poor's AA-	5,000.0000	120.15	6,007.30	6,020.40	(13.10)	190.63 381.25	0.0560
1-103570.2 CALIFORNIA ST GEN OBLIG BDS 2009 A DTD 04/28/09 4.988% 04/01/39 CALLABLE Cusip: 13063BN81, Standard & Poor's AA-	55,000.0000	95.72	52,644.90	53,801.00	(1,156.10)	1,143.08 2,743.40	0.0540
1-103570.2 CALIFORNIA ST TAXABLE VAR PURP GO BDS DTD 10/11/23 5.875% 10/01/41 CALLABLE Cusip: 13063D7G7, Standard & Poor's AA-	65,000.0000	104.92	68,200.60	66,722.85	1,477.75	1,591.15 3,818.75	0.0540
1-103570.2 CALIFORNIA ST TAXABLE VARIOUS PURP GO DTD 03/15/23 5.125% 03/01/38 CALLABLE Cusip: 13063D3S5, Standard & Poor's AA-	90,000.0000	100.98	90,882.00	90,410.82	471.18	2,306.25 4,612.50	0.0500
1-103570.2 CALIFORNIA ST TAXABLE-BUILD AMER BDS 7.35% 11/01/2039 Cusip: 13063BBU5, Standard & Poor's AA-	50,000.0000	116.49	58,243.00	58,204.70	38.30	1,225.00 3,675.00	0.0570
1-103570.2 CALIFORNIA ST UNIV REV SYSTEMWIDE TAXABLE BDS 2021 B 2.939% 11/01/2052-2031 Cusip: 13077DRV6, Standard & Poor's AA-	30,000.0000	67.68	20,304.60	20,874.80	(570.20)	293.90 881.70	0.0510
1-103570.2 CALIFORNIA ST UTGO TAXABLE-VAR PURP 7.55% 04/01/2039 Cusip: 13063A5G5, Standard & Poor's AA-	125,000.0000	120.68	150,852.50	151,766.03	(913.53)	3,932.29 9,437.50	0.0540



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 30 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Municipal Obligations</b>							
1-103570.2 CALIFORNIA ST UTGO TAXABLE-VAR PURP- BUILD AMERICAN BONDS 7.3% 10/01/2039 Cusip: 13063A7D0, Standard & Poor's AA-	50,000.0000	115.96	57,981.50	57,741.40	240.10	1,520.83 3,650.00	0.0570
1-103570.2 CHICAGO ILL O HARE INTL ARPT REV BUILD AMERICA BONDS TAXABLE-GEN-THIRD LIEN-B 6.395% 01/01/2040 Cusip: 167593AN2, Standard & Poor's A+	10,000.0000	109.00	10,900.30	10,999.80	(99.50)	106.58 639.50	0.0550
1-103570.2 CHICAGO ILL TRAN AUTH SALES TAX TAXABLE-SER B-BUILD AMER BDS 6.2% 12/01/2040 Cusip: 16772PAQ9, Standard & Poor's AA	125,000.0000	105.02	131,271.25	130,024.50	1,246.75	1,937.50 7,750.00	0.0570
1-103570.2 DALLAS FORT WORTH TX INTL TAXABLE JT REF BDS 2020 C 3.089% 11/01/2040-2030 Cusip: 2350366Z8, Standard & Poor's AA-	25,000.0000	80.65	20,163.25	20,802.00	(638.75)	257.42 772.25	0.0490
1-103570.2 FLORIDA HSG FIN CORP REV TXBL-REF-HOMEOWNER MTGE-SER B 2.55% 01/01/2043-2026 Cusip: 34074MPG0	5,694.9291	88.68	5,050.26	5,637.97	(587.71)	12.10 145.22	
1-103570.2 FLORIDA ST BRD ADMIN FIN CORP REV DTD 05/01/24 5.526% 07/01/34 CALLABLE Cusip: 341271AH7, Standard & Poor's AA	60,000.0000	103.57	62,142.60	60,260.07	1,882.53	552.60 3,315.60	0.0500
1-103570.2 LOS ANGELES BUILD AMERICA BONDS-RECOVERY Z 7.618% 08/01/2040 Cusip: 54473ENS9, Standard & Poor's AA+	45,000.0000	118.89	53,500.50	53,035.20	465.30	285.68 3,428.10	0.0580
1-103570.2 LOS ANGELES CA BUILD AMERICA BONDS TAXABLE-SER D 6.574% 07/01/2045-2015 Cusip: 544495VY7, Standard & Poor's A	75,000.0000	106.64	79,977.75	80,205.95	(228.20)	821.75 4,930.50	0.0600



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 31 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Municipal Obligations</b>							
1-103570.2 LOS ANGELES CA CMNTY GO BDS DTD 7/22/2010 6.60% 8/1/2042 Cusip: 54438CNZ1, Standard & Poor's AA+	15,000.0000	111.05	16,657.20	16,114.65	542.55	82.50 990.00	0.0560
1-103570.2 LOS ANGELES CALIF DEPT ARPTS ARP BUILD AMERICA BONDS TAXABLE 6.582% 05/15/2039 Cusip: 544435C32, Standard & Poor's AA-	5,000.0000	107.76	5,387.85	5,233.20	154.65	96.90 329.10	0.0580
1-103570.2 LOS ANGELES CALIF DEPT ARPTS CUS TAXABLE INTL BDS 2022A 4.242% 05/15/2048-2032 Cusip: 54445CAK9, Standard & Poor's AA	5,000.0000	88.30	4,415.10	4,269.65	145.45	62.45 212.10	0.0510
1-103570.2 LOS ANGELES CALIF WASTEWTR SYSREV REV DTD 10/21/10 5.713% 06/01/39 Cusip: 5446526E5, Standard & Poor's AA+	40,000.0000	102.04	40,815.20	43,577.00	(2,761.80)	571.30 2,285.20	0.0550
1-103570.2 LOUISIANA LOC GOVT ENVIRONMENTAL TAXABLE BDS 2022A 4.475% 08/01/2039 Cusip: 54627RAP5, Standard & Poor's AAA	125,000.0000	96.38	120,472.50	119,017.09	1,455.41	466.15 5,593.75	0.0480
1-103570.2 NEW YORK N Y BUILD AMERICA BONDS 5.517% 10/01/2037 Cusip: 64966H4K3, Standard & Poor's AA	40,000.0000	102.29	40,914.00	41,402.80	(488.80)	919.50 2,206.80	0.0530
1-103570.2 NEW YORK N Y BUILD AMERICA BONDS 5.968% 03/01/2036 Cusip: 64966HYM6, Standard & Poor's AA	25,000.0000	105.18	26,294.50	26,554.25	(259.75)	746.00 1,492.00	0.0530
1-103570.2 NEW YORK N Y BUILD AMERICA BONDS 5.985% 12/01/2036 Cusip: 64966HTX8, Standard & Poor's AA	10,000.0000	104.37	10,436.50	10,413.10	23.40	149.63 598.50	0.0550
1-103570.2 NEW YORK N Y CITY MUN WTR FIN 5.882% 06/15/2044 Cusip: 64972FY34, Standard & Poor's AA+	25,000.0000	103.73	25,931.50	27,665.25	(1,733.75)	310.44 1,470.50	0.0560



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 32 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Municipal Obligations</b>							
1-103570.2 NEW YORK N Y CITY MUN WTR FIN AUTH WTR DTD 02/03/10 5.952% 06/15/42 Cusip: 64972FK88, Standard & Poor's AA+	30,000.0000	105.17	31,551.60	32,529.70	(978.10)	376.96 1,785.60	0.0550
1-103570.2 NEW YORK N Y CITY TRANSITIONAL F TAXABLE-FUTURE TAX SECD BUILD AMERICA BONDS 5.508% 08/01/2037 Cusip: 64971M4P4, Standard & Poor's AAA	10,000.0000	100.06	10,005.60	10,458.60	(453.00)	45.90 550.80	0.0550
1-103570.2 NEW YORK N Y GO BDS DTD 6/16/2010 5.846% 6/1/2040 Cusip: 64966HYV6, Standard & Poor's AA	40,000.0000	104.40	41,758.40	41,594.75	163.65	584.60 2,338.40	0.0540
1-103570.2 NEW YORK ST DORM AUTH ST PERS IN TAXABLE-GEN PURP-SER C 2.202% 03/15/2034-2031 Cusip: 64990FE42, Standard & Poor's AA+	25,000.0000	82.01	20,501.25	24,723.37	(4,222.12)	253.84 550.50	0.0470
1-103570.2 NEW YORK ST URBAN DEV CORP REV DTD 1/16/2019 3.90% 3/15/2033 Cusip: 650036JX5	10,000.0000	95.90	9,589.70	9,186.00	403.70	179.83 390.00	0.0450
1-103570.2 OKLAHOMA DEV FIN AUTH REV DTD 9/7/2022 4.135% 12/1/2033 2022 4.135% 12/01/2033 Cusip: 6789084F8, Standard & Poor's AAA	33,234.6744	98.14	32,617.84	33,234.67	(616.83)	343.56 1,374.25	
1-103570.2 ORANGE CNTY CA BUILD AMERICA BONDS TAXABLE-MEASURE M2-SER A- 6.908% 02/15/2041 Cusip: 684273HC2, Standard & Poor's AA+	24,548.0000	109.58	26,899.94	26,594.81	305.13	0.00 1,695.78	
1-103570.2 OREGON ED TAXABLE BDS 2021A 2.895% 06/30/2040-2031 Cusip: 68587FBL7, Standard & Poor's AA	25,000.0000	79.28	19,819.50	25,000.00	(5,180.50)	122.64 723.75	0.0480
1-103570.2 PORT AUTH N Y & N J TXBL-CONSOL-1 HUNDRED NINETY-1 4.823% 06/01/2045-2025 Cusip: 73358WXP4, Standard & Poor's AA-	50,000.0000	95.06	47,531.50	49,147.00	(1,615.50)	602.88 2,411.50	0.0520



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 33 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Municipal Obligations</b>							
1-103570.2 PORT AUTH N Y & N J 5.31% 08/01/2046-2024 Cusip: 73358WRQ9, Standard & Poor's AA-	90,000.0000	98.94	89,048.70	88,085.70	963.00	398.25 4,779.00	0.0540
1-103570.2 SOUTH CAROLINA STUDENT LN CORPREV DTD 11/30/10 0.00% 10/27/36 CALLABLE Cusip: 83715AAJ8, Standard & Poor's AAA	65,520.3865	99.29	65,055.85	65,254.20	(198.35)	222.24 4,348.73	
1-103570.2 TEXAS NAT GAS SECURITIZATION FIN DTD 3/23/2023 5.169% 4/1/2041 2023 TRANCHE A-2 5.169% 04/01/2041 Cusip: 88258MAB1	35,000.0000	101.82	35,638.05	34,392.87	1,245.18	753.81 1,809.15	0.0500
1-103570.2 TEXAS ST TAXABLE-BUILD AMER BD-A 5.517% 04/01/2039 Cusip: 882722KF7, Standard & Poor's AAA	40,000.0000	103.30	41,320.40	42,395.30	(1,074.90)	919.50 2,206.80	0.0520
1-103570.2 UNIVERSITY CALIF REVS 4.858% 05/15/2112 Cusip: 91412GHA6, Standard & Poor's AA	10,000.0000	88.08	8,807.90	9,477.00	(669.10)	143.04 485.80	0.0550
1-103570.2 UNIVERSITY VA UNIV REVS DTD 4/22/2009 6.20% 9/1/2039 Cusip: 915217RY1, Standard & Poor's AAA	140,000.0000	110.07	154,096.60	149,991.55	4,105.05	4,340.00 8,680.00	0.0520
1-103570.2 VIRGINIA ST HSG DEV AUTH COMWLTH RESIDENTIAL MTH BKD-SER B 2.125% 07/25/2051 Cusip: 92812UR26	74,203.7741	79.48	58,975.68	71,477.24	(12,501.56)	131.40 1,576.83	
<b>Total Municipal Obligations</b>			<b>1,990,664.22</b>	<b>2,011,042.26</b>	<b>(20,378.04)</b>	<b>32,316.64</b> <b>109,025.86</b>	
<b>To Page 1</b>							
<b>Corporate Bonds</b>							
1-103570.2 ACCENTURE CAPITAL INC 4.50% 10/04/2034 CALLABLE Cusip: 00440KAD5, Standard & Poor's AA-	75,000.0000	97.02	72,768.00	75,083.70	(2,315.70)	1,378.13 3,375.00	0.0490



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 34 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Corporate Bonds</b>							
1-103570.2 ACE CAP TRUST II 9.7% 04/01/2030 Cusip: 00440FAA2, Standard & Poor's BBB+	10,000.0000	117.14	11,713.80	14,171.40	(2,457.60)	404.17 970.00	0.0580
1-103570.2 AGCO CORP SR NT 5.8% 03/21/2034 CALLABLE Cusip: 001084AS1, Standard & Poor's BBB-	70,000.0000	101.69	71,180.90	70,118.95	1,061.95	1,804.44 4,060.00	0.0560
1-103570.2 AGREE LP 4.8% 10/01/2032-2032 Cusip: 008513AD5, Standard & Poor's BBB+	20,000.0000	98.00	19,599.60	19,069.40	530.20	400.00 960.00	0.0510
1-103570.2 ALEXANDRIA REAL ESTATE 1.875% 02/01/2033-2032 Cusip: 015271AV1, Standard & Poor's BBB+	40,000.0000	78.88	31,550.40	30,930.40	620.00	62.50 750.00	0.0520
1-103570.2 ALEXANDRIA REAL ESTATE 4.7% 07/01/2030 CALLABLE Cusip: 015271AN9, Standard & Poor's BBB+	75,000.0000	98.86	74,145.75	71,820.30	2,325.45	587.50 3,525.00	0.0490
1-103570.2 AMERICAN HOMES 4 RENT L P 2.375% 07/15/2031-2031 Cusip: 02666TAC1, Standard & Poor's BBB	60,000.0000	86.07	51,643.80	47,196.84	4,446.96	182.08 1,425.00	0.0490
1-103570.2 AMGEN INC 2.3% 02/25/2031-2030 Cusip: 031162CW8, Standard & Poor's BBB+	75,000.0000	87.16	65,367.75	64,688.25	679.50	28.75 1,725.00	0.0480
1-103570.2 AON CORPORATION / AON GLOBAL HOL 2.05% 08/23/2031-2031 Cusip: 03740LAA0, Standard & Poor's A-	70,000.0000	85.08	59,558.80	69,798.40	(10,239.60)	31.89 1,435.00	0.0470
1-103570.2 AON NORTH AMERICA INC DTD 3/1/2024 5.45% 3/1/2034 Cusip: 03740MAD2, Standard & Poor's A-	75,000.0000	102.29	76,720.50	73,700.25	3,020.25	2,043.75 4,087.50	0.0510
1-103570.2 ASSOCIATED BANC-CORP VAR 08/29/2030 CALLABLE Cusip: 045487AD7, Standard & Poor's BBB-	45,000.0000	102.91	46,307.70	46,003.05	304.65	4.84 580.95	0.0080
1-103570.2 AT&T INC 3.65% 06/01/2051-2050 Cusip: 00206RKA9, Standard & Poor's BBB	100,000.0000	72.74	72,741.00	85,015.10	(12,274.10)	912.50 3,650.00	0.0570



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 35 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Corporate Bonds</b>							
1-103570.2 ATLASSIAN CORPORATION 5.5% 05/15/2034 CALLABLE Cusip: 049468AB7, Standard & Poor's BBB	45,000.0000	102.15	45,966.15	44,716.50	1,249.65	728.75 2,475.00	0.0520
1-103570.2 AUTONATION INC 2.4% 08/01/2031-2031 Cusip: 05329WAS1, Standard & Poor's BBB-	70,000.0000	84.28	58,995.30	52,572.80	6,422.50	140.00 1,680.00	0.0530
1-103570.2 BANK AMERICA CORP VAR 10/25/2035 CALLABLE Cusip: 06051GMD8, Standard & Poor's BBB+	75,000.0000	98.98	74,232.75	75,000.00	(767.25)	1,448.48 4,138.50	0.0560
1-103570.2 BANK NEW YORK MELLON VAR 03/14/2035 CALLABLE Cusip: 06406RBW6, Standard & Poor's A	80,000.0000	101.14	80,915.20	78,694.40	2,220.80	1,925.32 4,150.40	0.0500
1-103570.2 BB&T BRH BKG & TR CO GLOBAL BK S 2.636% 09/17/2029-2024 Cusip: 07330MAC1, Standard & Poor's A-	105,000.0000	98.05	102,956.70	103,201.70	(245.00)	2,189.89 4,819.50	0.0510
1-103570.2 BK OF AMERICA CORP FR DTD 9/15/2023 0.00% 9/15/2029 Cusip: 06051GLS6, Standard & Poor's A-	80,000.0000	103.51	82,808.00	78,230.40	4,577.60	2,146.56 4,655.20	0.0490
1-103570.2 BK OF AMERICA CORP FR 1.734% 07/22/2027-2026 Cusip: 06051GJS9, Standard & Poor's A-	55,000.0000	96.19	52,904.50	55,504.90	(2,600.40)	103.32 953.70	0.0340
1-103570.2 BK OF AMERICA CORP FR 3.97% 03/05/2029-2028 Cusip: 06051GHG7, Standard & Poor's A-	50,000.0000	98.06	49,027.50	46,659.50	2,368.00	970.44 1,985.00	0.0450
1-103570.2 BLACKROCK FUNDING 5.25% 03/14/2054 CALLABLE Cusip: 09290DAC5, Standard & Poor's AA-	35,000.0000	97.74	34,209.00	34,577.90	(368.90)	852.40 1,837.50	0.0540
1-103570.2 BOSTON UNIV MEDIUM TERM NTS BOOK 7.625% 07/15/2097-2027 Cusip: 10115PAA3, Standard & Poor's AA-	40,000.0000	107.83	43,132.00	48,089.40	(4,957.40)	389.72 3,050.00	0.0710



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 36 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Corporate Bonds</b>							
1-103570.2 BP CAP MARKETS AMERICA 4.812% 02/13/2033-2032 Cusip: 10373QBU3, Standard & Poor's A-	90,000.0000	98.71	88,842.60	90,287.90	(1,445.30)	216.54 4,330.80	0.0500
1-103570.2 BROADCOM INC SR NT 4.55% 02/15/2032 CALLABLE Cusip: 11135FCC3, Standard & Poor's BBB+	90,000.0000	97.89	88,099.20	89,591.35	(1,492.15)	182.00 4,095.00	0.0490
1-103570.2 BURLINGTON NORTHN SANTA FE LLC 4.9% 04/01/2044-2043 Cusip: 12189LAS0, Standard & Poor's AA-	30,000.0000	94.72	28,416.30	29,345.10	(928.80)	612.50 1,470.00	0.0530
1-103570.2 CAPITAL ONE FINL CORP GLBL FLT DTD 11/2/2021 2.618% 11/2/2032 Cusip: 14040HCJ2, Standard & Poor's BBB	60,000.0000	85.46	51,276.00	60,099.60	(8,823.60)	519.24 1,570.80	0.0490
1-103570.2 CAPITAL ONE FINL CORP VAR 10/30/2031 Cusip: 14040HDC6, Standard & Poor's BBB	59,000.0000	111.97	66,062.30	65,872.32	189.98	1,511.88 4,498.16	0.0550
1-103570.2 CAPITAL ONE FINL VAR 02/01/2035 CALLABLE Cusip: 14040HDF9, Standard & Poor's BBB	45,000.0000	104.01	46,804.95	45,517.95	1,287.00	226.91 2,722.95	0.0550
1-103570.2 CARDINAL HEALTH INC SR GLBL NT DTD 11/22/2024 5.35% 11/15/2034 CALLABLE Cusip: 14149YBS6, Standard & Poor's BBB	135,000.0000	100.91	136,229.85	134,620.65	1,609.20	1,986.19 7,222.50	0.0520
1-103570.2 CBRE SVCS INC 2.5% 04/01/2031-2031 Cusip: 12505BAE0, Standard & Poor's BBB+	150,000.0000	86.66	129,985.50	126,740.90	3,244.60	1,562.50 3,750.00	0.0510
1-103570.2 CENTENE CORP 3.375% 02/15/2030-2025 Cusip: 15135BAV3, Standard & Poor's BBB-	80,000.0000	90.49	72,391.20	69,588.02	2,803.18	120.00 2,700.00	0.0560
1-103570.2 CENTERPOINT ENERGY 4.95% 04/01/2033-2023 Cusip: 15189XBB3, Standard & Poor's A	65,000.0000	99.69	64,795.90	64,923.75	(127.85)	1,340.63 3,217.50	0.0500



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 37 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Corporate Bonds</b>							
1-103570.2 CHARTER COMMUNICATIONS 6.55% 06/01/2034 CALLABLE Cusip: 161175CR3, Standard & Poor's BBB-	85,000.0000	103.64	88,094.00	84,913.40	3,180.60	1,391.88 5,567.50	0.0600
1-103570.2 CHUBB INA HLDGS 5.00% 03/15/2034 CALLABLE Cusip: 171239AK2, Standard & Poor's A	90,000.0000	100.39	90,348.30	89,714.85	633.45	2,075.00 4,500.00	0.0490
1-103570.2 CITIGROUP INC 1.462% DTD 6/9/2021 1.462% 6/9/2027 Cusip: 172967NA5, Standard & Poor's BBB+	50,000.0000	96.06	48,032.00	50,000.00	(1,968.00)	166.51 731.00	0.0330
1-103570.2 CITIGROUP INC 3.057% 01/25/2033-2032 Cusip: 17327CAQ6, Standard & Poor's BBB+	75,000.0000	87.84	65,878.50	66,728.25	(849.75)	229.28 2,292.75	0.0490
1-103570.2 CITIGROUP INC SUB GLBL NT VAR 05/25/2034 CALLABLE Cusip: 17327CAR4, Standard & Poor's BBB	50,000.0000	103.13	51,562.50	50,000.00	1,562.50	823.20 3,087.00	
1-103570.2 CITIZENS NA PROVIDENCE RI 4.575% 08/09/2028-2027 Cusip: 75524KPG3, Standard & Poor's A-	65,000.0000	99.53	64,693.20	64,391.40	301.80	181.73 2,973.75	0.0470
1-103570.2 CLECO SECURITIZATION I LLC DTD 6/22/2022 4.646% 9/1/2042 Cusip: 185512AB6, Standard & Poor's AAA	95,000.0000	95.66	90,877.00	96,018.70	(5,141.70)	2,206.85 4,413.70	0.0500
1-103570.2 COCA COLA CO SR NT 5.3% 05/13/2054 CALLABLE Cusip: 191216DS6, Standard & Poor's A+	70,000.0000	99.79	69,854.40	69,037.30	817.10	1,113.00 3,710.00	0.0530
1-103570.2 COMCAST CORP 3.999% 11/01/2049-2049 Cusip: 20030NCE9, Standard & Poor's A-	85,000.0000	78.01	66,308.50	64,528.97	1,779.53	1,133.05 3,399.15	0.0570
1-103570.2 CONOCOPHILLIPS SR NT DTD 12/5/2024 5.50% 1/15/2055 CALLABLE Cusip: 20826FBM7, Standard & Poor's A-	40,000.0000	98.01	39,204.80	38,138.40	1,066.40	525.56 2,200.00	0.0560



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 38 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Corporate Bonds</b>							
1-103570.2 DCP MIDSTREAM OPER LP 5.625% 07/15/2027 Cusip: 23311VAJ6, Standard & Poor's BBB+	30,000.0000	101.99	30,597.90	30,136.34	461.56	215.63 1,687.50	0.0470
1-103570.2 DTE ELEC CO 5.2% 04/01/2033-2033 DTD 3/3/2023 5.20% 4/1/2033 Cusip: 23338VAS5, Standard & Poor's A	55,000.0000	101.56	55,855.80	57,264.15	(1,408.35)	1,191.67 2,860.00	0.0500
1-103570.2 DUKE ENERGY CAROLINAS LLC 4.95% DTD 1/6/2023 4.95% 1/15/2033 Cusip: 26442CBJ2, Standard & Poor's A	75,000.0000	100.22	75,163.50	75,541.50	(378.00)	474.38 3,712.50	0.0490
1-103570.2 DUKE ENERGY IND LLC 2.75% 04/01/2050-2049 Cusip: 26443TAC0, Standard & Poor's A	95,000.0000	63.32	60,154.00	86,422.70	(26,268.70)	1,088.54 2,612.50	0.0540
1-103570.2 DUKE ENERGY OHIO INC 2.125% DTD 5/21/2020 2.125% 6/1/2030 Cusip: 26442EAH3, Standard & Poor's A	95,000.0000	87.92	83,525.90	81,592.65	1,933.25	504.69 2,018.75	0.0470
1-103570.2 DUKE UNIV HEALTH SYS INC DTD 1/14/2020 3.162% 6/1/2042 Cusip: 26443CAQ6, Standard & Poor's AA-	50,000.0000	78.96	39,480.00	41,049.50	(1,569.50)	395.25 1,581.00	0.0500
1-103570.2 ENACT HLDGS INC SR 6.25% 05/28/2029 CALLABLE Cusip: 29249EAA7, Standard & Poor's BBB-	65,000.0000	102.93	66,907.10	64,969.45	1,937.65	1,049.48 4,062.50	0.0550
1-103570.2 ENERGY TRANSFER L P SR GLBL DTD 3/4/2025 5.70% 4/1/2035 CALLABLE Cusip: 29273VBE9, Standard & Poor's BBB	65,000.0000	101.73	66,123.85	64,916.80	1,207.05	0.00 3,705.00	0.0550
1-103570.2 ESSEX PORTFOLIO L P 2.55% 06/15/2031-2031 Cusip: 29717PAZ0, Standard & Poor's BBB+	80,000.0000	87.44	69,948.00	63,104.40	6,843.60	430.67 2,040.00	0.0490
1-103570.2 ESSEX PORTFOLIO L P 3% 01/15/2030-2029 Cusip: 29717PAU1, Standard & Poor's BBB+	35,000.0000	92.08	32,228.00	31,592.40	635.60	134.17 1,050.00	0.0480



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 39 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Corporate Bonds</b>							
1-103570.2 EVERSOURCE ENERGY SR 5.85% 04/15/2031 CALLABLE Cusip: 30040WBA5, Standard & Poor's BBB	75,000.0000	103.93	77,946.00	76,963.35	982.65	1,657.50 4,387.50	0.0510
1-103570.2 FIRST TENNESSEE BANK 5.75% 05/01/2030-2030 Cusip: 337158AJ8	65,000.0000	101.18	65,767.65	66,077.05	(309.40)	1,245.83 3,737.50	0.0550
1-103570.2 GENERAL MTRS FINL CO INC SR NT DTD 3/4/2025 5.625% 4/4/2032 CALLABLE Cusip: 37045XFG6, Standard & Poor's BBB	40,000.0000	100.22	40,086.80	39,971.60	115.20	0.00 2,250.00	0.0560
1-103570.2 GLOBAL PAYMENTS INC 3.2% 08/15/2029-2029 Cusip: 37940XAB8, Standard & Poor's BBB-	90,000.0000	93.24	83,912.40	87,264.06	(3,351.66)	128.00 2,880.00	0.0490
1-103570.2 GLP CAPITAL LP / FIN II 3.25% 01/15/2032-2031 Cusip: 361841AR0, Standard & Poor's BBB-	60,000.0000	86.96	52,178.40	51,421.20	757.20	249.17 1,950.00	0.0560
1-103570.2 GLP CAPITAL LP / FIN II 4% 01/15/2031-2030 Cusip: 361841AQ2, Standard & Poor's BBB-	80,000.0000	93.22	74,578.40	67,738.40	6,840.00	408.89 3,200.00	0.0540
1-103570.2 GOLDMAN SACHS GROUP 0.00% 10/23/2035 Cusip: 38141GB78, Standard & Poor's BBB+	90,000.0000	97.79	88,010.10	90,000.00	(1,989.90)	1,605.12 4,514.40	0.0530
1-103570.2 GOLDMAN SACHS GROUP 5.851% 04/25/2035 CALLABLE Cusip: 38141GA95, Standard & Poor's BBB+	50,000.0000	103.97	51,984.50	50,165.00	1,819.50	1,023.93 2,925.50	0.0530
1-103570.2 GOLDMAN SACHS GROUP INC 1.992% 01/27/2032-2031 Cusip: 38141GXR0, Standard & Poor's BBB+	60,000.0000	84.86	50,917.20	60,375.00	(9,457.80)	112.88 1,195.20	0.0460
1-103570.2 GOLDMAN SACHS GROUP INC 2.64% 02/24/2028-2027 Cusip: 38141GZK3, Standard & Poor's BBB+	65,000.0000	96.23	62,548.85	65,000.00	(2,451.15)	33.37 1,716.00	0.0400



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 40 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Corporate Bonds</b>							
1-103570.2 HEALTHCARE TR AMER HLDGS LP 3.625% 01/15/2028-2027 Cusip: 42225UAK0, Standard & Poor's BBB	30,000.0000	96.24	28,872.00	31,272.60	(2,400.60)	138.96 1,087.50	0.0500
1-103570.2 HEWLETT PACKARD 5.00% 10/15/2034 CALLABLE Cusip: 42824CBV0, Standard & Poor's BBB	70,000.0000	98.41	68,889.80	69,642.30	(752.50)	1,506.94 3,500.00	0.0520
1-103570.2 HF SINCLAIR CORP SR GLBL NT DTD 1/23/2025 5.75% 1/15/2031 CALLABLE Cusip: 403949AR1, Standard & Poor's BBB-	90,000.0000	101.74	91,568.70	89,700.30	1,868.40	546.25 5,175.00	0.0540
1-103570.2 HUNTINGTON NATIONAL BANK 5.65% 01/10/2030-2029 Cusip: 44644MAJ0, Standard & Poor's A-	70,000.0000	103.20	72,237.90	70,498.40	1,739.50	560.29 3,955.00	0.0490
1-103570.2 INVITATION HOMES OPERATING PARTN 2% 08/15/2031-2031 Cusip: 46188BAA0, Standard & Poor's BBB	65,000.0000	83.61	54,345.20	59,978.75	(5,633.55)	57.78 1,300.00	0.0500
1-103570.2 INVITATION HOMES OPERATING PARTN 4.15% 04/15/2032-2032 Cusip: 46188BAD4, Standard & Poor's BBB	70,000.0000	93.88	65,713.20	64,515.50	1,197.70	1,097.44 2,905.00	0.0520
1-103570.2 JPMORGAN CHASE & CO DTD 4/22/2024 0.00% 4/22/2035 Cusip: 46647PEH5, Standard & Poor's A	65,000.0000	104.49	67,918.50	64,883.00	3,035.50	1,343.00 3,747.90	0.0520
1-103570.2 JPMORGAN CHASE & CO 1.045% DTD 11/19/2020 1.045% 11/19/2026 Cusip: 46647PBT2, Standard & Poor's A	65,000.0000	97.55	63,408.80	65,000.00	(1,591.20)	192.45 679.25	0.0250
1-103570.2 JPMORGAN CHASE & CO 2.182% 06/01/2028-2028 Cusip: 46647PBR6, Standard & Poor's A	90,000.0000	94.87	85,384.80	91,343.30	(5,958.50)	490.95 1,963.80	0.0390
1-103570.2 KIMCO 3.2% 04/01/2032-2032 Cusip: 49446RAZ2, Standard & Poor's BBB+	40,000.0000	89.63	35,850.80	33,378.00	2,472.80	533.33 1,280.00	0.0500



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 41 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Corporate Bonds</b>							
1-103570.2 L3HARRIS TECHNOLOGIES 5.25% 06/01/2031 CALLABLE Cusip: 502431AT6, Standard & Poor's BBB	80,000.0000	101.67	81,339.20	79,815.50	1,523.70	1,050.00 4,200.00	0.0490
1-103570.2 LPL HLDGS INC SR NT DTD 2/26/2025 5.20% 3/15/2030 CALLABLE Cusip: 50212YAL8, Standard & Poor's BBB-	45,000.0000	100.28	45,127.35	44,935.20	192.15	32.50 2,340.00	0.0510
1-103570.2 LPL HLDGS INC SR NT 6.75% 11/17/2028 CALLABLE Cusip: 50212YAH7, Standard & Poor's BBB-	60,000.0000	105.78	63,469.80	59,957.40	3,512.40	1,170.00 4,050.00	0.0500
1-103570.2 M & T BK CORP FR Ser A DTD 12/17/2024 0.00% 1/16/2036 CALLABLE Cusip: 55261FAV6, Standard & Poor's BBB+	70,000.0000	99.34	69,538.70	68,078.50	1,460.20	471.19 3,769.50	0.0550
1-103570.2 MARSH & MCLENNAN 2.375% 12/15/2031-2031 Cusip: 571748BP6, Standard & Poor's A-	65,000.0000	85.86	55,811.60	56,522.70	(711.10)	325.90 1,543.75	0.0480
1-103570.2 MASSACHUSETTS INST TECHNOLOGY 3.885% 07/01/2116 Cusip: 575718AF8, Standard & Poor's AAA	5,000.0000	73.04	3,652.05	3,904.95	(252.90)	32.38 194.25	0.0530
1-103570.2 MASTERCARD INCORPORATED 4.55% 01/15/2035 CALLABLE Cusip: 57636QBC7, Standard & Poor's A+	70,000.0000	97.67	68,365.50	70,632.80	(2,267.30)	406.97 3,185.00	0.0480
1-103570.2 META PLATFORMS INC 4.55% 08/15/2031 CALLABLE Cusip: 30303M8T2, Standard & Poor's AA-	70,000.0000	100.24	70,164.50	69,956.95	207.55	141.56 3,185.00	0.0450
1-103570.2 Morgan Stanley Ser I DTD 4/21/2023 5.164% 4/20/2029 Cusip: 61747YFD2, Standard & Poor's A-	70,000.0000	101.27	70,886.90	70,000.00	886.90	1,315.39 3,614.80	0.0480
1-103570.2 MORGAN STANLEY FR 2.484% 09/16/2036-2031 Cusip: 61747YEF8, Standard & Poor's BBB+	50,000.0000	83.18	41,587.50	50,000.00	(8,412.50)	569.25 1,242.00	0.0440



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 42 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Corporate Bonds</b>							
1-103570.2 MORGAN STANLEY FR FXD-FRN SNR 20/07/2027 USD (SEC REGD) (I) 1.512% 07/20/2027-2026 Cusip: 61747YEC5, Standard & Poor's A-	65,000.0000	95.86	62,311.60	65,103.20	(2,791.60)	111.93 982.80	0.0330
1-103570.2 MORGAN STANLEY SR VAR 01/18/2035 CALLABLE Cusip: 61747YFL4, Standard & Poor's A-	75,000.0000	101.63	76,223.25	76,141.49	81.76	489.66 4,099.50	0.0530
1-103570.2 NATIONAL RURAL UTILS COOP FIN FR DTD 2/7/2025 4.95% 2/7/2030 CALLABLE Cusip: 63743HFX5	70,000.0000	101.25	70,872.20	69,892.90	979.30	231.00 3,465.00	0.0470
1-103570.2 NMI HLDGS INC SR 6.00% 08/15/2029 CALLABLE Cusip: 629209AC1	90,000.0000	101.67	91,500.30	88,878.60	2,621.70	240.00 5,400.00	0.0560
1-103570.2 OGE ENERGY CORP SR NT 5.45% 05/15/2029 CALLABLE Cusip: 670837AD5, Standard & Poor's BBB	75,000.0000	102.61	76,959.00	75,252.50	1,706.50	1,203.54 4,087.50	0.0480
1-103570.2 OLD REP INTL CORP 3.85% 06/11/2051-2049 Cusip: 680223AL8, Standard & Poor's BBB+	50,000.0000	72.81	36,406.00	49,964.50	(13,558.50)	427.78 1,925.00	0.0590
1-103570.2 OLD REP INTL CORP SR 5.75% 03/28/2034 CALLABLE Cusip: 680223AM6, Standard & Poor's BBB+	60,000.0000	102.62	61,569.60	60,112.80	1,456.80	1,466.25 3,450.00	0.0540
1-103570.2 ORACLE CORPORATION 3.95% 03/25/2051-2050 Cusip: 68389XCA1, Standard & Poor's BBB	95,000.0000	75.36	71,595.80	83,168.39	(11,572.59)	1,626.08 3,752.50	0.0580
1-103570.2 PECO ENERGY 4.375% DTD 8/23/2022 4.375% 8/15/2052 Cusip: 693304BE6, Standard & Poor's A	80,000.0000	84.96	67,971.20	76,792.32	(8,821.12)	155.56 3,500.00	0.0540
1-103570.2 PG&E ENERGY RECOVERY FND DTD 8/1/2024 5.231% 6/1/2042 Cusip: 71710TAH1, Standard & Poor's AAA	55,000.0000	101.41	55,776.05	57,047.65	(1,271.60)	1,678.28 2,877.05	0.0510



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 43 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Corporate Bonds</b>							
1-103570.2 PG&E ENERGY RECOVERY FND 5.536% DTD 11/30/2022 5.536% 7/15/2049 Cusip: 71710TAF5, Standard & Poor's AAA	15,000.0000	101.04	15,155.25	15,298.95	(143.70)	106.11 830.40	0.0550
1-103570.2 PG&E WILDFIRE RECOVERY 4.377% 06/01/2039 Cusip: 693342AC1, Standard & Poor's AAA	35,000.0000	93.55	32,742.85	32,479.34	263.51	382.99 1,531.95	0.0500
1-103570.2 PG&E WILDFIRE RECOVERY 4.451% 12/01/2047 Cusip: 693342AD9, Standard & Poor's AAA	95,000.0000	88.97	84,516.75	82,057.60	2,459.15	1,057.11 4,228.45	0.0530
1-103570.2 PG&E WILDFIRE RECOVERY 4.674% 12/01/2051 Cusip: 693342AE7, Standard & Poor's AAA	245,000.0000	89.82	220,061.45	216,156.50	3,904.95	2,862.83 11,451.30	0.0540
1-103570.2 PHYSICIANS RLTY L P 3.95% 01/15/2028-2027 Cusip: 71951QAB8, Standard & Poor's BBB+	80,000.0000	98.10	78,481.60	80,280.40	(1,798.80)	403.78 3,160.00	0.0470
1-103570.2 PIONEER NATURAL RESOURCES CO 1.9% 08/15/2030-2030 Cusip: 723787AQ0, Standard & Poor's AA-	100,000.0000	87.09	87,087.00	86,148.55	938.45	84.44 1,900.00	0.0460
1-103570.2 PNC FINL SVCS GROUP INC DTD 8/18/2023 5.939% 8/18/2034 Cusip: 693475BS3, Standard & Poor's A-	60,000.0000	104.91	62,948.40	62,093.40	855.00	128.68 3,563.40	0.0530
1-103570.2 PNC FINL SVCS GROUP VAR 10/21/2032 CALLABLE Cusip: 693475CA1, Standard & Poor's A-	55,000.0000	99.17	54,540.75	55,000.00	(459.25)	955.72 2,646.60	0.0490
1-103570.2 PNM ENERGY TRANSITION BOND CO DTD 11/15/2023 6.028% 8/15/2051 Cusip: 69380MAB2, Standard & Poor's AAA	20,000.0000	106.66	21,332.20	21,801.80	(469.60)	53.58 1,205.60	
1-103570.2 PPL CAP FDG INC 5.25% 09/01/2034 CALLABLE Cusip: 69352PAT0, Standard & Poor's BBB+	85,000.0000	99.90	84,912.45	85,393.50	(481.05)	2,503.96 4,462.50	0.0530



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 44 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Corporate Bonds</b>							
1-103570.2 PUBLIC SVC CO OK 5.25% 01/15/2033-2032 Cusip: 744533BQ2, Standard & Poor's BBB+	80,000.0000	100.46	80,364.80	80,647.28	(282.48)	536.67 4,200.00	0.0520
1-103570.2 PUBLIC SVC ENTERPRISE 5.45% 04/01/2034 CALLABLE Cusip: 744573AZ9, Standard & Poor's BBB	75,000.0000	101.57	76,179.75	75,310.10	869.65	1,703.13 4,087.50	0.0520
1-103570.2 RAYMOND JAMES FINL INC 3.75% 04/01/2051-2050 Cusip: 754730AH2, Standard & Poor's A-	90,000.0000	74.27	66,844.80	88,789.90	(21,945.10)	1,406.25 3,375.00	0.0560
1-103570.2 REALTY INCOME CORP 3.2% 02/15/2031 CALLABLE Cusip: 756109CD4, Standard & Poor's A-	65,000.0000	91.57	59,521.80	66,050.40	(6,528.60)	92.44 2,080.00	0.0480
1-103570.2 REGENCY 3.7% 06/15/2030-2030 Cusip: 75884RBA0, Standard & Poor's A-	100,000.0000	94.88	94,884.00	92,279.65	2,604.35	781.11 3,700.00	0.0480
1-103570.2 REGIONS FINANCIAL VAR 06/06/2030 CALLABLE Cusip: 7591EPAU4, Standard & Poor's BBB+	70,000.0000	102.62	71,836.10	70,000.00	1,836.10	945.72 4,005.40	0.0510
1-103570.2 REXFORD INDUSTRIAL REALTY L P 2.125% 12/01/2030-2030 Cusip: 76169XAA2, Standard & Poor's BBB+	100,000.0000	85.55	85,550.00	85,104.60	445.40	531.25 2,125.00	0.0500
1-103570.2 REXFORD INDUSTRIAL REALTY L P 2.15% 09/01/2031-2031 Cusip: 76169XAB0, Standard & Poor's BBB+	85,000.0000	84.29	71,649.05	68,114.25	3,534.80	913.75 1,827.50	0.0500
1-103570.2 SCE RECOVERY FUNDING LLC DTD 2/15/2022 2.943% 11/15/2044 Cusip: 78433LAE6, Standard & Poor's AAA	25,000.0000	82.39	20,597.50	21,006.25	(408.75)	216.64 735.75	0.0430
1-103570.2 SCHWAB CHARLES CORP VAR 05/19/2034 CALLBLE Cusip: 808513CE3, Standard & Poor's A-	70,000.0000	104.64	73,246.60	70,000.00	3,246.60	1,160.85 4,097.10	0.0520



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 45 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Corporate Bonds</b>							
1-103570.2 STATE STR CORP 4.821% 01/26/2034-2033 Cusip: 857477CA9, Standard & Poor's A	30,000.0000	98.96	29,688.30	30,000.00	(311.70)	140.61 1,446.30	0.0500
1-103570.2 STATE STR CORP SR VAR 10/22/2032 CALLABLE Cusip: 857477CR2, Standard & Poor's A	90,000.0000	98.76	88,883.10	89,482.00	(598.90)	1,507.69 4,207.50	0.0490
1-103570.2 T-MOBILE USA INC 3.375% 04/15/2029-2024 Cusip: 87264ABV6, Standard & Poor's BBB	75,000.0000	94.69	71,018.25	66,907.50	4,110.75	956.25 2,531.25	0.0480
1-103570.2 TAKE-TWO INTERACTIVE 5.6% 06/12/2034 CALLABLE Cusip: 874054AN9, Standard & Poor's BBB	70,000.0000	103.13	72,191.00	69,890.50	2,300.50	860.22 3,920.00	0.0520
1-103570.2 TARGA RESOURCES PARTNERS 4.875% SNR NTS 01/02/2031 USD (SEC REGD) 4.875% 02/01/2031 Cusip: 87612BBS0, Standard & Poor's BBB	75,000.0000	98.17	73,629.00	72,274.55	1,354.45	304.69 3,656.25	0.0520
1-103570.2 TRUIST FINANCIAL CORPORATION DTD 6/8/2023 5.867% 6/8/2034 Cusip: 89788MAP7, Standard & Poor's A-	60,000.0000	103.85	62,310.00	58,617.00	3,693.00	811.60 3,520.20	0.0530
1-103570.2 TRUIST FINL CORP VAR 10/30/2029 CALLABLE Cusip: 89788MAQ5, Standard & Poor's A-	65,000.0000	107.70	70,004.35	66,653.60	3,350.75	1,564.48 4,654.65	
1-103570.2 UNIVERSITY SOUTHN CALIF 3.028% DTD 8/22/2016 3.028% 10/1/2039 Cusip: 914886AB2, Standard & Poor's AA	25,000.0000	82.18	20,544.00	20,269.25	274.75	315.42 757.00	0.0470
1-103570.2 US BANCORP FR DTD 2/12/2025 0.00% 2/12/2036 Cusip: 91159HJU5, Standard & Poor's A	65,000.0000	101.20	65,781.30	65,049.40	731.90	186.07 3,525.60	0.0530
1-103570.2 VERIZON COMMNS INC 2.55% 03/21/2031-2030 Cusip: 92343VGJ7, Standard & Poor's BBB+	110,000.0000	87.97	96,771.40	97,440.25	(668.85)	1,246.67 2,805.00	0.0490



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 46 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Corporate Bonds</b>							
1-103570.2 WEINGARTEN 3.85% 06/01/2025-2025 Cusip: 948741AL7, Standard & Poor's BBB+	30,000.0000	99.69	29,905.80	30,118.20	(212.40)	288.75 1,155.00	0.0510
1-103570.2 WELLS FARGO & CO SR NT 2.879% DTD 10/31/2019 2.879% 10/30/2030 Cusip: 95000U2G7, Standard & Poor's BBB+	70,000.0000	91.87	64,311.80	66,953.45	(2,641.65)	677.36 2,015.30	0.0450
1-103570.2 WELLS FARGO & CO VAR 07/25/2029 CALLABLE Cusip: 95000U3E1, Standard & Poor's BBB+	75,000.0000	102.54	76,902.00	75,000.00	1,902.00	418.05 4,180.50	0.0490
1-103570.2 Wells Fargo & Company Ser W DTD 4/24/2023 5.389% 4/24/2034 Cusip: 95000U3D3, Standard & Poor's BBB+	70,000.0000	101.18	70,824.60	67,516.50	3,308.10	1,330.78 3,772.30	
1-103570.2 WILLIAMS COS INC SR GLOB DTD 1/9/2025 5.60% 3/15/2035 CALLABLE Cusip: 969457CP3, Standard & Poor's BBB	80,000.0000	102.54	82,028.80	79,617.55	2,411.25	647.11 4,480.00	0.0530
<b>Total Corporate Bonds</b>			<b>8,246,681.05</b>	<b>8,312,640.62</b>	<b>(65,959.57)</b>	<b>96,504.42</b> <b>377,124.06</b>	
			<b>To Page 1</b>				
<b>Foreign Bonds and Notes</b>							
1-103570.2 BANK MONTREAL QUE 3.803% 12/15/2032-2027 Cusip: 06368BGS1, Standard & Poor's BBB+	45,000.0000	96.71	43,520.40	45,104.96	(1,584.56)	361.29 1,711.35	0.0430
1-103570.2 BANK NOVA SCOTIA B C FR Cusip: 06418GAN7, Standard & Poor's A-	65,000.0000	98.91	64,289.55	65,000.00	(710.45)	949.98 3,081.00	0.0490
1-103570.2 BANK NOVA SCOTIA B C SR COCO 28 Cusip: 06418GAD9, Standard & Poor's A-	70,000.0000	102.21	71,543.50	69,733.30	1,810.20	806.46 3,675.00	0.0450
1-103570.2 BARCLAYS PLC 7.385% 11/02/2028-2027 Cusip: 06738ECD5, Standard & Poor's BBB+	40,000.0000	106.25	42,500.40	40,028.00	2,472.40	976.46 2,954.00	0.0550



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 47 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Foreign Bonds and Notes</b>							
1-103570.2 BROOKFIELD FIN INC SR GBLB Cusip: 11271LAK8, Standard & Poor's A-	65,000.0000	106.78	69,407.00	65,000.00	4,407.00	642.06 4,127.50	0.0540
1-103570.2 BROOKFIELD FIN INC SR NT Cusip: 11271LAL6, Standard & Poor's A-	60,000.0000	104.07	62,443.20	60,861.00	1,582.20	1,760.56 3,580.80	0.0570
1-103570.2 CANADIAN IMPERIAL BK COMM TORO GBLB DTD 4/28/2023 5.001% 4/28/2028 Cusip: 13607LNG4, Standard & Poor's A-	75,000.0000	101.30	75,972.75	75,000.00	972.75	1,281.51 3,750.75	0.0460
1-103570.2 ENBRIDGE INC SR NT Cusip: 29250NCD5, Standard & Poor's BBB+	95,000.0000	101.51	96,436.40	94,641.35	1,795.05	2,292.40 5,652.50	0.0580
1-103570.2 GENPACT LUXEMBOURG S A / GENPA SR NT Cusip: 37190AAB5, Standard & Poor's BBB-	70,000.0000	103.63	72,540.30	70,334.60	2,205.70	1,015.00 4,200.00	0.0500
1-103570.2 ROYAL BK CDA FR Cusip: 78017FZT3, Standard & Poor's A	80,000.0000	99.45	79,560.00	80,000.00	(440.00)	1,374.33 3,720.00	0.0480
1-103570.2 SMITH NEPHEW PLC DTD 3/20/2024 5.40% 3/20/2034 Cusip: 83192PAD0, Standard & Poor's BBB+	75,000.0000	100.76	75,567.75	73,612.95	1,954.80	1,811.25 4,050.00	0.0530
1-103570.2 THE TORONTO-DOMINION BANK 4.693% 09/15/2027 Cusip: 89115A2H4, Standard & Poor's A-	70,000.0000	100.78	70,544.60	69,054.30	1,490.30	1,514.80 3,285.10	0.0440
1-103570.2 TOTALENERGIES CAP DTD 4/5/2024 5.488% 4/5/2054 Cusip: 89157XAB7, Standard & Poor's A+	40,000.0000	98.54	39,416.40	40,192.55	(776.15)	890.28 2,195.20	0.0560
<b>Total Foreign Bonds and Notes</b>			<b>863,742.25</b>	<b>848,563.01</b>	<b>15,179.24</b>	<b>15,676.38</b> <b>45,983.20</b>	
<b>To Page 1</b>							
<b>Private Placements</b>							
1-103570.2 6297782 LLC SR 144A 5.026% 10/01/2029 CALLABLE Cusip: 83007CAC6, Standard & Poor's BBB-	75,000.0000	99.46	74,593.50	75,020.70	(427.20)	1,570.63 3,769.50	0.0520



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 48 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Private Placements</b>							
1-103570.2 AMERICO LIFE INC PP 144A 3.45% 04/15/2031-2031 Cusip: 03060NAD2, Standard & Poor's BBB	40,000.0000	86.31	34,523.60	39,886.00	(5,362.40)	521.33 1,380.00	0.0620
1-103570.2 BLACKSTONE HOLDINGS FINANCE CO. PP 144A 1.6% 03/30/2031-2030 Cusip: 09261BAA8, Standard & Poor's A+	105,000.0000	83.14	87,295.95	80,806.95	6,489.00	704.67 1,680.00	0.0480
1-103570.2 CANADIAN NAT RES LTD MED TERM SR GLBL DTD 12/6/2024 5.00% 12/15/ CALLABLE Cusip: 136385BB6, Standard & Poor's BBB-	60,000.0000	100.00	59,997.00	60,052.30	(55.30)	708.33 3,000.00	0.0500
1-103570.2 MACQUARIE AIRFINANCE HOLDINGS LT DTD 3/26/2024 6.50% 3/26/2031 Cusip: 55609NAD0, Standard & Poor's BBB-	45,000.0000	104.46	47,006.55	47,851.88	(845.33)	1,259.38 2,925.00	0.0560
1-103570.2 ROLLINS INC DTD 2/24/2025 5.25% 2/24/2035 CALLABLE Cusip: 775711AA2, Standard & Poor's BBB	80,000.0000	100.83	80,664.80	78,950.15	1,714.65	81.67 4,200.00	0.0510
1-103570.2 TIAA CMBS I TR COML MTG PP 144A 3.3% 05/15/2050-2049 Cusip: 878091BG1, Standard & Poor's AA-	90,000.0000	69.54	62,581.50	87,510.60	(24,929.10)	874.50 2,970.00	0.0560
<b>Total Private Placements</b>			<b>446,662.90</b>	<b>470,078.58</b>	<b>(23,415.68)</b>	<b>5,720.51</b> <b>19,924.50</b>	
							<b>To Page 1</b>
<b>Mutual Funds Taxable</b>							
1-103570.1 BAIRD INTERMEDIATE BOND INST CL Cusip: 057071805	4,403,079.0360	10.42	45,880,083.56	45,158,216.92	721,866.64	0.00 1,800,859.33	
							<b>To Page 1</b>
<b>Total Mutual Funds Taxable</b>			<b>45,880,083.56</b>	<b>45,158,216.92</b>	<b>721,866.64</b>	<b>0.00</b> <b>1,800,859.33</b>	
<b>C I F - Fixed Income</b>							
1-103570.2 NIS HIGH YIELD FUND LLC Bank: 990220AM7	35.5853	45,527.10 01/31/25	1,620,095.39	1,490,000.00	130,095.39	0.00 0.00	
							<b>To Page 1</b>



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 49 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>C I F - Fixed Income</b>							
<b>Total C I F - Fixed Income</b>			<b>1,620,095.39</b>	<b>1,490,000.00</b>	<b>130,095.39</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Debt Securities</b>			<b>86,543,394.22</b>	<b>86,037,702.50</b>	<b>505,691.72</b>	<b>295,119.62</b>	<b>3,398,839.19</b>
<b>Equity Securities</b>							
<b>Closely Held - Equity</b>							
1-103570.2 NIS TOTAL ABSOLUTE RETURN FUND Bank: CHLI00014	1,300.1469	3,112.42 01/31/25	4,046,605.72	3,772,200.83	274,404.89	0.00	0.00
<b>Total Closely Held - Equity</b>			<b>4,046,605.72</b>	<b>3,772,200.83</b>	<b>274,404.89</b>	<b>0.00</b>	<b>0.00</b>
<b>Mutual Funds - Open End</b>							
1-103570.1 VANGUARD TOTAL STK MKT INDEX FD Cusip: 922908801	344,255.8950	142.64	49,104,660.86	32,181,258.30	16,923,402.56	0.00	615,873.80
<b>Total Mutual Funds - Open End</b>			<b>49,104,660.86</b>	<b>32,181,258.30</b>	<b>16,923,402.56</b>	<b>0.00</b>	<b>615,873.80</b>
<b>Total Equity Securities</b>			<b>53,151,266.58</b>	<b>35,953,459.13</b>	<b>17,197,807.45</b>	<b>0.00</b>	<b>615,873.80</b>
<b>Short Term Investments</b>							
<b>Short Term Investments</b>							
1-103570.1 GOLDMAN SACHS FINANCIAL SQUARE- PRINCIPA GOVERNMENT INST Cusip: SWFGTXX01, Bank: 38141W273	221,181.6100	1.00	221,181.61	221,181.61	0.00	948.32	9,481.24
1-103570.2 GOLDMAN SACHS FINANCIAL SQUARE- PRINCIPA GOVERNMENT INST Cusip: SWFGTXX01, Bank: 38141W273	1,270,895.5400	1.00	1,270,895.54	1,270,895.54	0.00	2,470.14	54,478.63



**Consolidated Detailed Holdings  
 For the Period March 01, 2024 - February 28, 2025**

TEAM 727 HW

Page 50 of 1325

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
<b>Short Term Investments</b>							
<b>Total Short Term Investments</b>			<b>1,492,077.15</b>	<b>1,492,077.15</b>	<b>0.00</b>	<b>3,418.46</b>	<b>63,959.87</b>
			<b>To Page 1</b>				
<b>Cash</b>							
1-103570.2 U.S. DOLLAR PAYABLE - PRINCIPAL Bank: USD	-176,535.9800	1.00	(176,535.98)	(176,535.98)	0.00	0.00	0.00
1-103570.2 U.S. DOLLAR RECEIVABLE - PRINCIPAL Bank: USD	75,273.5300	1.00	75,273.53	75,273.53	0.00	0.00	0.00
<b>Total Cash</b>			<b>(101,262.45)</b>	<b>(101,262.45)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Short Term Investments</b>			<b>1,390,814.70</b>	<b>1,390,814.70</b>	<b>0.00</b>	<b>3,418.46</b>	<b>63,959.87</b>
<b>Total Market Value</b>			<b>141,085,475.50</b>	<b>123,381,976.33</b>	<b>17,703,499.17</b>	<b>298,538.08</b>	<b>4,078,672.86</b>

FOOTNOTES

STATEMENT 1

SCHEDULES C & H - THE AMOUNT OF SHARED ADMINISTRATIVE EXPENSES HAVE BEEN ALLOCATED TO THE APPROPRIATE SERVICE PROVIDERS FOR SCHEDULE C PURPOSES, AND REPORTED AS REQUIRED PER THE FORM 5500, SCHEDULE C INSTRUCTIONS. THE AMOUNT ON SCHEDULE H IS AS IT IS REPORTED ON THE ATTACHED AUDITED FINANCIAL STATEMENTS.

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 2

NAME	SERVICE CODES
ELITE ADMINISTRATION & INSURANCE	12
ELITE ADMINISTRATION & INSURANCE	22
ELITE ADMINISTRATION & INSURANCE	53
ELITE ADMINISTRATION & INSURANCE	73
COMERICA	18
COMERICA	19
COMERICA	28
COMERICA	49
COMERICA	59
COMERICA	62
AMALGAMATED BANK	19
AMALGAMATED BANK	50
AMALGAMATED BANK	62
AMALGAMATED BANK	65
AMALGAMATED BANK	28

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER RECEIVABLES STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	227,971.	298,538.
OTHER	9,745.	9,745.
PREPAID EXPENSES	12,408.	32,563.
PRESCRIPTION DRUG REBATES	2,083,438.	2,418,947.
STOP-LOSS REFUNDS	0.	478,935.
TOTAL TO SCHEDULE H, LINE 1B(3)	2,333,562.	3,238,728.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 4
DESCRIPTION	BEGINNING	ENDING
MUNICIPAL OBLIGATIONS	1,764,591.	1,990,664.
TOTAL TO SCHEDULE H, LINE 1C(15)	1,764,591.	1,990,664.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 5
DESCRIPTION	BEGINNING	ENDING
DUE TO BROKER	0.	101,263.
DUE TO RELATED ORGANIZATIONS	403,969.	514,385.
LEASE LIABILITIES	1,425,439.	1,860,257.
TOTAL TO SCHEDULE H, LINE 1J	1,829,408.	2,475,905.

SCHEDULE H	OTHER INCOME	STATEMENT 6
DESCRIPTION	AMOUNT	
OTHER INCOME	5,726.	
TOTAL TO SCHEDULE H, LINE 2C	5,726.	

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 7
DESCRIPTION	AMOUNT	
MEDICAL, DISABILITY AND PRESCRIPTION DRUG -NET	60,345,614.	
DISEASE MANAGEMENT	235,634.	
ACCESS FEES	2,127,130.	
DENTAL AND VISION	5,593,648.	
WELLNESS CENTER	3,265,884.	
CLAIMS PROCESSING AND ADMINISTRATION FEES	1,454,322.	
CLAIMS UTILIZATION	111,623.	
TOTAL TO SCHEDULE H, LINE 2E(3)	73,133,855.	

SCHEDULE H

OTHER ADMINISTRATIVE EXPENSES

STATEMENT 8

DESCRIPTION	AMOUNT
COMPUTER	5,750.
DEPRECIATION AND AMORTIZATION	142,941.
INSURANCE AND BONDING	49,798.
POSTAGE	8,943.
PRINTING	10,170.
RENT AND TAXES - NET	71,363.
REIMBURSEMENTS TO RELATED ORGANIZATIONS	2,280,693.
CONSULTING	40,000.
TOTAL TO SCHEDULE H, LINE 2I(11)	2,609,658.

**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 **03/01/2024** and ending **02/28/2025**

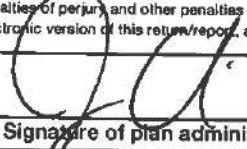

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan ( filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  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  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**

<b>1a</b> Name of plan <b>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE P</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>
	<b>1c</b> Effective date of plan <b>03/01/1961</b>
<b>2a</b> 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) <b>TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE FU</b>  <b>1300 W. HIGGINS ROAD</b> <b>SUITE 303</b> <b>PARK RIDGE IL 60068</b>	<b>2b</b> Employer Identification Number (EIN) <b>36-6069119</b>
	<b>2c</b> Plan Sponsor's telephone number <b>773-685-0340</b>
	<b>2d</b> Business code (see instructions) <b>812220</b>

**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.

<b>SIGN HERE</b>		<b>11-21-25</b>	<b>JOHN COLI JR.</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<b>11-21-25</b>	<b>GREGORY T. YOUMANS</b>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN
	<b>4d</b> PN

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	4,469
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	4,460
<b>a (2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	4,613
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	11
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	4,624
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	334

**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**

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

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

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

**Supplemental Schedule 2**

Teamsters Local Union No. 727 Health and Welfare Fund

EIN: 36-6069119 PN: 501

Schedule Supporting Form 5500 for the Year 2024

Schedule H - Line 4j - Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset at Transaction Date	(i) Net Gain or (Loss)
Goldman Sachs Financial Square Government Fd (259 purchases) (147 sales)		\$ 21,054,716	\$ - 21,222,287	\$ - -	\$ 21,054,716 21,222,287	\$ 21,054,716 21,222,287	\$ -
Baird Intermediate Bond Institutional CI (15 purchases)		\$ 9,341,186	\$ -	\$ -	\$ 9,341,186	\$ 9,341,186	