

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 05/01/2024 and ending 04/30/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: JOINT BENEFIT TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 05/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF JOINT BENEFIT TRUST
2b Employer Identification Number (EIN): 94-6284253
2c Plan Sponsor's telephone number: 925-883-7300
2d Business code (see instructions): 311400
4160 DUBLIN BOULEVARD, SUITE 100 DUBLIN, CA 94568

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows include Stacey Cue (plan administrator) and Ashley Alvarado (employer/plan sponsor).

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

<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>	4173
<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>	1869
	<b>6a(2)</b>	2100
	<b>6b</b>	2248
	<b>6c</b>	0
	<b>6d</b>	4348
	<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>	23

**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 4Q

<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>8</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 type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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

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

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>JOINT BENEFIT TRUST</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>BOARD OF TRUSTEES OF JOINT BENEFIT TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>94-6284253</b>

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

**1 Coverage Information:**

(a) Name of insurance carrier

**VISION SERVICE PLAN**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<b>94-1632821</b>	<b>00000</b>	<b>867001</b>	<b>1856</b>	<b>05/01/2024</b>	<b>04/30/2025</b>

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(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>	
(1) Disbursed from fund to pay benefits or purchase annuities during year .....		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account .....		
(4) Other (specify below)..... ▶		
(5) Total deductions .....	<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) ▶

**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>	263771
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p><b>A</b> Name of plan <b>JOINT BENEFIT TRUST</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>BOARD OF TRUSTEES OF JOINT BENEFIT TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>94-6284253</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  
**THE PRUDENTIAL INSURANCE COMPANY OF AMERICA**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	93876-002	1841	05/01/2024	04/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

**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** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

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

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶ 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>	25443
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p><b>A</b> Name of plan <b>JOINT BENEFIT TRUST</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>BOARD OF TRUSTEES OF JOINT BENEFIT TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>94-6284253</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  
**UNITED HEALTHCARE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2739571	79413	SRSUP	16	05/01/2024	04/30/2025

**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</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<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** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:  
 (1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

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

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

**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>	42011
<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. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>JOINT BENEFIT TRUST</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>BOARD OF TRUSTEES OF JOINT BENEFIT TRUST</b>		<b>D</b> Employer Identification Number (EIN) <b>94-6284253</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**ANTHEM LIFE INSURANCE**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>35-0980405</b>	<b>61069</b>	<b>20493-05</b>	<b>1530</b>	<b>05/01/2024</b>	<b>04/30/2025</b>

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

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

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

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

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

**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>	3262250
<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. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>JOINT BENEFIT TRUST</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>BOARD OF TRUSTEES OF JOINT BENEFIT TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>94-6284253</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**HEALTH NET**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>95-4402957</b>	<b>00000</b>	<b>F504SS, ETC</b>	<b>6</b>	<b>05/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(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>	
(1) Disbursed from fund to pay benefits or purchase annuities during year .....		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account .....		
(4) Other (specify below)..... ▶		
(5) Total deductions .....	<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) ▶

**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>	33156
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p><b>A</b> Name of plan <b>JOINT BENEFIT TRUST</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>BOARD OF TRUSTEES OF JOINT BENEFIT TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>94-6284253</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  
**UNITED HEALTHCARE 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
11-3283886	60093	S5921	16	05/01/2024	04/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<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** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier..... **7e(2)**  
 (3) Transferred to separate account ..... **7e(3)**  
 (4) Other (specify below)..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

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

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

**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>	71712
<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. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>JOINT BENEFIT TRUST</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>BOARD OF TRUSTEES OF JOINT BENEFIT TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>94-6284253</b>

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

**1 Coverage Information:**

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

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>94-1340523</b>	<b>00000</b>	<b>8867</b>	<b>725</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....		<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>		
	<b>7c(4)</b>		
	<b>7c(5)</b>		
	<b>7c(6)</b>		
(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>		
	<b>7e(5)</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) ▶

**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>	5291232
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p><b>A</b> Name of plan <b>JOINT BENEFIT TRUST</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>BOARD OF TRUSTEES OF JOINT BENEFIT TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>94-6284253</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  
**UNITED HEALTHCARE OF CALIFORNIA**

(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
95-2931460	00000	146348	9	05/01/2024	04/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<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:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(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>	
	<b>7e(5)</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) ▶

**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>	50188
<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>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>JOINT BENEFIT TRUST</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>BOARD OF TRUSTEES OF JOINT BENEFIT TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>94-6284253</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

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

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

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

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

HEALTH SERVICES & BENEFIT ADMIN INC

94-3089465

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 50	NONE	3105490	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)

ANTHEM BLUE CROSS OF CALIFORNIA

95-4331852

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 49 50	NONE	609480	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 SERVICES FOUNDATION

94-2260587

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	265583	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)

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	187649	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)

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	135000	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)

BEESON, TAYER & BODINE, APC

94-3126136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	114441	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)

HEALTHCARE STRATEGIES

88-7396365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	74254	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)

TRUCKER HUSS, APC

94-3216063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	71854	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)

TEAMSTERS ASST. REB. PLAN

94-2875955

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	42565	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)

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 50	NONE	28148	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)

CVS CAREMARK

05-0340626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	23081	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)

MEDEXPERT INTL. INC

94-3360248

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	19000	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)

ARRIN CONSULTING

56-7982842

(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 16 50	NONE	18752	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VISION SERVICE PLAN

94-1632821

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	13108	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9240	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	6382
(d) Enter name and EIN (address) of source of indirect compensation  CHUBB  13-1963496	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  SEGAL PROVIDES INSURANCE BROKERAGE SERVICES PRIMARILY COMPENSATED THROUGH COMMISSIONS PAID BY THE INSURANCE CARRIERS.	
(a) Enter service provider name as it appears on line 2  SEGAL SELECT INSURANCE SERVICES	(b) Service Codes (see instructions)  53	(c) Enter amount of indirect compensation  2858
(d) Enter name and EIN (address) of source of indirect compensation  TRAVELERS  06-0566090	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  SEGAL PROVIDES INSURANCE BROKERAGE SERVICES PRIMARILY COMPENSATED THROUGH COMMISSIONS PAID BY THE INSURANCE CARRIERS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

<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
ARRIN CONSULTING  56-7982842	12 16 50	THE SERVICE PROVIDER DID NOT PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY.

<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
VISION SERVICE PLAN  94-1632821	12 50	THE SERVICE PROVIDER DID NOT PROVIDE INFORMATION ON INDIRECT COMPENSATION, IF ANY.

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>05/01/2024</b> and ending <b>04/30/2025</b>	
<b>A</b> Name of plan <b>JOINT BENEFIT TRUST</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>BOARD OF TRUSTEES OF JOINT BENEFIT TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>94-6284253</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>a</b> Total noninterest-bearing cash .....	<b>1a</b>	2732068	4713345
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	3323037	3102945
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	3719948	1789541
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	3685216	2614870
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	21530729	23411102
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	15736897	16358382
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	2408186	2552977
<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>	6037467	6388894
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<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>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	59173548	60932056
<b>Liabilities</b>			
g Benefit claims payable.....	1g	6760000	6533000
h Operating payables.....	1h	142389	972507
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	321000	372000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	7223389	7877507
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	51950159	53054549

**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: (A) Employers.....	2a(1)(A)	40437875	
(B) Participants.....	2a(1)(B)	304956	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		40742831
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	148213	
(B) U.S. Government securities.....	2b(1)(B)	415749	
(C) Corporate debt instruments.....	2b(1)(C)	857817	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		1421779
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	206846	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		206846
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1534476	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(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>		
<b>c</b> Other income .....	<b>2c</b>		2822194
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		46728126

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	30547800	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	10044001	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		40591801
<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>	3012840	
(3) Recordkeeping fees .....	<b>2i(3)</b>	103824	
(4) IQPA audit fees .....	<b>2i(4)</b>	83825	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	175227	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	28148	
(7) Actuarial fees .....	<b>2i(7)</b>	135000	
(8) Legal fees .....	<b>2i(8)</b>	184679	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	39278	
(11) Other expenses .....	<b>2i(11)</b>	1269114	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		5031935
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		45623736

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1104390
<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: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<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		3000000
<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 \_\_\_\_\_.

**JOINT BENEFIT TRUST**

**EIN 94-6284253**

**Plan No. 501**

**Plan Year Ended 4/30/2025**

**Form 5500, Schedule H, Part III**

**Financial Statements used to formulate IQPA's opinion**

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

**JOINT BENEFIT TRUST**

**EIN 94-6284253**

**Plan No. 501**

**Plan Year Ended 4/30/2025**

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

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

**JOINT BENEFIT TRUST**

**EIN 94-6284253**

**Plan No. 501**

**Plan Year Ended 4/30/2025**

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

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


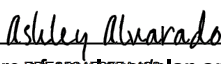
<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed 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>
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<b>Part I Annual Report Identification Information</b>				
For calendar plan year 2024 or fiscal plan year beginning		05/01/2024	and ending	04/30/2025
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)		
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____		
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report		
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)		
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .				<input checked="" type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description)			
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .				<input type="checkbox"/>

<b>Part II Basic Plan Information—enter all requested information</b>				
<b>1a</b> Name of plan	Joint Benefit Trust		<b>1b</b> Three-digit plan number (PN) ▶	501
			<b>1c</b> Effective date of plan	05/01/1972
<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)		<b>2b</b> Employer Identification Number (EIN)	94-6284253
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)		<b>2c</b> Plan Sponsor's telephone number	(925) 883-7300
	BOARD OF TRUSTEES OF JOINT BENEFIT TRUST		<b>2d</b> Business code (see instructions)	311400
	4160 DUBLIN BOULEVARD, SUITE 100			
	DUBLIN CA 94568			

**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>	Signed by:  Stacey Cue	2/10/2026   8:05 AM PST	Stacey Cue
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Signed by:  Ashley Alvarado	2/11/2026   6:41 PM PST	Ashley Alvarado
	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.

<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> 4,173
<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>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 6a(2), 6b, and 6c. .... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines 6d and 6e. .... <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> 1,869 <b>6a(2)</b> 2,100 <b>6b</b> 2,248 <b>6c</b> 0 <b>6d</b> 4,348 <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> 23

**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 4Q

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

<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>8</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

---

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

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

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

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**Joint Benefit Trust  
Financial Statements  
April 30, 2025 and 2024  
With Independent Auditor's Report**

**Joint Benefit Trust**  
**Table of Contents**  
**April 30, 2025 and 2024**

Independent Auditor's Report . . . . .	1
Statements of Net Assets Available for Benefits . . . . .	3
Statements of Changes in Net Assets Available for Benefits . . . . .	4
Statements of Benefit Obligations . . . . .	5
Statements of Changes in Benefit Obligations . . . . .	6
Notes to Financial Statements . . . . .	7
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) . . . . .	14
Schedule H, Line 4j - Schedule of Reportable Transactions . . . . .	15

## Independent Auditor's Report

To the Board of Trustees of  
Joint Benefit Trust:

### Opinion

We have audited the financial statements of Joint Benefit Trust, 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 benefit obligations as of April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and 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 Joint Benefit Trust as of April 30, 2025 and 2024, and the changes in 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Joint Benefit Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

### Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of April 30, 2025, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended April 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's ("DOL") 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 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Withum Smith & Brown, PC*

February 9, 2026

**Joint Benefit Trust**  
**Statements of Net Assets Available for Benefits**  
**April 30, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
<b>Assets</b>		
<b>Investments - at fair value</b>		
U.S. Government and Government Agency obligations	\$ 2,388,856	\$ 3,403,708
Money market funds	2,614,870	3,685,216
Corporate obligations	18,911,359	18,145,083
Common stock	6,388,894	6,037,467
U.S. Treasury notes	21,022,246	18,127,021
<b>Total investments - at fair value</b>	<u>51,326,225</u>	<u>49,398,495</u>
<b>Receivables</b>		
Employer contributions	3,102,945	3,323,037
Stop-loss receivable	312,531	2,453,436
Prescription rebates receivable	1,115,090	980,129
Other receivable	11,000	27,695
Accrued interest and dividend	291,094	211,144
<b>Total receivables</b>	<u>4,832,660</u>	<u>6,995,441</u>
Prepaid expenses	<u>59,826</u>	<u>47,544</u>
Cash	<u>4,713,345</u>	<u>2,732,068</u>
<b>Total assets</b>	<u>60,932,056</u>	<u>59,173,548</u>
<b>Liabilities and net assets</b>		
Due to brokers	840,973	-
Accounts payable and accrued expenses	131,534	142,389
	<u>972,507</u>	<u>142,389</u>
<b>Net assets available for benefits</b>	<u>\$ 59,959,549</u>	<u>\$ 59,031,159</u>

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

**Joint Benefit Trust**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended April 30, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
<b>Additions</b>		
<b>Investment income</b>		
Interest and dividends	\$ 1,628,626	\$ 1,369,308
Net appreciation in fair value of investments	1,534,476	996,342
	<u>3,163,102</u>	<u>2,365,650</u>
Less: Investment expenses	(175,227)	(167,580)
<b>Investment Income, net</b>	<u>2,987,875</u>	<u>2,198,070</u>
Employer contributions	40,437,875	39,954,414
Participant contributions	304,956	395,940
Prescription rebate income	2,163,017	1,975,916
Stop-loss income	462,663	3,217,221
Medical settlements	139,073	-
Other income	57,441	34,736
<b>Total additions</b>	<u>46,552,900</u>	<u>47,776,297</u>
<b>Deductions</b>		
<b>Benefits paid</b>		
<b>Payments of premiums to insurance entities</b>		
Group medical and stop-loss insurance premiums	9,732,016	8,394,455
Group vision insurance premiums	260,984	255,839
Dental claims	1,291,877	1,159,794
Medical claims	23,550,460	26,921,470
Prescription drug claims	5,276,456	5,275,251
Health check-up examinations	568,000	568,000
Vision claims	88,009	104,581
<b>Total benefits paid</b>	<u>40,767,802</u>	<u>42,679,390</u>
Administrative expenses	4,856,708	4,655,204
<b>Total deductions</b>	<u>45,624,510</u>	<u>47,334,594</u>
<b>Net change in net assets available for benefits</b>	928,390	441,703
<b>Net assets available for benefits</b>		
Beginning of year	59,031,159	58,589,456
<b>End of year</b>	<u>\$ 59,959,549</u>	<u>\$ 59,031,159</u>

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

**Joint Benefit Trust**  
**Statements of Benefit Obligations**  
**April 30, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
<b>Amounts currently payable</b>		
Claims payable and claims incurred but not reported	\$ 6,533,000	\$ 6,760,000
Group insurance premiums payable	372,000	321,000
<b>Total amounts currently payable</b>	<u>6,905,000</u>	<u>7,081,000</u>
<b>Other obligations for benefit coverage - at present value of estimated amounts, net of amounts currently payable</b>		
Accumulated eligibility credits	3,565,854	3,656,297
<b>Total obligations other than post-retirement benefit obligations</b>	<u>10,470,854</u>	<u>10,737,297</u>
<b>Post-retirement benefit obligations</b>		
Current retirees and beneficiaries	1,954,100	2,752,700
Other participants fully eligible for benefits	795,900	815,500
Other participants not fully eligible for benefits	299,600	454,300
<b>Total post-retirement benefit obligations</b>	<u>3,049,600</u>	<u>4,022,500</u>
<b>Total benefit obligations</b>	<u>\$ 13,520,454</u>	<u>\$ 14,759,797</u>

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

**Joint Benefit Trust**  
**Statements of Changes in Benefit Obligations**  
**Years Ended April 30, 2025 and 2024**

	<b>2025</b>	<b>2024</b>
<b>Amounts currently payable</b>		
Balance at beginning of year	\$ 7,081,000	\$ 4,232,000
<b>Increase (decrease) during the year attributable to changes in</b>		
Claims payable and incurred but not reported	(227,000)	2,810,000
Group insurance premiums	51,000	39,000
<b>Balance at end of year</b>	<u>6,905,000</u>	<u>7,081,000</u>
<b>Other obligations for current benefit coverage - at present value of estimated amounts, net of amounts currently payable</b>		
Balance at beginning of year	3,656,297	3,124,612
<b>Increase (decrease) during the year attributable to changes in</b>		
Accumulated eligibility credits	(90,443)	531,685
<b>Balance at end of year</b>	<u>3,565,854</u>	<u>3,656,297</u>
<b>Total obligations other than post-retirement benefit obligations</b>	<u>10,470,854</u>	<u>10,737,297</u>
<b>Post-retirement benefit obligations</b>		
Balance at beginning of year	4,022,500	8,830,900
<b>Increase (decrease) during the year attributable to changes in</b>		
Account for loss of Del Monte retirees	-	(710,600)
Benefits earned net of benefits paid	(8,200)	78,700
Changes in actuarial assumptions	(241,500)	(4,571,900)
Actuarial experience (gain) loss	(723,200)	395,400
<b>Balance at end of year</b>	<u>3,049,600</u>	<u>4,022,500</u>
<b>Total benefit obligations at end of year</b>	<u>\$ 13,520,454</u>	<u>\$ 14,759,797</u>

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

# Joint Benefit Trust

## Notes to Financial Statements

### April 30, 2025 and 2024

#### 1. Summary of Accounting Policies

##### Method of Accounting

The accompanying financial statements for Joint Benefit Trust (the "Plan") are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

##### Investment Valuation, Transactions and Income Recognition

###### *General*

Investments are carried at fair value, which is determined, presented and disclosed in accordance with Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 820, *Fair Value Measurements and Disclosures*. Under FASB ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

FASB ASC 820 establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumptions about inputs that market participants would use in pricing the investments developed based on the best information available in the circumstances. The fair value hierarchy is categorized into three levels, based on the inputs, as follows:

*Level 1* - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

*Level 2* - Valuations based on quoted prices in markets that are not active, quoted prices for similar investments in active markets or model-based valuations for which all significant assumptions are observable and can be corroborated by observable market data.

*Level 3* - Valuations based on unobservable inputs that are supported by little or no market activity and are significant to the overall fair value measurement. Values are determined using proprietary pricing models, discounted cash flow models that include the investment entities' own judgements and estimations, or some other pricing method using unobservable inputs.

*Inputs and Valuation Methods* - In determining fair value, FASB ASC 820 allows various valuation approaches. The specific methods used for each of the Plan's investment classes are presented below.

*U.S. Government and Government Agency Obligations:* The fair value of U.S. Government and Government Agency obligations and corporate obligations is generally based on a model that uses discounted cash flows such as interest-rate yield curves, cross-currency-basis index spreads or country credit spreads, which are similar to the valued bond in terms of issuer, maturity and seniority (Level 2).

*Corporate Bonds and Notes:* The fair value of corporate obligations is generally based on a model that uses discounted cash flows such as interest-rate yield curves, cross-currency-basis index spreads or country credit spreads, which are similar to the valued bond in terms of issuer, maturity and seniority (Level 2).

*Money Market Funds:* The fair value of money market funds is based on the total value of all the securities held using the amortized cost method. Generally, the amortized cost approximates the current fair value. The fund seeks to maintain a net asset value of \$1.00 (Level 2).

*Common Stock:* The fair value of common stock is generally based on quoted market prices in active markets (Level 1).

*U.S. Treasury Notes:* Values are determined using quoted prices in active markets (Level 1).

## **Joint Benefit Trust**

### **Notes to Financial Statements**

#### **April 30, 2025 and 2024**

*Valuation Methods, Consistency* - The valuation techniques used in the accompanying financial statements have been consistently applied.

*Transactions and Income Recognition* - Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### **Contributions Receivable**

Employer contributions due but not paid at year-end are recorded as employer contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided. Contributions due as a result of payroll audits are recorded net of an allowance equal to the amount due because collectability is uncertain. Therefore, delinquent contributions are recorded when received.

#### **Participant Contributions**

Contributions are recognized as income based on amounts received for coverage months during the year ended April 30. Amounts received in advance for coverage after April 30 are recorded as deferred revenue.

#### **Cost of Benefits**

Benefits are recorded when paid.

#### **Cash**

Cash consists of monies held in checking accounts and highly liquid, interest-bearing accounts without significant withdrawal restrictions.

#### **Benefit Obligations**

The Plan's benefit obligations for claims payable and incurred but not reported and group insurance premiums were estimated by the Plan's administrator based on claims experience and the amount of claims and group insurance premiums paid subsequent to year-end for eligibility prior to year-end.

#### **Accumulated Eligibility Credits**

The Plan's obligation for accumulated eligibility credits is based on eligibility earned by participants who worked in the month of April and received benefit coverage in the month of May. In addition, during the canning season, some non-1,400-hour employees pay additional contributions to their employers for health insurance coverage during the offseason. These contributions are remitted by employers to the Plan at the time they are collected. The amounts that have not yet been applied to provide coverage are included in accumulated eligibility credits.

#### **Expenses**

Certain expenses of maintaining the Plan are paid by the Plan and recorded as deductions in the accompanying statements of changes in net assets available for benefits. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

#### **Post-Retirement Benefit Obligations**

Post-retirement benefit obligations include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The obligation was estimated by the Plan's actuary.

#### **Stop Loss**

Claims that were already paid from the Plan that exceeded the stop-loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop-loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits. Stop-loss refunds are separately presented as additions in the accompanying statements of changes in net assets available for benefits.

#### **Refunds and Rebates**

Prescription refunds due from the Plan's claim processor are recorded when earned. Refunds due at year-end are recorded as a receivable on the statements of net assets available for benefits, with the offset being recorded as other income.

# **Joint Benefit Trust**

## **Notes to Financial Statements**

### **April 30, 2025 and 2024**

#### **Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingencies, if any, at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

#### **Risks and Uncertainties**

Post-retirement benefit obligations are calculated based on certain assumptions pertaining to future contributions, participant demographics, interest rates and other assumptions, all of which are subject to change. Due to the inherent uncertainty of the assumption process, it is at least reasonably possible that changes in these assumptions in the near term would be material to the post-retirement benefit obligations.

The Plan invests in U.S. Government and Government Agency obligations, corporate obligations, common stock and other investment securities. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty with respect to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

#### **Subsequent Events**

The Plan's management evaluated events that occurred after April 30, 2025, through February 9, 2026, the date the financial statements were available to be issued.

## **2. Description of Plan**

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan was formed in 1972 under an agreement between the California State Council of Cannery and Food Processing Unions (the "Unions") and California Processors, Inc. ("CPI") and certain other employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The following description of the Plan provides only general information.

The Plan covers four separate classifications of employees: 1400-hour employees who have completed at least 1400 hours of employment within the calendar year (1560 if hired on or after July 1, 2009); non-1400-hour employees who attained three-year seniority on or before June 30, 2003 (Traditional Plan); non-1400-hour employees who attained three-year seniority on or after July 1, 2003 (New Entrants Plan); and retired 1400-hour employees. Benefits vary depending on classification.

Active employees maintain eligibility for benefits by working 80 hours in the preceding month or by meeting other conditions set forth in the collective bargaining agreement.

During the years ended April 30, 2025 and 2024, certain medical and all dental and drug benefits were self-funded by the Plan. A portion of the Plan's vision benefits was self-funded for certain classes of Plan participants, while the remaining Plan participant classes were insured through agreements with Vision Service Plan. All life insurance benefits and some medical benefits are provided through insurance policies.

During the years ended April 30, 2025 and 2024, the Plan had a specific stop-loss policy with Anthem Life Insurance for certain medical and prescription drug benefits in excess of \$425,000, subject to lifetime maximums, paid on behalf of a 1400-hour eligible participant or dependent during the policy year. The Plan pays benefits on behalf of certain retired participants whose former employer has ceased operations and no longer contributes to the trust. Amounts paid by the Plan for these retirees during the years ended April 30, 2025 and 2024, totaled \$45,539 and \$53,078, respectively. These amounts are netted with the total employer contributions reported on the statements of changes in net assets available for benefits.

## **Joint Benefit Trust**

### **Notes to Financial Statements**

#### **April 30, 2025 and 2024**

Continuation of health-care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act ("COBRA"), has been adopted by the Plan. Substantially all contributions received from employers by the Plan are from cannery and food processing employers located in Northern California.

Participants should refer to the summary of material modifications and the Summary Plan Description for more complete benefit information and eligibility requirements.

### **3. Priorities Upon Termination**

The Board of Trustees, as the Plan's sponsor, has the right under the Plan to modify the benefits provided. The Plan may be terminated only by a joint agreement between CPI and the Unions, subject to the provisions set forth in ERISA. In the event of termination, the remaining Plan assets will be used to pay any and all outstanding debts and obligations of the Plan and the benefit plans established thereunder; any remaining surplus will be applied in a manner that best effectuates the provision of benefits for employees of the contributing employers. In no event will a Plan termination result in a reversion of assets to any participating employer.

### **4. Tax Status**

The Plan obtained its latest determination letter, dated April 3, 1974, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan and its related trust have been amended since receiving the determination letter. However, the Plan's administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan's administrator believes that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

The Plan's administrator has analyzed the tax positions taken by the Plan and has concluded that, as of April 30, 2025 and 2024, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **5. Funding Policy**

The Plan is financed by a combination of employer and retiree contributions and by contributions from participants who have elected to continue their coverage by making self-payments under the provisions of COBRA or the collective bargaining agreement when their employer-paid coverage lapses.

Monthly contribution rates in effect for active participants during the years ended April 30, 2025 and 2024, ranged from \$125 to \$1,634. The employer contribution rates are agreed upon by the collective bargaining parties. The rate for retiree, self-pay and COBRA coverage is determined annually by the Board of Trustees.

### **6. Cash Concentrations**

The Plan places its cash with financial institutions deemed to be creditworthy. The balances are insured by the Federal Deposit Insurance Corporation ("FDIC") for up to \$250,000 per institution. Cash balances may at times exceed the FDIC-insured deposit limits. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan's financial condition.

### **7. Post-Retirement Benefit Obligations**

The post-retirement benefit obligations represent the total actuarial present value of those estimated future benefits that are attributed to employee service rendered to April 30, 2025, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Post-retirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

**Joint Benefit Trust  
Notes to Financial Statements  
April 30, 2025 and 2024**

The actuarial present value of the post-retirement benefit obligation is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to (1) historical claims-cost data; (2) estimates of the future annual incurred claims costs per participant; (3) adjustments to such estimates for the time value of money (through discounts for interest); and (4) the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The following were some of the more significant assumptions used in the valuations as of April 30, 2025 and 2024. The April 30, 2024, valuation was based on a rollforward of the census date used for the prior April 30, 2023, valuation:

**Mortality rates**

Healthy retirees:	2025:	Pri-2012 Healthy Retiree Headcount-weighted Table with Scale MP-2021 generational projection applied from a base year of 2012.
	2024:	Pri-2012 Healthy Retiree Blue Collar Headcount-weighted Table, projected generationally from 2012 using MP-2019.
Disabled retirees:	2025:	Pri-2012 Retiree Headcount-weighted Table with Scale MP-2021 generational projection applied from a base year of 2012.
	2024:	Pri-2012 Disabled Retiree Headcount-weighted Table, projected generationally from 2012 using MP-2019.
Discount rate:		5.50%
Administrative expense increase rate:		0.00%
Retirement probability rates:	2025 and 2024:	Ranging from 1.00% at age 54 to 100.00% at age 70+

The Plan has a set subsidy amount for retirees; therefore, the health trend rates are not used.

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

The weighted-average health-care cost trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the Plan's total benefit obligation as of April 30, 2025 and 2024, by approximately \$260,700 and \$382,900, respectively. For the year ended April 30, 2025, an actuarial experience loss decreased obligations by \$723,200 due to financial experience that was different than previously assumed. For the year ended April 30, 2024, an actuarial experience gain increased obligations by \$395,400 due to financial experience that was different than was previously assumed.

Effects of Changes in Actuarial Assumptions for April 30, 2025, Calculations

Several changes in actuarial assumptions created a \$241,500 decrease in benefit obligations. Mortality and retirement rates were updated to those used in the latest valuation of the Western Conference of Teamsters Pension Plan; the portion of future retirees electing indemnity over HMO was raised from 95% to 100% and projected self-pays were changed.

**Joint Benefit Trust**  
**Notes to Financial Statements**  
**April 30, 2025 and 2024**

Effects of Changes in Actuarial Assumptions for April 30, 2024, Calculations

Several changes in actuarial assumptions created a \$4,571,900 decrease in benefit obligations. The most significant change was the elimination of any cost for expenses, as it was determined that nearly all trust expenses are due to the administration of active health benefits. Other small changes consisted of raising the discount rate from 4.75% to 5.50%, raising the HMO benefit trend rates, updating the projection of HMO retiree self-pay rates, and lowering the portion of future retirees with spouse coverage

**8. Fair Value Measurements**

Assets measured at fair value on as recurring basis, based on their fair value hierarchy as of April 30, 2025, are as follows:

	Level 1	Level 2	Level 3	Total
U.S. Government and Government				
Agency obligations	\$ -	\$ 2,388,856	\$ -	\$ 2,388,856
Money market funds	-	2,614,870	-	2,614,870
Corporate obligations	-	18,911,359	-	18,911,359
Common stock	6,388,894	-	-	6,388,894
U.S. Treasury notes	21,022,246	-	-	21,022,246
	<u>\$ 27,411,140</u>	<u>\$ 23,915,085</u>	<u>\$ -</u>	<u>\$ 51,326,225</u>

Assets measured at fair value on as recurring basis, based on their fair value hierarchy as of April 30, 2024, are as follows:

	Level 1	Level 2	Level 3	Total
U.S. Government and Government				
Agency obligations	\$ -	\$ 3,403,708	\$ -	\$ 3,403,708
Money market funds	-	3,685,216	-	3,685,216
Corporate obligations	-	18,145,083	-	18,145,083
Common stock	6,037,467	-	-	6,037,467
US Treasury notes	18,127,021	-	-	18,127,021
	<u>\$ 24,164,488</u>	<u>\$ 25,234,007</u>	<u>\$ -</u>	<u>\$ 49,398,495</u>

**9. Major Employers**

The Plan had six employers who accounted for approximately 87% of total employer contributions for the year ended April 30, 2025, and had five employers who accounted for approximately 90% of total employer contributions for the year ended April 30, 2024.

**10. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements as of April 30, 2025 and 2024, to the Form 5500:

**Joint Benefit Trust**  
**Notes to Financial Statements**  
**April 30, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 59,959,549	\$ 59,031,159
Group insurance premiums payable	(372,000)	(321,000)
Claims payable and claims incurred but not reported	(6,533,000)	(6,760,000)
<b>Net assets available for benefits per the Form 5500</b>	<u>\$ 53,054,549</u>	<u>\$ 51,950,159</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements for the year ended April 30, 2025, to the Form 5500:

Benefits paid to or for participants per the financial statements	\$ 40,767,802
Add: Amounts currently payable at April 30, 2025	6,905,000
Less: Amounts currently payable at April 30, 2024	(7,081,000)
<b>Benefits paid to or for participants per the Form 5500</b>	<u>\$ 40,591,802</u>

**11. Party-in-Interest Transactions**

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party-in-interest transactions under ERISA.

**12. Administrative Expenses**

Administrative expenses for the years ended April 30, 2025 and 2024, were as follows:

	<u>2025</u>	<u>2024</u>
<b>Administrative expenses</b>		
Actuarial and benefit consulting	\$ 154,000	\$ 152,341
<b>Administrative fees</b>		
Caremark Rx, Inc.	119,081	114,993
Chronic disease Managed care	243,837	243,543
Health Services & Benefit Administrators, Inc.	3,012,840	3,012,840
Hospital claim reviews	716	1,497
Teamsters Alcohol Rehabilitation Program (TARP)	42,566	41,972
Vision Service Plan	13,108	13,173
Audit and payroll compliance testing fees	187,649	160,180
Bank fees	28,148	19,457
Insurance	50,998	55,995
Legal fees	184,679	138,057
Network fees	628,232	567,829
Postage	62,446	49,293
Printing and forms	15,594	9,052
Supplies and other administrative expenses	73,366	48,514
Telephone	170	4,474
Trustee meeting expense	39,278	21,994
<b>Total administrative expenses</b>	<u>\$ 4,856,708</u>	<u>\$ 4,655,204</u>

## **Supplementary Information**

**Joint Benefit Trust**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN: 94-6284253 Plan Number: 501**  
**April 30, 2025**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
			-	-

See attached.



**ASSET DETAIL**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
<b>Cash And Equivalents</b>						
<b>Money Markets</b>						
Gs Fin Sq Govt Inst 38141W273 Asset Minor Code 1 ACCOUNT 6746031900	1,460,124.990	1,460,124.99 1.0000	1,460,124.99	.00 .00	1,460,124.99 .00	5,080.92 4.23
Federated Hermes Govt Oblig Ss 60934N807 Asset Minor Code 1 ACCOUNT 6746031903	930,705.170	930,705.17 1.0000	930,705.17	.00 .00	930,705.17 .00	1,890.60 3.99
Federated Hermes Govt Oblig Ss 60934N807 Asset Minor Code 1 ACCOUNT 6746031904	224,039.380	224,039.38 1.0000	224,039.38	.00 .00	224,039.38 .00	704.90 3.99
<b>Total Federated Hermes Govt Oblig Ss</b>	<b>1,154,744.550</b>	<b>1,154,744.55</b>	<b>1,154,744.55</b>	<b>.00 .00</b>	<b>1,154,744.55 .00</b>	<b>2,595.50 3.99</b>
<b>Total Money Markets</b>	<b>2,614,869.540</b>	<b>2,614,869.54</b>	<b>2,614,869.54</b>	<b>.00 .00</b>	<b>2,614,869.54 .00</b>	<b>7,676.42 4.12</b>
<b>US Government Issues</b>						

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01

JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 13 of 320  
Period from May 1, 2024 to April 30, 2025



**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
F H L B Deb 0.700% 8/17/26 Standard & Poors Rating: AA+ Moody's Rating: N/A 3130AKYD2 Asset Minor Code 22 ACCOUNT 6746031903	725,000.000	696,058.00 96.0080	725,000.00	- 28,942.00 41,796.25	654,261.75 41,796.25	1,043.19 0.73
F H L B Deb 1.100% 7/13/26 Standard & Poors Rating: AA+ Moody's Rating: Aaa 3130AN3Y4 Asset Minor Code 22 ACCOUNT 6746031903	305,000.000	295,026.50 96.7300	305,000.00	- 9,973.50 15,585.50	279,441.00 15,585.50	1,006.50 1.14
F H L B Deb 0.625% 10/15/24 Standard & Poors Rating: N/R Moody's Rating: WR 3130AN4Y3 Asset Minor Code 22 ACCOUNT 6746031903	.000	.00 100.0000	.00	.00 13,122.45	.00 .00	.00 0.00
F H L B Deb 2.750% 3/25/27 Standard & Poors Rating: AA+ Moody's Rating: Aaa 3130ARAB7 Asset Minor Code 22 ACCOUNT 6746031903	900,000.000	882,261.00 98.0290	890,271.50	- 8,010.50 36,549.00	845,712.00 36,549.00	.00 2.81
F H L M C M T N 0.700% 2/12/26 Standard & Poors Rating: N/A Moody's Rating: Aaa 3134GWLBO Asset Minor Code 22 ACCOUNT 6746031903	450,000.000	438,421.50 97.4270	450,000.00	- 11,578.50 22,342.50	416,079.00 22,342.50	691.25 0.72
F N M A 0.500% 12/16/24 Standard & Poors Rating: N/R Moody's Rating: WR 3135G06M0 Asset Minor Code 22 ACCOUNT 6746031903	.000	.00 100.0000	.00	.00 15,821.35	.00 .00	.00 0.00

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 14 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
F N M A #AJ5311 4.500% 11/01/41 Standard & Poors Rating: N/A Moody's Rating: N/A 3138AW3V3 Asset Minor Code 24 ACCOUNT 6746031903	26,672.100	26,381.64 98.9110	28,657.99	- 2,276.35 1,533.16	25,348.89 1,032.75	100.02 4.55
F N M A #735581 5.000% 6/01/35 Standard & Poors Rating: N/A Moody's Rating: N/A 31402RFW4 Asset Minor Code 24 ACCOUNT 6746031903	11,973.680	12,094.37 101.0080	12,846.34	- 751.97 611.00	11,691.94 402.43	49.96 4.95
F N M A #735676 5.000% 7/01/35 Standard & Poors Rating: N/A Moody's Rating: N/A 31402RVJ2 Asset Minor Code 24 ACCOUNT 6746031903	22,207.980	22,431.84 101.0080	24,352.69	- 1,920.85 1,255.88	21,685.42 746.42	92.44 4.95
F N M A #888817 5.500% 8/01/37 Standard & Poors Rating: N/A Moody's Rating: N/A 31410GPA5 Asset Minor Code 24 ACCOUNT 6746031903	8,625.650	8,867.94 102.8090	9,410.98	- 543.04 444.81	8,587.87 280.07	39.63 5.35
F N M A #Ad0784 6.000% 5/01/37 Standard & Poors Rating: N/A Moody's Rating: N/A 31418M2S0 Asset Minor Code 24 ACCOUNT 6746031903	6,987.540	7,312.81 104.6550	7,732.14	- 419.33 321.62	7,079.43 233.38	34.96 5.73
U S Treasury Nt 1.125% 1/15/25 Standard & Poors Rating: N/A Moody's Rating: WR 91282CDS7 Asset Minor Code 21 ACCOUNT 6746031903	.000	100.0000	.00	- 120,428.53 .00	.00 .00	.00 0.00

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 15 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
U S Treasury Nt 1.125% 2/28/27 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828ZB9 Asset Minor Code 21 ACCOUNT 6746031903	8,800,000.000	8,413,328.00 95.6060	8,044,313.23	369,014.77 396,713.76	8,017,586.13 395,741.87	16,679.35 1.18
U S Treasury Nt 3.125% 11/15/28 Standard & Poors Rating: N/A Moody's Rating: Aaa 9128285M8 Asset Minor Code 21 ACCOUNT 6746031903	6,996,000.000	6,879,306.72 98.3320	6,747,767.52	131,539.20 158,413.88	6,720,892.84 158,413.88	88,531.34 3.18
U S Treasury Nt 2.625% 1/31/26 Standard & Poors Rating: N/A Moody's Rating: Aaa 9128286A3 Asset Minor Code 21 ACCOUNT 6746031903	5,790,000.000	5,729,610.30 98.9570	5,523,132.34	206,477.96 174,695.92	5,551,162.50 178,447.80	37,786.95 2.65
<b>Total US Government Issues</b>	<b>24,042,466.950</b>	<b>23,411,100.62</b>	<b>22,768,484.73</b>	<b>642,615.89 758,778.55</b>	<b>22,559,528.77 851,571.85</b>	<b>146,055.59 2.17</b>

**Corporate Issues**

Aetna Inc 3.500% 11/15/24 Standard & Poors Rating: N/R Moody's Rating: WR 00817YAQ1 Asset Minor Code 28 ACCOUNT 6746031903	.000	.00 100.0000	.00	.00 11,983.75	.00 .00	.00 0.00
Ally Finl Inc 6.992% 6/13/29 Standard & Poors Rating: BBB- Moody's Rating: Baa3 02005NBT6 Asset Minor Code 28 ACCOUNT 6746031903	105,000.000	109,069.80 103.8760	103,729.50	5,340.30 1,807.05	107,262.75 1,807.05	2,814.28 6.73

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 16 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Ally Auto 5.354% 7/16/29 Standard & Poors Rating: AAA Moody's Rating: N/A 02007NAC2 Asset Minor Code 31 ACCOUNT 6746031903	450,000.000	449,275.50 99.8390	449,953.47	- 677.97 - 677.97	449,953.47 - 677.97	1,070.80 5.36
American Express 5.06875% 11/04/26 Standard & Poors Rating: A- Moody's Rating: A2 025816CL1 Asset Minor Code 28 ACCOUNT 6746031903	390,000.000	389,173.20 99.7880	390,000.00	- 826.80 - 1,852.50	391,025.70 - 1,852.50	4,818.47 5.08
Americ Automobile 5.980% 5/18/28 Standard & Poors Rating: N/A Moody's Rating: Aaa 03065UAD1 Asset Minor Code 31 ACCOUNT 6746031903	440,000.000	444,646.40 101.0560	439,927.36	4,719.04 3,665.20	440,981.20 3,665.20	950.16 5.92
Americ Automobile 6.130% 7/18/29 Standard & Poors Rating: N/A Moody's Rating: Aaa 03065UAE9 Asset Minor Code 31 ACCOUNT 6746031903	600,000.000	613,752.00 102.2920	611,085.94	2,666.06 10,077.00	603,675.00 10,077.00	1,328.17 5.99
Athene Holding Ltd 4.125% 1/12/28 Standard & Poors Rating: A- Moody's Rating: Baa1 04686JAA9 Asset Minor Code 28 ACCOUNT 6746031903	635,000.000	626,027.45 98.5870	622,386.40	3,641.05 3,641.05	622,386.40 3,641.05	7,930.89 4.18
Autonation Inc 3.500% 11/15/24 Standard & Poors Rating: N/R Moody's Rating: WR 05329WAN2 Asset Minor Code 28 ACCOUNT 6746031903	.000	100.0000	.00	44,360.00 .00	.00 .00	.00 0.00

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 17 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Bk Of America Mtn 0.981% 9/25/25 Standard & Poors Rating: N/A Moody's Rating: N/A 06051GJG5 Asset Minor Code 28 ACCOUNT 6746031903	.000	100.0000	.00	- 487.75	.00 .00	.00 0.00
Bank 3.714% 4/15/52 Standard & Poors Rating: AAA Moody's Rating: N/A 065403BC0 Asset Minor Code 31 ACCOUNT 6746031903	425,000.000	411,867.50 96.9100	394,785.16	17,082.34 17,082.34	394,785.16 17,082.34	1,315.38 3.83
Bank 2021 Bnk33 2.021% 5/16/64 Standard & Poors Rating: N/A Moody's Rating: Aaa 06541CBD7 Asset Minor Code 31 ACCOUNT 6746031903	515,000.000	464,339.45 90.1630	437,850.00	26,489.45 17,839.60	446,499.85 17,839.60	867.35 2.24
Bank5 2025 11.506% 1/17/58 Standard & Poors Rating: N/A Moody's Rating: Aaa 06650CAG8 Asset Minor Code 31 ACCOUNT 6746031903	250,000.000	260,520.00 104.2080	257,493.40	3,026.60 3,026.60	257,493.40 3,026.60	2,397.08 11.04
Benchmark Mtg 5.8053% 1/12/57 Standard & Poors Rating: AAA Moody's Rating: N/A 08163XAY9 Asset Minor Code 31 ACCOUNT 6746031903	400,000.000	415,396.00 103.8490	406,263.28	9,132.72 9,132.72	406,263.28 9,132.72	1,935.02 5.59
Boeing Co 2.196% 2/04/26 Standard & Poors Rating: BBB- Moody's Rating: Baa3 097023DG7 Asset Minor Code 28 ACCOUNT 6746031903	400,000.000	391,908.00 97.9770	382,967.70	8,940.30 18,796.00	373,112.00 18,796.00	2,122.80 2.24

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 18 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Capital One Finl 2.636% 3/03/26 Standard & Poors Rating: BBB Moody's Rating: WR 14040HCM5 Asset Minor Code 28 ACCOUNT 6746031903	.000	100.0000	.00	-27,988.20	.00	.00
Carmax Auto Owner 5.480% 10/15/27 Standard & Poors Rating: AAA Moody's Rating: N/A 14318DAC3 Asset Minor Code 31 ACCOUNT 6746031903	651,891.930	652,080.98 100.0290	651,837.88	243.10 9,880.20	645,555.54 6,525.44	1,587.72 5.48
Carvana Auto 0.750% 3/10/28 Standard & Poors Rating: AA+ Moody's Rating: N/A 14686KAC1 Asset Minor Code 31 ACCOUNT 6746031903	252,912.960	244,857.68 96.8150	242,736.65	2,121.03 11,471.46	237,174.72 7,682.96	110.67 0.77
Citigroup Inc 0.981% 5/01/25 Standard & Poors Rating: N/A Moody's Rating: N/A 172967MX6 Asset Minor Code 28 ACCOUNT 6746031903	.000	100.0000	.00	-9,561.70	.00	.00
D R Horton Inc 2.500% 10/15/24 Standard & Poors Rating: N/R Moody's Rating: WR 23331ABM0 Asset Minor Code 28 ACCOUNT 6746031903	.000	100.0000	.00	13,763.75	.00	.00
Digital Realty Trust 3.700% 8/15/27 Standard & Poors Rating: BBB Moody's Rating: Baa2 25389JAR7 Asset Minor Code 28 ACCOUNT 6746031903	220,000.000	217,324.80 98.7840	204,399.80	12,925.00 9,367.60	207,957.20 9,367.60	1,718.44 3.75

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 19 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Elevance Health Inc 4.900% 2/08/26 Standard & Poors Rating: A Moody's Rating: Baa2 28622HAA9 Asset Minor Code 28 ACCOUNT 6746031903	300,000.000	300,024.00 100.0080	298,786.70	1,237.30 3,723.00	296,301.00 3,723.00	3,389.17 4.90
Expedia Inc 5.000% 2/15/26 Standard & Poors Rating: BBB Moody's Rating: Baa2 30212PAM7 Asset Minor Code 28 ACCOUNT 6746031903	130,000.000	130,178.10 100.1370	147,466.80	- 17,288.70 1,761.50	128,416.60 1,761.50	1,372.22 4.99
Gm Fin Atmbl Lease 5.190% 4/20/26 Standard & Poors Rating: AAA Moody's Rating: N/A 362541AD6 Asset Minor Code 31 ACCOUNT 6746031903	9,514.740	9,516.83 100.0220	9,512.00	4.83 1,271.94	9,484.29 32.54	15.09 5.19
Gm Financial 4.850% 12/18/28 Standard & Poors Rating: N/A Moody's Rating: Aaa 36268GAD7 Asset Minor Code 31 ACCOUNT 6746031903	450,000.000	452,637.00 100.5860	449,909.51	2,727.49 8,073.00	444,564.00 8,073.00	909.38 4.82
Goldman Sachs 5.89918% 10/21/24 Standard & Poors Rating: BBB+ Moody's Rating: WR 38141GYL2 Asset Minor Code 28 ACCOUNT 6746031903	.000	.00 100.0000	.00	.00 - 234.30	.00 .00	.00 0.00
Honda Auto Rec Owner 5.270% 11/20/28 Standard & Poors Rating: AAA Moody's Rating: N/A 437930AC4 Asset Minor Code 31 ACCOUNT 6746031903	1,135,000.000	1,150,878.65 101.3990	1,134,862.10	16,016.55 16,016.55	1,134,862.10 16,016.55	2,159.97 5.20

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 20 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Hyundai Auto Rece 4.990% 2/15/29 Standard & Poors Rating: AAA Moody's Rating: N/A 448973AD9 Asset Minor Code 31 ACCOUNT 6746031903	600,000.000	606,204.00 101.0340	599,867.70	6,336.30 12,228.00	593,976.00 12,228.00	1,330.67 4.94
Jpmorgan Chase Co 0.824% 6/01/25 Standard & Poors Rating: N/A Moody's Rating: N/A 46647PCH7 Asset Minor Code 28 ACCOUNT 6746031903	.000	100.0000	.00	2,837.00	.00 .00	.00 0.00
John Deere Owner Tr 5.180% 3/15/28 Standard & Poors Rating: N/A Moody's Rating: Aaa 477920AC6 Asset Minor Code 31 ACCOUNT 6746031903	557,816.300	561,347.28 100.6330	558,208.49	3,138.79 6,681.50	554,765.66 6,581.62	1,284.22 5.15
Kyndryl Hldgs Inc 2.700% 10/15/28 Standard & Poors Rating: BBB- Moody's Rating: Baa2 50155QAK6 Asset Minor Code 28 ACCOUNT 6746031903	255,000.000	238,636.65 93.5830	233,404.05	5,232.60 5,232.60	233,404.05 5,232.60	306.00 2.89
Warnermedia Hldgs 6.412% 3/15/26 Standard & Poors Rating: N/R Moody's Rating: WR 55903VBG7 Asset Minor Code 28 ACCOUNT 6746031903	.000	100.0000	.00	.00 - 44.00	.00 .00	.00 0.00
Marriott Intl Inc 5.000% 10/15/27 Standard & Poors Rating: BBB Moody's Rating: Baa2 571903BJ1 Asset Minor Code 28 ACCOUNT 6746031903	200,000.000	202,814.00 101.4070	198,122.00	4,692.00 5,624.00	197,190.00 5,624.00	444.44 4.93

00208001  
63--12-B -66C-126-01  
1200 -11-04026-01

JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 21 of 320  
Period from May 1, 2024 to April 30, 2025



**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Mercedes Benz Auto 4.740% 1/15/27 Standard & Poors Rating: AAA Moody's Rating: Aaa 58768RAC4 Asset Minor Code 31 ACCOUNT 6746031903	321,782.960	321,795.83 100.0040	321,541.17	254.66 4,735.91	318,870.82 2,925.01	677.89 4.74
Nissan Auto Lease 5.690% 7/15/26 Standard & Poors Rating: N/A Moody's Rating: Aaa 65473FAD9 Asset Minor Code 31 ACCOUNT 6746031903	254,485.960	254,867.69 100.1500	254,534.22	333.47 242.48	254,572.48 295.21	643.45 5.68
Nucor Corp Sr Nt 2.000% 6/01/25 Standard & Poors Rating: A- Moody's Rating: Baa1 670346AR6 Asset Minor Code 28 ACCOUNT 6746031903	420,000.000	418,714.80 99.6940	405,924.00	12,790.80 14,036.40	404,678.40 14,036.40	3,500.00 2.01
Oracle Corporation 2.500% 4/01/25 Standard & Poors Rating: N/R Moody's Rating: WR 68389XBT1 Asset Minor Code 28 ACCOUNT 6746031903	.000	.00 100.0000	.00	.00 12,522.80	.00 .00	.00 0.00
Quanta Svcs Inc 0.950% 10/01/24 Standard & Poors Rating: N/R Moody's Rating: WR 74762EAG7 Asset Minor Code 28 ACCOUNT 6746031903	.000	.00 100.0000	.00	.00 5,037.50	.00 .00	.00 0.00
Quanta Svcs Inc 4.750% 8/09/27 Standard & Poors Rating: BBB Moody's Rating: Baa3 74762EAK8 Asset Minor Code 28 ACCOUNT 6746031903	500,000.000	502,710.00 100.5420	499,090.00	3,620.00 3,620.00	499,090.00 3,620.00	5,409.72 4.72

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01

JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999



Page 22 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Regions Financial 1.800% 8/12/28 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 7591EPAT7 Asset Minor Code 28 ACCOUNT 6746031903	460,000.000	419,855.80 91.2730	410,343.00	9,512.80 9,512.80	410,343.00 9,512.80	1,817.00 1.97
Santander Holdings 4.500% 7/17/25 Standard & Poors Rating: BBB+ Moody's Rating: Baa2 80282KAE6 Asset Minor Code 28 ACCOUNT 6746031903	.000	99.8400	.00	15,297.60	.00 .00	.00 0.00
Sant Er Drive Auto 5.610% 7/17/28 Standard & Poors Rating: AAA Moody's Rating: Aaa 80285XAD7 Asset Minor Code 31 ACCOUNT 6746031903	790,000.000	795,435.20 100.6880	791,534.96	3,900.24 7,370.13	788,065.07 7,370.13	1,969.63 5.57
Santander Drive Auto 5.910% 12/15/28 Standard & Poors Rating: N/A Moody's Rating: Aaa 80288AAD4 Asset Minor Code 31 ACCOUNT 6746031903	375,000.000	376,905.00 100.5080	378,105.47	-1,200.47 -1,200.47	378,105.47 -1,200.47	985.00 5.88
Santander Drive Auto 5.730% 4/17/28 Standard & Poors Rating: N/A Moody's Rating: Aaa 802927AD5 Asset Minor Code 31 ACCOUNT 6746031903	362,369.460	363,641.38 100.3510	362,299.31	1,342.07 -95.68	363,510.92 130.46	922.83 5.71
Synchrony Financial 3.950% 12/01/27 Standard & Poors Rating: BBB- Moody's Rating: N/A 87165BAM5 Asset Minor Code 28 ACCOUNT 6746031903	315,000.000	306,639.90 97.3460	305,338.95	1,300.95 1,300.95	305,338.95 1,300.95	5,184.38 4.06



**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Syn Card Issua Tr 5.540% 7/15/29 Standard & Poors Rating: N/A Moody's Rating: Aaa 87166PAK7 Asset Minor Code 31 ACCOUNT 6746031903	540,000.000	547,484.40 101.3860	539,914.52	7,569.88 7,479.00	540,005.40 7,479.00	1,329.60 5.46
Tapestry Inc 7.350% 11/27/28 Standard & Poors Rating: N/A Moody's Rating: N/A 876030AD9 Asset Minor Code 28 ACCOUNT 6746031903	.000	.00 101.0280	.00	.00 2,162.20	.00 .00	.00 0.00
Tapestry Inc 5.100% 3/11/30 Standard & Poors Rating: BBB Moody's Rating: Baa2 876030AK3 Asset Minor Code 28 ACCOUNT 6746031903	205,000.000	205,805.65 100.3930	205,914.30	- 108.65 - 108.65	205,914.30 - 108.65	4,065.83 5.08
Toyota Auto Rec Tr 5.540% 8/15/28 Standard & Poors Rating: AAA Moody's Rating: N/A 89239FAD4 Asset Minor Code 31 ACCOUNT 6746031903	350,000.000	354,903.50 101.4010	349,962.27	4,941.23 4,130.00	350,773.50 4,130.00	861.78 5.46
Truist Finl Corp Mtn 6.047% 6/08/27 Standard & Poors Rating: A- Moody's Rating: Baa1 89788MAN2 Asset Minor Code 28 ACCOUNT 6746031903	400,000.000	406,556.00 101.6390	401,168.00	5,388.00 4,436.00	402,120.00 4,436.00	9,608.01 5.95
US Bancorp Mtn 4.548% 7/22/28 Standard & Poors Rating: A Moody's Rating: A3 91159HJF8 Asset Minor Code 28 ACCOUNT 6746031903	530,000.000	531,478.70 100.2790	502,471.15	29,007.55 18,746.10	512,732.60 18,746.10	6,628.71 4.54

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 24 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
V F Corporation 2.400% 4/23/25 Standard & Poors Rating: N/R Moody's Rating: WR 918204BA5 Asset Minor Code 28 ACCOUNT 6746031903	.000	100.0000	.00	38,880.30	.00	.00
Verizon 5.156% 3/20/26 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 92343VGE8 Asset Minor Code 28 ACCOUNT 6746031903	.000	100.0040	.00	- 1,130.16	.00	.00
Wells Fargo Mtn 4.970% 4/23/29 Standard & Poors Rating: BBB+ Moody's Rating: A1 95000U3T8 Asset Minor Code 28 ACCOUNT 6746031903	325,000.000	329,098.25 101.2610	325,000.00	4,098.25 4,098.25	325,000.00 4,098.25	358.94 4.91
World Omni Auto 5.270% 9/17/29 Standard & Poors Rating: AAA Moody's Rating: N/A 98164HAD0 Asset Minor Code 31 ACCOUNT 6746031903	871,000.000	880,014.85 101.0350	873,315.83	6,699.02 6,699.02	873,315.83 6,699.02	2,040.08 5.22
<b>Total Corporate Issues</b>	<b>16,391,774.310</b>	<b>16,358,382.22</b>	<b>16,152,013.04</b>	<b>206,369.18</b> <b>366,269.47</b>	<b>16,109,526.11</b> <b>248,856.11</b>	<b>88,181.24</b> <b>4.84</b>

**Foreign Issues**

Aptiv Plc Aptiv 2.396% 2/18/25 Standard & Poors Rating: N/A Moody's Rating: N/A 00217GAA1 Asset Minor Code 35 ACCOUNT 6746031903	.000	100.0000	.00	7,458.00	.00	.00
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00208001  
63--12-B -66C-126-01  
1200 -11-04026-01

JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 25 of 320  
Period from May 1, 2024 to April 30, 2025



**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	SINCE INCEPTION/ CURRENT PERIOD	UNREALIZED GAIN (LOSS)	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Aercap Ireland L P 1.750% 10/29/24 Standard & Poors Rating: BBB+ Moody's Rating: WR 00774MBB0 Asset Minor Code 35 ACCOUNT 6746031903	.000	100.0000	.00	5,520.00	.00	.00	.00
Bank Of Montreal Mtn 0.949% 1/22/27 Standard & Poors Rating: A- Moody's Rating: A2 06368EDC3 Asset Minor Code 35 ACCOUNT 6746031903	.000	97.4210	.00	- 13,358.35	.00	.00	.00
Bank Montreal Mtn 4.61436% 9/10/27 Standard & Poors Rating: A- Moody's Rating: A2 06368L8L3 Asset Minor Code 35 ACCOUNT 6746031903	410,000.000	410.631.40 100.1540	411,637.80	- 1,006.40 - 1,006.40	411,637.80 - 1,006.40	7,462.45 4.61	
Barclays Plc 2.279% 11/24/27 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 06738EBU8 Asset Minor Code 35 ACCOUNT 6746031903	450,000.000	433.539.00 96.3420	405,504.00	28,035.00 22,680.00	410,859.00 22,680.00	4,472.54 2.37	
Deutsche Bk Ag 2.129% 11/24/26 Standard & Poors Rating: BBB Moody's Rating: Baa1 251526CE7 Asset Minor Code 35 ACCOUNT 6746031903	230,000.000	226,343.00 98.4100	202,314.90	24,028.10 9,940.60	216,402.40 9,940.60	2,135.51 2.16	
Deutsche Bank Ag N Y 2.552% 1/07/28 Standard & Poors Rating: BBB Moody's Rating: Baa1 25160PAH0 Asset Minor Code 35 ACCOUNT 6746031903	435,000.000	419,235.60 96.3760	397,929.35	21,306.25 21,576.25	397,659.35 21,576.25	3,515.38 2.65	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 26 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Hsbc Holdings Plc 1.645% 4/18/26 Standard & Poors Rating: A- Moody's Rating: WR 404280CJ6 Asset Minor Code 35 ACCOUNT 6746031903	.000	100.0000 .00	.00	32,899.00 .00	.00 .00	.00 0.00
Hsbc Hldgs Plc 5.130% 11/19/28 Standard & Poors Rating: A- Moody's Rating: A3 404280EM7 Asset Minor Code 35 ACCOUNT 6746031903	635,000.000	641,845.30 101.0780	636,533.50	5,311.80 5,311.80	636,533.50 5,311.80	14,658.98 5.08
Jbs USA Lux S A 5.500% 1/15/30 Standard & Poors Rating: BBB- Moody's Rating: Baa3 46590XALO Asset Minor Code 35 ACCOUNT 6746031903	415,000.000	421,382.70 101.5380	418,301.30	3,081.40 3,081.40	418,301.30 3,081.40	6,720.69 5.42
<b>Total Foreign Issues</b>	<b>2,575,000.000</b>	<b>2,552,977.00</b>	<b>2,472,220.85</b>	<b>80,756.15</b> <b>94,102.30</b>	<b>2,491,393.35</b> <b>61,583.65</b>	<b>38,965.55</b> <b>3.93</b>
<b>Domestic Common Stocks</b>						
At T Inc 00206R102 Asset Minor Code 42 ACCOUNT 6746031904	.000	27.7000 .00	.00	17,087.91 .00	.00	.00
Abbvie Inc 00287Y109 Asset Minor Code 42 ACCOUNT 6746031904	819.000	159,786.90 195.1000	89,321.95	70,464.95 25,761.33	134,025.57	1,343.16
Ally Financial Inc 02005N100 Asset Minor Code 42 ACCOUNT 6746031904	2,770.000	90,468.20 32.6600	112,059.10	-21,590.90 -16,468.89	106,937.09 -16,468.89	.00 3.67

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 27 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Altria Group Inc 02209S103 Asset Minor Code 42 ACCOUNT 6746031904	1,191.000	70,447.65 59.1500	48,644.39	21,803.26 18,269.94	52,177.71 18,269.94	.00 6.90
Amgen Inc 031162100 Asset Minor Code 42 ACCOUNT 6746031904	376.000	109,385.92 290.9200	104,216.79	5,169.13 6,236.55	103,149.37	.00
Annaly Capital Management Inc 035710839 Asset Minor Code 42 ACCOUNT 6746031904	2,566.000	50,293.60 19.6000	51,318.69	- 1,025.09 548.84	49,744.76 548.84	.00 14.29
Bank Of America Corp 060505104 Asset Minor Code 42 ACCOUNT 6746031904	3,706.000	147,795.28 39.8800	111,922.53	35,872.75 10,636.22	137,159.06 10,636.22	.00 2.61
Bath Body Works Inc Com 070830104 Asset Minor Code 42 ACCOUNT 6746031904	.000	30.5100	.00	306.94	.00 .00	.00 0.00
Baxter International Inc 071813109 Asset Minor Code 42 ACCOUNT 6746031904	3,214.000	100,180.38 31.1700	120,438.26	- 20,257.88 - 20,257.88	120,438.26 - 20,257.88	.00 2.18
Blackrock Inc 09247X101 Asset Minor Code 42 ACCOUNT 6746031904	.000	1,013.1800	.00	8,968.63	.00	.00
Blackrock Inc Com 09290D101 Asset Minor Code 42 ACCOUNT 6746031904	80.000	73,140.80 914.2600	45,524.93	27,615.87 - 1,580.80	74,721.60 - 1,580.80	.00 2.28
Block H R Inc 093671105 Asset Minor Code 42 ACCOUNT 6746031904	1,470.000	88,743.90 60.3700	61,208.57	27,535.33 13,026.32	75,717.58	.00

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 28 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Bristol Myers Squibb Co 110122108 Asset Minor Code 42 ACCOUNT 6746031904	.000	50.2000	.00	25,344.25	.00	.00
Broadcom Inc 11135F101 Asset Minor Code 42 ACCOUNT 6746031904	610.000	117,406.70 192.4700	19,343.72	98,062.98 12,528.08	79,316.47	.00
Cvs Health Corp 126650100 Asset Minor Code 42 ACCOUNT 6746031904	1,376.000	91,792.96 66.7100	94,326.19	- 2,533.23 - 1,376.00	93,168.96 - 1,376.00	915.04 3.99
Caterpillar Inc 149123101 Asset Minor Code 42 ACCOUNT 6746031904	342.000	105,770.34 309.2700	44,192.67	61,577.67 - 8,652.60	114,422.94 - 8,652.60	482.22 1.82
Chevron Corporation 166764100 Asset Minor Code 42 ACCOUNT 6746031904	955.000	129,937.30 136.0600	112,764.96	17,172.34 - 24,075.55	154,012.85 - 24,075.55	.00 5.03
Cisco Systems Inc 17275R102 Asset Minor Code 42 ACCOUNT 6746031904	2,883.000	166,435.59 57.7300	120,282.63	46,152.96 30,992.25	135,443.34 30,992.25	.00 2.84
Citizens Financial Group 174610105 Asset Minor Code 42 ACCOUNT 6746031904	.000	36.8900	.00	14,825.90	.00	.00
Clorox Co 189054109 Asset Minor Code 42 ACCOUNT 6746031904	748.000	106,440.40 142.3000	100,139.80	6,300.60 - 1,248.65	107,689.05	912.56

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 29 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Comcast Corp Class A 20030N101 Asset Minor Code 42 ACCOUNT 6746031904	3,686.000	126,061.20 34.2000	139,053.48	- 12,992.28 - 13,593.35	139,654.55 - 13,593.35	.00 3.86
Comerica Inc 200340107 Asset Minor Code 42 ACCOUNT 6746031904	1,218.000	65,467.50 53.7500	72,411.68	- 6,944.18 - 6,944.18	72,411.68	.00
Crown Castle Inc 22822V101 Asset Minor Code 42 ACCOUNT 6746031904	622.000	65,782.72 105.7600	82,966.44	- 17,183.72 7,451.56	58,331.16 7,451.56	.00 5.92
Darden Restaurants Inc 237194105 Asset Minor Code 42 ACCOUNT 6746031904	466.000	93,498.24 200.6400	75,801.75	17,696.49 22,009.18	71,489.06 22,009.18	652.40 2.79
Diamondback Energy Inc 25278X109 Asset Minor Code 42 ACCOUNT 6746031904	748.000	98,743.48 132.0100	61,965.26	36,778.22 - 68,131.03	143,194.58 - 44,451.10	.00 3.03
Dicks Sporting Goods Inc 253393102 Asset Minor Code 42 ACCOUNT 6746031904	291.000	54,632.34 187.7400	42,559.39	12,072.95 - 3,841.20	58,473.54 - 3,841.20	.00 2.58
Duke Energy Holding Corp 26441C204 Asset Minor Code 42 ACCOUNT 6746031904	.000	.00 122.0200	.00	.00 - 2,360.46	.00 .00	.00 0.00
E O G Res Inc 26875P101 Asset Minor Code 42 ACCOUNT 6746031904	1,032.000	113,860.56 110.3300	84,768.53	29,092.03 - 22,497.60	136,358.16	.00

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 30 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Eastman Chem Co 277432100 Asset Minor Code 42 ACCOUNT 6746031904	1,193.000	91,861.00 77.0000	113,824.25	- 21,963.25 - 20,805.92	112,666.92 - 20,805.92	.00 4.31
Entergy Corporation 29364G103 Asset Minor Code 42 ACCOUNT 6746031904	1,352.000	112,445.84 83.1700	70,170.95	42,274.89 39,809.43	72,108.92 40,336.92	.00 2.89
Energy Inc 30034W106 Asset Minor Code 42 ACCOUNT 6746031904	1,125.000	77,737.50 69.1000	71,470.58	6,266.92 6,266.92	71,470.58	.00
Fed Ex Corp 31428X106 Asset Minor Code 42 ACCOUNT 6746031904	306.000	64,360.98 210.3300	69,098.42	- 4,737.44 - 15,743.70	80,104.68	.00
First Energy Corp 337932107 Asset Minor Code 42 ACCOUNT 6746031904	2,100.000	90,048.00 42.8800	80,840.13	9,207.87 9,534.00	80,514.00 9,534.00	.00 4.15
Freeport McMoran Inc 35671D857 Asset Minor Code 42 ACCOUNT 6746031904	985.000	35,489.55 36.0300	42,098.80	- 6,609.25 - 6,609.25	42,098.80 - 6,609.25	147.75 1.67
The Gap Inc 364760108 Asset Minor Code 42 ACCOUNT 6746031904	4,164.000	91,191.60 21.9000	91,691.70	- 500.10 - 500.10	91,691.70	.00
Hartford Insurance Group Inc Com 416515104 Asset Minor Code 42 ACCOUNT 6746031904	747.000	91,634.49 122.6700	59,659.45	31,975.04 19,257.66	72,376.83 19,257.66	.00 1.70
Honeywell Intl Inc 438516106 Asset Minor Code 42 ACCOUNT 6746031904	447.000	94,093.50 210.5000	94,545.46	- 451.96 - 451.96	94,545.46 - 451.96	.00 2.15

00208001  
63--12-B -66C-126-01  
1200 -11-04026-01

JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999



Page 31 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Intl Business Machines Corp 459200101 Asset Minor Code 42 ACCOUNT 6746031904	400.000	96,728.00 241.8200	77,072.64	19,655.36 30,248.00	66,480.00 30,248.00	.00 2.78
Intl Flavors Fragrances 459506101 Asset Minor Code 42 ACCOUNT 6746031904	.000	.00 78.4600	.00	.00 14,189.58	.00 .00	.00 0.00
International Paper Co 460146103 Asset Minor Code 42 ACCOUNT 6746031904	2,412.000	110,180.16 45.6800	135,001.33	-24,821.17 -24,821.17	135,001.33 -24,821.17	.00 4.05
Interpublic Group Cos Inc Com 460690100 Asset Minor Code 42 ACCOUNT 6746031904	.000	.00 25.1200	.00	.00 6,907.42	.00 .00	.00 0.00
Iron Mountain Inc 46284V101 Asset Minor Code 42 ACCOUNT 6746031904	1,054.000	94,512.18 89.6700	31,724.39	62,787.79 12,806.10	81,706.08 12,806.10	.00 3.50
Jpmorgan Chase Co 46625H100 Asset Minor Code 42 ACCOUNT 6746031904	892.000	218,201.04 244.6200	80,198.18	138,002.86 27,617.26	171,032.08 47,168.96	.00 2.29
Johnson Johnson 478160104 Asset Minor Code 42 ACCOUNT 6746031904	977.000	152,714.87 156.3100	133,191.97	19,522.90 11,450.44	141,264.43 11,450.44	.00 3.33
Kraft Heinz Co Com 500754106 Asset Minor Code 42 ACCOUNT 6746031904	.000	.00 29.1000	.00	.00 -4,117.45	.00 .00	.00 0.00

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 32 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Lamar Advertising Co A 512816109 Asset Minor Code 42 ACCOUNT 6746031904	559.000	63,619.79 113.8100	63,069.45	550.34 550.34	63,069.45 550.34	.00 5.45
Melife Inc 59156R108 Asset Minor Code 42 ACCOUNT 6746031904	2,193.000	165,286.41 75.3700	114,606.67	50,679.74 9,407.97	155,878.44	.00
Microsoft Corp Com 594918104 Asset Minor Code 42 ACCOUNT 6746031904	180.000	71,146.80 395.2600	51,868.58	19,278.22 - 4,395.85	70,079.40 1,067.40	.00 0.84
Molson Coors Beverage Company 60871R209 Asset Minor Code 42 ACCOUNT 6746031904	.000	.00 57.5300	.00	.00 - 1,547.32	.00 .00	.00 0.00
Morgan Stanley Com New 617446448 Asset Minor Code 42 ACCOUNT 6746031904	913.000	105,378.46 115.4200	44,121.12	61,257.34 22,441.54	82,936.92 22,441.54	844.53 3.21
Nrg Energy Inc Com New 629377508 Asset Minor Code 42 ACCOUNT 6746031904	855.000	93,690.90 109.5800	31,561.79	62,129.11 13,644.48	62,132.85 31,558.05	.00 1.61
Northrop Grumman Corporation 666807102 Asset Minor Code 42 ACCOUNT 6746031904	230.000	111,895.00 486.5000	95,791.70	16,103.30 338.10	111,556.90 338.10	.00 1.69
Pnc Finl Svcs Group Inc Com 693475105 Asset Minor Code 42 ACCOUNT 6746031904	967.000	155,387.23 160.6900	138,961.56	16,425.67 2,619.14	152,768.09 2,619.14	1,547.20 3.98

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 33 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Pfizer Inc 717081103 Asset Minor Code 42 ACCOUNT 6746031904	4,025.000	98,250.25 24.4100	129,550.44	- 31,300.19 - 4,987.03	103,237.28	.00
Phillips 66 718546104 Asset Minor Code 42 ACCOUNT 6746031904	772.000	80,334.32 104.0600	59,936.95	20,397.37 - 30,223.80	110,558.12	.00
T Rowe Price Group Inc 74144T108 Asset Minor Code 42 ACCOUNT 6746031904	879.000	77,835.45 88.5500	95,897.18	- 18,061.73 - 21,773.10	99,608.55 - 21,773.10	.00 5.74
Procter Gamble Co 742718109 Asset Minor Code 42 ACCOUNT 6746031904	366.000	59,500.62 162.5700	37,130.87	22,369.75 - 230.58	59,731.20 - 230.58	386.79 2.60
Qualcomm Inc Com 747525103 Asset Minor Code 42 ACCOUNT 6746031904	433.000	64,283.18 148.4600	53,735.44	10,547.74 - 7,529.87	71,813.05 - 7,529.87	.00 2.40
Quest Diagnostics Inc 74834L100 Asset Minor Code 42 ACCOUNT 6746031904	.000	178.2200	.00	- 5,055.56	.00 .00	.00 0.00
Rx Corporation 75513E101 Asset Minor Code 42 ACCOUNT 6746031904	1,176.000	148,328.88 126.1300	82,937.92	65,390.96 28,941.36	119,387.52 28,941.36	.00 2.16
Realty Income Corp 756109104 Asset Minor Code 42 ACCOUNT 6746031904	.000	57.8600	.00	10,878.57	.00 .00	.00 0.00

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 34 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Rexford Industrial Realty In 76169C100 Asset Minor Code 42 ACCOUNT 6746031904	1,044.000	34,556.40 33.1000	59,150.03	- 24,593.63 - 10,137.24	44,693.64 - 10,137.24	.00 5.20
Snap On Inc 833034101 Asset Minor Code 42 ACCOUNT 6746031904	311.000	97,594.91 313.8100	67,409.26	30,185.65 14,259.35	83,335.56	.00
Starbucks Corp Com 855244109 Asset Minor Code 42 ACCOUNT 6746031904	703.000	56,275.15 80.0500	69,967.27	- 13,692.12 - 13,692.12	69,967.27 - 13,692.12	.00 3.05
Target Corp Com 87612E106 Asset Minor Code 42 ACCOUNT 6746031904	925.000	89,447.50 96.7000	119,908.99	- 30,461.49 - 53,399.47	142,846.97 - 53,399.47	.00 4.63
Texas Instrs Inc Com 882508104 Asset Minor Code 42 ACCOUNT 6746031904	702.000	112,355.10 160.0500	121,812.07	- 9,456.97 - 12,707.42	125,062.52 - 12,707.42	954.72 3.40
Truist Financial Corp 89832Q109 Asset Minor Code 42 ACCOUNT 6746031904	.000	.00 38.3400	.00	.00 14,252.77	.00 .00	.00 0.00
Tyson Foods Inc Cl A 902494103 Asset Minor Code 42 ACCOUNT 6746031904	1,616.000	98,963.84 61.2400	96,869.83	2,094.01 2,094.01	96,869.83 2,094.01	.00 3.27
Verizon Communications Inc Com 92343V104 Asset Minor Code 42 ACCOUNT 6746031904	2,995.000	131,959.70 44.0600	123,534.96	8,424.74 8,424.74	123,534.96 8,424.74	2,029.11 6.15

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 35 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Walmart Inc Com 931142103 Asset Minor Code 42 ACCOUNT 6746031904	1,189.000	115,630.25 97.2500	36,431.68	79,198.57 38,201.56	70,567.15 45,063.10	.00 0.97
Wells Fargo Co New Com 949746101 Asset Minor Code 42 ACCOUNT 6746031904	2,023.000	143,653.23 71.0100	84,938.44	58,714.79 23,648.87	120,004.36 23,648.87	.00 2.25
<b>Total Domestic Common</b>	<b>74,379.000</b>	<b>5,822,644.04</b>	<b>4,725,012.16</b>	<b>1,097,631.88</b>	<b>5,670,739.18</b>	<b>10,215.48</b>
<b>Stocks</b>				<b>152,026.41</b>	<b>151,904.86</b>	<b>3.36</b>
<b>Foreign Stocks</b>						
Eaton Corp Plc Shs G29183103 Asset Minor Code 53 ACCOUNT 6746031904	445.000	130,994.65 294.3700	38,825.41	92,169.24 - 28,418.96	141,625.70 - 10,631.05	.00 1.41
Medtronic Plc Shs G5960L103 Asset Minor Code 53 ACCOUNT 6746031904	1,509.000	127,902.84 84.7600	144,418.15	- 16,515.31 6,820.68	121,082.16 6,820.68	.00 3.30
CNH Intl N V Shs N20944109 Asset Minor Code 53 ACCOUNT 6746031904	.000	11.5700	.00	16,000.85	.00	.00 0.00
Astrazeneca P L C Spnd A D R 046353108 Asset Minor Code 53 ACCOUNT 6746031904	944.000	67,769.76 71.7900	54,985.10	12,784.66 - 3,860.96	71,630.72 - 3,860.96	.00 2.12
Gsk Plc Sponsored A D R 37733W204 Asset Minor Code 53 ACCOUNT 6746031904	2,138.000	85,199.30 39.8500	83,867.62	1,331.68 1,331.68	83,867.62 1,331.68	.00 3.95

00208001  
63-12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 36 of 320  
Period from May 1, 2024 to April 30, 2025

**ASSET DETAIL (continued)**

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ADJ PRIOR MARKET / ADJ PRIOR MARKET UNREALIZED GAIN/LOSS	ENDING ACCRUAL YIELD ON MARKET
Magna Intl Inc Cl A 559222401 Asset Minor Code 53 ACCOUNT 6746031904	.000	.00 34.7600	.00	.00 6,325.13	.00 .00	.00 0.00
Manulife Financial Corp 56501R106 Asset Minor Code 53 ACCOUNT 6746031904	2,775.000	84,970.50 30.6200	87,777.69	-2,807.19 -2,807.19	87,777.69 -2,807.19	.00 4.01
Toyota Mtr Corp A D R 892331307 Asset Minor Code 53 ACCOUNT 6746031904	363.000	69,412.86 191.2200	69,924.40	-511.54 -511.54	69,924.40 -511.54	.00 2.54
Vale Sa Sp A D R 91912E105 Asset Minor Code 53 ACCOUNT 6746031904	.000	.00 9.3100	.00	.00 13,791.80	.00 .00	.00 0.00
<b>Total Foreign Stocks</b>	<b>8,174.000</b>	<b>566,249.91</b>	<b>479,798.37</b>	<b>86,451.54</b> <b>8,671.49</b>	<b>575,908.29</b> <b>- 9,658.38</b>	<b>.00</b> <b>2.83</b>
<b>Total Assets</b>	<b>45,706,663.800</b>	<b>51,326,223.33</b>	<b>49,212,398.70</b>	<b>2,113,824.64</b> <b>1,379,848.22</b>	<b>49,180,992.58</b> <b>1,304,258.09</b>	<b>291,094.28</b> <b>3.41</b>
<b>Accrued Income</b>	<b>.000</b>	<b>291,094.28</b>	<b>291,094.28</b>			
<b>Grand Total</b>	<b>45,706,663.800</b>	<b>51,617,317.61</b>	<b>49,503,492.98</b>			

**Joint Benefit Trust**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**EIN: 94-6284253 Plan Number: 501**  
**Year Ended April 30, 2025**

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/(Loss)
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See attached.

Joint Benefit Trust  
 EIN 94-6284253  
 Plan Number 501  
 Plan Year Ended April 30, 2025

00208001  
 63--12-B-66C-126-01  
 1200 -11-04026-01

JOINT BENEFIT TRUST H&W/CONSOL  
 ACCOUNT 6746031999

Form 5500, Schedule H, Line 4j  
 Schedule of Reportable Transactions

Page 289 of 320  
 Period from May 1, 2024 to April 30, 2025



**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		<b>BEGINNING MARKET VALUE</b>			49,609,638.78		
		<b>COMPARATIVE VALUE (5%)</b>			2,480,481.93		
<b>CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE</b>							
*NO TRANSACTIONS QUALIFIED FOR THIS SECTION*							
<b>CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE</b>							
Broker: Barclays Capital Inc. Fixed In							
05/14/2024	S	Issue: 918204BA5 - V F Corporation - 435,000.000	.9655		420,001	458,481	- 38,480
05/31/2024	B	Issue: 065403BC0 - Bank 3,714% 4/15/52 425,000.000	.9289		- 394,785	394,785	
06/10/2024	B	Issue: 08163XAY9 - Benchmark Mtg 5,8053% 1/12/57 380,000.000	1.0145		- 385,507	385,507	
09/27/2024	B	Issue: 03065UAE9 - Americr Automobile 6,130% 7/18/29 100,000.000	1.0300		- 103,000	103,000	
11/07/2024	B	Issue: 7591EPAT7 - Regions Financial 1,800% 8/12/28 460,000.000	.8921		- 410,343	410,343	
02/04/2025	B	Issue: 04686JAA9 - Athene Holding Ltd 4,125% 1/12/28 435,000.000	.9790		- 425,882	425,882	
03/11/2025	B	Issue: 9128285M8 - U S Treasury Nt 3,125% 1/15/28 861,000.000	.9734		- 838,096	838,096	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 290 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
<b>Total For Barclays Capital Inc. Fixed In</b>							
				0	2,977,614	3,016,094	- 38,480
Broker: BofA Securities, Inc./Fxd Inc							
05/14/2024	S	Issue: 91282CDS7 - U S Treasury Nt - 1,250,000.000	1.125% 1/15/25 .9732		1,216,500	1,184,350	32,150
08/07/2024	B	Issue: 74762EAK8 - Quanta Svcs Inc 500,000.000	4.750% 8/09/27 .9982		- 499,090	499,090	
08/07/2024	S	Issue: 9128286A3 - U S Treasury Nt - 500,000.000	2.625% 1/31/26 .9777		488,867	476,954	11,913
09/24/2024	B	Issue: 02007NAC2 - Ally Auto 450,000.000	5.354% 7/16/29 .9999		- 449,953	449,953	
<b>Total For BofA Securities, Inc./Fxd Inc</b>							
				0	2,654,410	2,610,347	44,063
Broker: Calls							
05/01/2024	S	Issue: 172967MX6 - Citigroup Inc - 425,000.000	0.981% 5/01/25 1.0000		425,000	415,438	9,562
06/01/2024	S	Issue: 46647PCH7 - Jpmorgan Chase Co - 605,000.000	0.824% 6/01/25 1.0000		605,000	605,145	- 145
09/19/2024	S	Issue: 00217GAA1 - Aptiv Plc Aptiv - 275,000.000	2.396% 2/18/25 1.0000		275,000	275,000	
09/21/2024	S	Issue: 38141GYL2 - Goldman Sachs - 330,000.000	5.89918% 10/21/24 1.0000		330,000	330,000	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 291 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/25/2024	S	Issue: 06051GJG5 - Bk Of America Mtn - 550,000.000	1.0000		550,000	538,688	11,312
6746031903							
11/25/2024	S	Issue: 876030AD9 - Tapestry Inc - 190,000.000	1.0100		191,900	198,197	- 6,297
6746031903							
02/07/2025	S	Issue: 55903VBG7 - Warnermedia Hldgs - 200,000.000	1.0000		200,000	200,012	- 12
6746031903							
03/03/2025	S	Issue: 14040HCM5 - Capital One Finl - 760,000.000	1.0000		760,000	710,549	49,451
6746031903							
04/18/2025	S	Issue: 404280CJ6 - Hsbc Holdings Plc - 655,000.000	1.0000		655,000	661,326	- 6,326
6746031903							
<b>Total For Calls</b>				<b>0</b>	<b>3,991,900</b>	<b>3,934,355</b>	<b>57,545</b>
Broker: Citigroup Global Markets Inc.							
06/10/2024	S	Issue: 91282CDS7 - U S Treasury Nt - 375,000.000	.9761		366,021	355,305	10,715
6746031903							
07/29/2024	S	Issue: 91282CDS7 - U S Treasury Nt - 200,000.000	.9822		196,438	189,496	6,941
6746031903							
08/02/2024	S	Issue: 91282CDS7 - U S Treasury Nt - 1,620,000.000	.9834		1,593,105	1,534,918	58,188
6746031903							
08/13/2024	B	Issue: 08163XAY9 - Benchmark Mtg 20,000.000	1.0378		- 20,756	20,756	
6746031903							

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 292 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/28/2025	Issue: 9128285M8 - U S Treasury Nt B	3.125% 11/15/28 750,000.000	.9696		- 727,207	727,207	
6746031903							
04/01/2025	Issue: 9128285M8 - U S Treasury Nt B	3.125% 11/15/28 650,000.000	.9745		- 633,420	633,420	
6746031903							
04/15/2025	Issue: 912828ZB9 - U S Treasury Nt S	1.125% 2/28/27 - 320,000.000	.9511		304,338	292,520	11,817
6746031903							
<b>Total For Citigroup Global Markets Inc.</b>				<b>0</b>	<b>3,841,285</b>	<b>3,753,622</b>	<b>87,661</b>

Broker: Wells Fargo Securities, LLC

Issue: 437930AC4 - Honda Auto Rec Owner 5.270% 11/20/28  
B  
1,135,000.000  
6746031903

Issue: 91282CDS7 - U S Treasury Nt 1.125% 1/15/25  
S  
- 100,000.000  
6746031903

Issue: 91282CDS7 - U S Treasury Nt 1.125% 1/15/25  
S  
- 830,000.000  
6746031903

Issue: 9128285M8 - U S Treasury Nt 3.125% 11/15/28  
B  
520,000.000  
6746031903

Issue: 9128285M8 - U S Treasury Nt 3.125% 11/15/28  
B  
100,000.000  
6746031903

Issue: 95000U3T8 - Wells Fargo Mtn 4.970% 4/23/29  
B  
325,000.000  
6746031903

05/14/2024			.9999		- 1,134,862	1,134,862	
6746031903							
06/13/2024			.9764		97,641	94,748	2,893
6746031903							
07/05/2024			.9788		812,427	786,409	26,019
6746031903							
07/29/2024			.9617		- 500,073	500,073	
6746031903							
09/06/2024			.9843		- 98,434	98,434	
6746031903							
04/15/2025			1.0000		- 325,000	325,000	
6746031903							

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01

JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999



Page 293 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
<b>Total For Wells Fargo Securities, LLC</b>							<b>28,912</b>
					<b>2,968,437</b>	<b>2,939,526</b>	
<b>GRAND TOTAL</b>					<b>16,433,646</b>	<b>16,253,944</b>	<b>179,701</b>

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

Issue: 38141W273 - Gs Fin Sq Govt Inst

05/02/2024	B	14,273.410	1.0000		- 14,273	14,273	
6746031900							
06/04/2024	B	14,829.130	1.0000		- 14,829	14,829	
6746031900							
07/02/2024	B	14,418.650	1.0000		- 14,419	14,419	
6746031900							
07/19/2024	B	866.280	1.0000		- 866	866	
6746031900							
08/02/2024	B	14,955.700	1.0000		- 14,956	14,956	
6746031900							
09/04/2024	B	14,979.480	1.0000		- 14,979	14,979	
6746031900							
10/02/2024	B	10,369.790	1.0000		- 10,370	10,370	
6746031900							
10/17/2024	B	1,428.170	1.0000		- 1,428	1,428	
6746031900							
11/04/2024	B	5,802.790	1.0000		- 5,803	5,803	
6746031900							
12/03/2024	B	5,435.860	1.0000		- 5,436	5,436	
6746031900							

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 294 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/03/2025	B	5,465.050	1.0000		- 5,465	5,465	
6746031900							
01/10/2025	B	802.580	1.0000		- 803	803	
6746031900							
01/23/2025	B	1,300,000.000	1.0000		- 1,300,000	1,300,000	
6746031900							
02/04/2025	B	5,128.750	1.0000		- 5,129	5,129	
6746031900							
03/04/2025	B	4,758.580	1.0000		- 4,759	4,759	
6746031900							
03/14/2025	B	368.070	1.0000		- 368	368	
6746031900							
04/02/2025	B	5,248.940	1.0000		- 5,249	5,249	
6746031900							
<b>Total For Buys</b>				<b>0</b>	<b>1,419,132</b>	<b>1,419,132</b>	<b>0</b>
09/17/2024	S	- 2,000,000.000	1.0000		2,000,000	2,000,000	
6746031900							
01/22/2025	S	- 1,300,000.000	1.0000		1,300,000	1,300,000	
6746031900							
<b>Total For Sells</b>				<b>0</b>	<b>3,300,000</b>	<b>3,300,000</b>	<b>0</b>
<b>Total Gs Fin Sq Govt Inst</b>				<b>0</b>	<b>4,719,132</b>	<b>4,719,132</b>	<b>0</b>
Issue: 60934N807 - Federated Hermes Govt Oblig Ss							
05/01/2024	B	427,084.630	1.0000		- 427,085	427,085	
6746031903							

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 295 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/01/2024 6746031904	B	3,798.340	1.0000		- 3,798	3,798	
05/02/2024 6746031903	B	443.970	1.0000		- 444	444	
05/02/2024 6746031904	B	773.040	1.0000		- 773	773	
05/06/2024 6746031903	B	34,137.160	1.0000		- 34,137	34,137	
05/06/2024 6746031904	B	1,266.350	1.0000		- 1,266	1,266	
05/10/2024 6746031903	B	15,073.640	1.0000		- 15,074	15,074	
05/10/2024 6746031904	B	496.800	1.0000		- 497	497	
05/15/2024 6746031903	B	54,674.080	1.0000		- 54,674	54,674	
05/15/2024 6746031903	B	4,546.250	1.0000		- 4,546	4,546	
05/15/2024 6746031904	B	4,381.850	1.0000		- 4,382	4,382	
05/16/2024 6746031903	B	1,908,798.830	1.0000		- 1,908,799	1,908,799	
05/16/2024 6746031903	B	1,818.750	1.0000		- 1,819	1,819	
05/17/2024 6746031903	B	867.350	1.0000		- 867	867	
05/20/2024 6746031903	B	1,870.500	1.0000		- 1,871	1,871	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 296 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/20/2024 6746031903	B	4,563.670	1.0000		- 4,564	4,564	
05/20/2024 6746031904	B	444.600	1.0000		- 445	445	
05/21/2024 6746031904	B	704.600	1.0000		- 705	705	
05/22/2024 6746031904	B	1,440.070	1.0000		- 1,440	1,440	
05/24/2024 6746031903	B	7,576.100	1.0000		- 7,576	7,576	
05/24/2024 6746031904	B	490.680	1.0000		- 491	491	
05/28/2024 6746031903	B	8,207.540	1.0000		- 8,208	8,208	
05/28/2024 6746031904	B	296.310	1.0000		- 296	296	
05/29/2024 6746031904	B	2,740.570	1.0000		- 2,741	2,741	
05/31/2024 6746031904	B	473.100	1.0000		- 473	473	
06/03/2024 6746031903	B	611,692.600	1.0000		- 611,693	611,693	
06/03/2024 6746031904	B	5,235.950	1.0000		- 5,236	5,236	
06/04/2024 6746031904	B	2,083.850	1.0000		- 2,084	2,084	
06/07/2024 6746031904	B	679.500	1.0000		- 680	680	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 297 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/10/2024 6746031903	B	28,515.570	1.0000		- 28,516	28,516	
06/10/2024 6746031904	B	3,484.010	1.0000		- 3,484	3,484	
06/11/2024 6746031904	B	1,195.190	1.0000		- 1,195	1,195	
06/12/2024 6746031904	B	473.800	1.0000		- 474	474	
06/13/2024 6746031903	B	3,670.800	1.0000		- 3,671	3,671	
06/13/2024 6746031904	B	916.380	1.0000		- 916	916	
06/14/2024 6746031904	B	1,578.680	1.0000		- 1,579	1,579	
06/17/2024 6746031903	B	20,198.130	1.0000		- 20,198	20,198	
06/17/2024 6746031903	B	9,320.140	1.0000		- 9,320	9,320	
06/17/2024 6746031904	B	646.780	1.0000		- 647	647	
06/18/2024 6746031903	B	9,049.760	1.0000		- 9,050	9,050	
06/18/2024 6746031904	B	902.550	1.0000		- 903	903	
06/20/2024 6746031903	B	4,820.850	1.0000		- 4,821	4,821	
06/20/2024 6746031904	B	368.050	1.0000		- 368	368	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 298 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/21/2024 6746031904	B	1,118.720	1.0000		- 1,119	1,119	
06/24/2024 6746031904	B	555.900	1.0000		- 556	556	
06/25/2024 6746031903	B	1,169.480	1.0000		- 1,169	1,169	
06/27/2024 6746031904	B	806.000	1.0000		- 806	806	
07/02/2024 6746031903	B	748.660	1.0000		- 749	749	
07/02/2024 6746031904	B	1,270.630	1.0000		- 1,271	1,271	
07/03/2024 6746031904	B	346.880	1.0000		- 347	347	
07/05/2024 6746031904	B	685.100	1.0000		- 685	685	
07/08/2024 6746031903	B	70,510.990	1.0000		- 70,511	70,511	
07/09/2024 6746031904	B	1,388.610	1.0000		- 1,389	1,389	
07/09/2024 6746031904	B	62.050	1.0000		- 62	62	
07/10/2024 6746031903	B	14,180.270	1.0000		- 14,180	14,180	
07/10/2024 6746031904	B	1,677.580	1.0000		- 1,678	1,678	
07/12/2024 6746031903	B	1,838.350	1.0000		- 1,838	1,838	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 299 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/12/2024 6746031904	B	1,056.300	1.0000		- 1,056	1,056	
07/15/2024 6746031903	B	33,606.960	1.0000		- 33,607	33,607	
07/15/2024 6746031904	B	687.820	1.0000		- 688	688	
07/16/2024 6746031903	B	1,818.750	1.0000		- 1,819	1,819	
07/17/2024 6746031903	B	3,567.350	1.0000		- 3,567	3,567	
07/17/2024 6746031903	B	2,016.620	1.0000		- 2,017	2,017	
07/18/2024 6746031903	B	4,984.540	1.0000		- 4,985	4,985	
07/22/2024 6746031903	B	20,978.870	1.0000		- 20,979	20,979	
07/22/2024 6746031903	B	19,038.360	1.0000		- 19,038	19,038	
07/22/2024 6746031904	B	453.000	1.0000		- 453	453	
07/24/2024 6746031904	B	2,086.920	1.0000		- 2,087	2,087	
07/25/2024 6746031903	B	1,223.330	1.0000		- 1,223	1,223	
07/30/2024 6746031903	B	43,302.580	1.0000		- 43,303	43,303	
07/31/2024 6746031903	B	82,556.250	1.0000		- 82,556	82,556	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 300 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/31/2024 6746031904	B	3,159.820	1.0000		- 3,160	3,160	
08/01/2024 6746031904	B	3,154.130	1.0000		- 3,154	3,154	
08/02/2024 6746031903	B	688.190	1.0000		- 688	688	
08/02/2024 6746031904	B	895.850	1.0000		- 896	896	
08/05/2024 6746031903	B	81,749.780	1.0000		- 81,750	81,750	
08/05/2024 6746031904	B	1,307.200	1.0000		- 1,307	1,307	
08/08/2024 6746031903	B	7,350.000	1.0000		- 7,350	7,350	
08/12/2024 6746031903	B	16,377.110	1.0000		- 16,377	16,377	
08/12/2024 6746031903	B	1,838.350	1.0000		- 1,838	1,838	
08/13/2024 6746031904	B	704.600	1.0000		- 705	705	
08/14/2024 6746031904	B	706.440	1.0000		- 706	706	
08/15/2024 6746031903	B	24,946.080	1.0000		- 24,946	24,946	
08/15/2024 6746031903	B	9,455.830	1.0000		- 9,456	9,456	
08/15/2024 6746031904	B	3,998.890	1.0000		- 3,999	3,999	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 301 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/16/2024 6746031903	B	4,001.480	1.0000		- 4,001	4,001	
08/19/2024 6746031903	B	15,380.210	1.0000		- 15,380	15,380	
08/20/2024 6746031903	B	35,100.040	1.0000		- 35,100	35,100	
08/20/2024 6746031904	B	482.220	1.0000		- 482	482	
08/22/2024 6746031904	B	1,324.440	1.0000		- 1,324	1,324	
08/22/2024 6746031904	B	315.220	1.0000		- 315	315	
08/23/2024 6746031904	B	490.680	1.0000		- 491	491	
08/26/2024 6746031903	B	1,715.290	1.0000		- 1,715	1,715	
08/30/2024 6746031904	B	906.900	1.0000		- 907	907	
09/03/2024 6746031903	B	57,069.930	1.0000		- 57,070	57,070	
09/03/2024 6746031904	B	7,603.340	1.0000		- 7,603	7,603	
09/04/2024 6746031903	B	210,532.100	1.0000		- 210,532	210,532	
09/04/2024 6746031904	B	958.860	1.0000		- 959	959	
09/05/2024 6746031904	B	740.880	1.0000		- 741	741	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 302 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/06/2024 6746031904	B	1,068.700	1.0000		- 1,069	1,069	
09/09/2024 6746031903	B	115,465.630	1.0000		- 115,466	115,466	
09/09/2024 6746031904	B	462.560	1.0000		- 463	463	
09/10/2024 6746031903	B	15,362.020	1.0000		- 15,362	15,362	
09/10/2024 6746031904	B	5,903.060	1.0000		- 5,903	5,903	
09/11/2024 6746031904	B	1,098.020	1.0000		- 1,098	1,098	
09/12/2024 6746031903	B	1,935.110	1.0000		- 1,935	1,935	
09/12/2024 6746031904	B	175.500	1.0000		- 176	176	
09/13/2024 6746031904	B	251.950	1.0000		- 252	252	
09/16/2024 6746031903	B	31,219.060	1.0000		- 31,219	31,219	
09/16/2024 6746031903	B	4,093.600	1.0000		- 4,094	4,094	
09/16/2024 6746031904	B	659.400	1.0000		- 659	659	
09/17/2024 6746031903	B	2,182.730	1.0000		- 2,183	2,183	
09/17/2024 6746031904	B	902.550	1.0000		- 903	903	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 303 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/18/2024 6746031903	B	9,548.210	1.0000		- 9,548	9,548	
09/18/2024 6746031904	B	473.800	1.0000		- 474	474	
09/19/2024 6746031903	B	275,567.330	1.0000		- 275,567	275,567	
09/20/2024 6746031903	B	48,871.570	1.0000		- 48,872	48,872	
09/20/2024 6746031904	B	729.520	1.0000		- 730	730	
09/23/2024 6746031903	B	333,269.640	1.0000		- 333,270	333,270	
09/23/2024 6746031904	B	555.900	1.0000		- 556	556	
09/25/2024 6746031903	B	551,312.120	1.0000		- 551,312	551,312	
09/25/2024 6746031903	B	15,072.750	1.0000		- 15,073	15,073	
09/26/2024 6746031904	B	368.050	1.0000		- 368	368	
09/27/2024 6746031904	B	2,460.760	1.0000		- 2,461	2,461	
09/30/2024 6746031904	B	1,434.530	1.0000		- 1,435	1,435	
10/01/2024 6746031904	B	422.280	1.0000		- 422	422	
10/02/2024 6746031903	B	2,611.530	1.0000		- 2,612	2,612	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 304 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/02/2024 6746031904	B	1,334.180	1.0000		- 1,334	1,334	
10/03/2024 6746031904	B	1,160.110	1.0000		- 1,160	1,160	
10/04/2024 6746031904	B	320.100	1.0000		- 320	320	
10/07/2024 6746031904	B	966.330	1.0000		- 966	966	
10/09/2024 6746031903	B	53.760	1.0000		- 54	54	
10/09/2024 6746031904	B	510.400	1.0000		- 510	510	
10/10/2024 6746031903	B	12,882.150	1.0000		- 12,882	12,882	
10/10/2024 6746031904	B	1,214.820	1.0000		- 1,215	1,215	
10/10/2024 6746031904	B	634.610	1.0000		- 635	635	
10/11/2024 6746031903	B	1,935.110	1.0000		- 1,935	1,935	
10/11/2024 6746031904	B	1,056.300	1.0000		- 1,056	1,056	
10/15/2024 6746031903	B	449,728.420	1.0000		- 449,728	449,728	
10/15/2024 6746031903	B	9,855.340	1.0000		- 9,855	9,855	
10/15/2024 6746031904	B	688.300	1.0000		- 688	688	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 305 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/16/2024 6746031903	B	1,818.750	1.0000		- 1,819	1,819	
10/18/2024 6746031903	B	10,371.920	1.0000		- 10,372	10,372	
10/18/2024 6746031903	B	7,233.070	1.0000		- 7,233	7,233	
10/21/2024 6746031903	B	49,265.880	1.0000		- 49,266	49,266	
10/23/2024 6746031904	B	2,086.920	1.0000		- 2,087	2,087	
10/24/2024 6746031903	B	449,953.470	1.0000		- 449,953	449,953	
10/25/2024 6746031903	B	1,321.070	1.0000		- 1,321	1,321	
10/29/2024 6746031903	B	252,187.500	1.0000		- 252,188	252,188	
10/31/2024 6746031904	B	3,807.020	1.0000		- 3,807	3,807	
11/01/2024 6746031904	B	3,183.960	1.0000		- 3,184	3,184	
11/04/2024 6746031903	B	7,784.900	1.0000		- 7,785	7,785	
11/04/2024 6746031904	B	995.580	1.0000		- 996	996	
11/05/2024 6746031904	B	1,547.200	1.0000		- 1,547	1,547	
11/07/2024 6746031904	B	730.780	1.0000		- 731	731	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 306 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/12/2024 6746031904	B	737.120	1.0000		- 737	737	
11/13/2024 6746031903	B	1,935.110	1.0000		- 1,935	1,935	
11/15/2024 6746031903	B	777,937.340	1.0000		- 777,937	777,937	
11/15/2024 6746031903	B	4,110.830	1.0000		- 4,111	4,111	
11/15/2024 6746031904	B	3,999.370	1.0000		- 3,999	3,999	
11/18/2024 6746031903	B	6,869.090	1.0000		- 6,869	6,869	
11/18/2024 6746031903	B	7,167.270	1.0000		- 7,167	7,167	
11/20/2024 6746031903	B	51,736.600	1.0000		- 51,737	51,737	
11/20/2024 6746031904	B	482.220	1.0000		- 482	482	
11/21/2024 6746031904	B	509.400	1.0000		- 509	509	
11/22/2024 6746031904	B	1,738.170	1.0000		- 1,738	1,738	
11/25/2024 6746031903	B	207,605.960	1.0000		- 207,606	207,606	
11/25/2024 6746031904	B	490.680	1.0000		- 491	491	
11/29/2024 6746031904	B	279.820	1.0000		- 280	280	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 307 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/02/2024 6746031904	B	7,354.350	1.0000		- 7,354	7,354	
12/03/2024 6746031903	B	4,080.780	1.0000		- 4,081	4,081	
12/03/2024 6746031904	B	981.820	1.0000		- 982	982	
12/06/2024 6746031904	B	389.200	1.0000		- 389	389	
12/09/2024 6746031903	B	12,094.000	1.0000		- 12,094	12,094	
12/09/2024 6746031904	B	124,945.890	1.0000		- 124,946	124,946	
12/10/2024 6746031903	B	12,471.330	1.0000		- 12,471	12,471	
12/10/2024 6746031904	B	124,945.890	1.0000		- 124,946	124,946	
12/11/2024 6746031904	B	124,945.890	1.0000		- 124,946	124,946	
12/12/2024 6746031903	B	1,935.110	1.0000		- 1,935	1,935	
12/12/2024 6746031904	B	124,945.890	1.0000		- 124,946	124,946	
12/13/2024 6746031903	B	3,670.800	1.0000		- 3,671	3,671	
12/13/2024 6746031904	B	885.340	1.0000		- 885	885	
12/16/2024 6746031903	B	734,480.800	1.0000		- 734,481	734,481	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 308 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/16/2024 6746031903	B	5,327.630	1.0000		- 5,328	5,328	
12/16/2024 6746031904	B	2,757.140	1.0000		- 2,757	2,757	
12/17/2024 6746031903	B	2,182.730	1.0000		- 2,183	2,183	
12/18/2024 6746031903	B	10,034.880	1.0000		- 10,035	10,035	
12/18/2024 6746031904	B	473.800	1.0000		- 474	474	
12/19/2024 6746031904	B	368.050	1.0000		- 368	368	
12/20/2024 6746031903	B	40,528.600	1.0000		- 40,529	40,529	
12/23/2024 6746031904	B	408.000	1.0000		- 408	408	
12/26/2024 6746031903	B	1,243.680	1.0000		- 1,244	1,244	
12/27/2024 6746031904	B	3,064.820	1.0000		- 3,065	3,065	
12/31/2024 6746031904	B	1,333.330	1.0000		- 1,333	1,333	
01/02/2025 6746031904	B	1,282.980	1.0000		- 1,283	1,283	
01/03/2025 6746031903	B	4,457.530	1.0000		- 4,458	4,458	
01/03/2025 6746031904	B	1,722.580	1.0000		- 1,723	1,723	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 309 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/06/2025 6746031904	B	797.970	1.0000		- 798	798	
01/07/2025 6746031903	B	5,550.600	1.0000		- 5,551	5,551	
01/07/2025 6746031904	B	753.610	1.0000		- 754	754	
01/08/2025 6746031904	B	1,624.190	1.0000		- 1,624	1,624	
01/09/2025 6746031904	B	789.750	1.0000		- 790	790	
01/10/2025 6746031903	B	13,293.670	1.0000		- 13,294	13,294	
01/10/2025 6746031904	B	1,214.820	1.0000		- 1,215	1,215	
01/10/2025 6746031904	B	1,056.300	1.0000		- 1,056	1,056	
01/13/2025 6746031903	B	3,612.610	1.0000		- 3,613	3,613	
01/15/2025 6746031903	B	199,867.510	1.0000		- 199,868	199,868	
01/15/2025 6746031903	B	5,327.630	1.0000		- 5,328	5,328	
01/15/2025 6746031904	B	688.780	1.0000		- 689	689	
01/16/2025 6746031903	B	1,818.750	1.0000		- 1,819	1,819	
01/17/2025 6746031903	B	2,182.730	1.0000		- 2,183	2,183	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 310 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/21/2025 6746031903	B	47,567.150	1.0000		- 47,567	47,567	
01/21/2025 6746031903	B	5,050.340	1.0000		- 5,050	5,050	
01/22/2025 6746031903	B	12,052.200	1.0000		- 12,052	12,052	
01/22/2025 6746031904	B	1,153.200	1.0000		- 1,153	1,153	
01/27/2025 6746031903	B	1,634.370	1.0000		- 1,634	1,634	
01/29/2025 6746031904	B	933.720	1.0000		- 934	934	
01/31/2025 6746031903	B	75,993.750	1.0000		- 75,994	75,994	
01/31/2025 6746031904	B	3,789.100	1.0000		- 3,789	3,789	
02/03/2025 6746031904	B	3,744.300	1.0000		- 3,744	3,744	
02/04/2025 6746031903	B	14,351.950	1.0000		- 14,352	14,352	
02/04/2025 6746031904	B	885.320	1.0000		- 885	885	
02/05/2025 6746031904	B	1,547.200	1.0000		- 1,547	1,547	
02/07/2025 6746031903	B	205,058.400	1.0000		- 205,058	205,058	
02/10/2025 6746031903	B	32,840.730	1.0000		- 32,841	32,841	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 311 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/11/2025 6746031904	B	737.120	1.0000		- 737	737	
02/12/2025 6746031903	B	7,650.110	1.0000		- 7,650	7,650	
02/14/2025 6746031904	B	4,002.380	1.0000		- 4,002	4,002	
02/18/2025 6746031903	B	217,106.540	1.0000		- 217,107	217,107	
02/18/2025 6746031903	B	8,986.020	1.0000		- 8,986	8,986	
02/18/2025 6746031904	B	744.580	1.0000		- 745	745	
02/20/2025 6746031903	B	47,498.140	1.0000		- 47,498	47,498	
02/20/2025 6746031904	B	482.220	1.0000		- 482	482	
02/25/2025 6746031903	B	2,160.540	1.0000		- 2,161	2,161	
02/28/2025 6746031903	B	51,300.000	1.0000		- 51,300	51,300	
02/28/2025 6746031904	B	428.830	1.0000		- 429	429	
03/03/2025 6746031903	B	770,016.800	1.0000		- 770,017	770,017	
03/03/2025 6746031904	B	6,714.000	1.0000		- 6,714	6,714	
03/04/2025 6746031903	B	3,644.660	1.0000		- 3,645	3,645	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 312 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/04/2025 6746031904	B	2,053.730	1.0000		- 2,054	2,054	
03/05/2025 6746031904	B	887.800	1.0000		- 888	888	
03/07/2025 6746031904	B	2,922.700	1.0000		- 2,923	2,923	
03/10/2025 6746031903	B	9,512.000	1.0000		- 9,512	9,512	
03/10/2025 6746031903	B	13,835.900	1.0000		- 13,836	13,836	
03/10/2025 6746031904	B	2,966.590	1.0000		- 2,967	2,967	
03/11/2025 6746031904	B	1,195.190	1.0000		- 1,195	1,195	
03/13/2025 6746031904	B	760.220	1.0000		- 760	760	
03/14/2025 6746031904	B	1,064.740	1.0000		- 1,065	1,065	
03/17/2025 6746031903	B	178,028.090	1.0000		- 178,028	178,028	
03/17/2025 6746031903	B	36,456.670	1.0000		- 36,457	36,457	
03/17/2025 6746031904	B	902.550	1.0000		- 903	903	
03/18/2025 6746031903	B	10,034.880	1.0000		- 10,035	10,035	
03/19/2025 6746031904	B	473.800	1.0000		- 474	474	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 313 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/20/2025 6746031903	B	44,457.330	1.0000		- 44,457	44,457	
03/20/2025 6746031904	B	740.880	1.0000		- 741	741	
03/21/2025 6746031904	B	750.940	1.0000		- 751	751	
03/24/2025 6746031904	B	416.800	1.0000		- 417	417	
03/24/2025 6746031904	B	972.320	1.0000		- 972	972	
03/25/2025 6746031903	B	1,135.470	1.0000		- 1,135	1,135	
03/25/2025 6746031903	B	12,375.000	1.0000		- 12,375	12,375	
03/27/2025 6746031904	B	368.050	1.0000		- 368	368	
03/28/2025 6746031904	B	2,079.890	1.0000		- 2,080	2,080	
03/28/2025 6746031904	B	347.100	1.0000		- 347	347	
03/31/2025 6746031904	B	1,333.330	1.0000		- 1,333	1,333	
04/01/2025 6746031903	B	253,125.000	1.0000		- 253,125	253,125	
04/01/2025 6746031904	B	1,833.440	1.0000		- 1,833	1,833	
04/02/2025 6746031904	B	1,324.820	1.0000		- 1,325	1,325	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 314 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/03/2025 6746031904	B	551.250	1.0000		- 551	551	
04/04/2025 6746031904	B	827.390	1.0000		- 827	827	
04/07/2025 6746031904	B	1,269.610	1.0000		- 1,270	1,270	
04/10/2025 6746031903	B	13,739.580	1.0000		- 13,740	13,740	
04/10/2025 6746031904	B	855.340	1.0000		- 855	855	
04/11/2025 6746031903	B	1,935.110	1.0000		- 1,935	1,935	
04/11/2025 6746031904	B	986.840	1.0000		- 987	987	
04/11/2025 6746031904	B	792.220	1.0000		- 792	792	
04/15/2025 6746031903	B	221,214.670	1.0000		- 221,215	221,215	
04/15/2025 6746031903	B	45,254.500	1.0000		- 45,255	45,255	
04/15/2025 6746031904	B	448.920	1.0000		- 449	449	
04/16/2025 6746031903	B	304,797.280	1.0000		- 304,797	304,797	
04/16/2025 6746031903	B	1,818.750	1.0000		- 1,819	1,819	
04/17/2025 6746031903	B	3,381.270	1.0000		- 3,381	3,381	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 315 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/21/2025 6746031903	B	726,156.540	1.0000		- 726,157	726,157	
04/22/2025 6746031903	B	655,000.000	1.0000		- 655,000	655,000	
04/23/2025 6746031904	B	2,398.410	1.0000		- 2,398	2,398	
04/25/2025 6746031903	B	1,929.650	1.0000		- 1,930	1,930	
04/30/2025 6746031904	B	5,953.080	1.0000		- 5,953	5,953	
<b>Total For Buys</b>				<b>0</b>	<b>13,453,840</b>	<b>13,453,840</b>	<b>0</b>
05/06/2024 6746031903	S	- 574,517.550	1.0000		574,518	574,518	
05/21/2024 6746031903	S	- 1,134,862.100	1.0000		1,134,862	1,134,862	
05/22/2024 6746031903	S	- 749,895.830	1.0000		749,896	749,896	
06/03/2024 6746031903	S	- 101,040.620	1.0000		101,041	101,041	
06/04/2024 6746031903	S	- 471,836.010	1.0000		471,836	471,836	
06/11/2024 6746031903	S	- 18,383.980	1.0000		18,384	18,384	
06/14/2024 6746031903	S	- 97,872.940	1.0000		97,873	97,873	
06/28/2024 6746031904	S	- 28,404.610	1.0000		28,405	28,405	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 316 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/15/2024 6746031903	S	- 145,967.750	1.0000		145,968	145,968	
07/18/2024 6746031903	S	- 28,368.080	1.0000		28,368	28,368	
07/30/2024 6746031903	S	- 156,856.940	1.0000		156,857	156,857	
08/09/2024 6746031903	S	- 9,901.820	1.0000		9,902	9,902	
08/14/2024 6746031903	S	- 20,798.180	1.0000		20,798	20,798	
09/10/2024 6746031903	S	- 411,637.800	1.0000		411,638	411,638	
09/30/2024 6746031903	S	- 226,880.370	1.0000		226,880	226,880	
09/30/2024 6746031903	S	- 449,953.470	1.0000		449,953	449,953	
09/30/2024 6746031904	S	- 7,680.990	1.0000		7,681	7,681	
10/01/2024 6746031903	S	- 458,828.150	1.0000		458,828	458,828	
10/17/2024 6746031903	S	- 310,039.450	1.0000		310,039	310,039	
10/21/2024 6746031903	S	- 449,953.470	1.0000		449,953	449,953	
11/12/2024 6746031903	S	- 396,945.320	1.0000		396,945	396,945	
11/29/2024 6746031903	S	- 10,561.200	1.0000		10,561	10,561	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 317 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/02/2024 6746031903	S	- 402,101.280	1.0000		402,101	402,101	
12/09/2024 6746031903	S	- 285,770.170	1.0000		285,770	285,770	
12/09/2024 6746031904	S	- 179,628.390	1.0000		179,628	179,628	
12/10/2024 6746031904	S	- 119,995.260	1.0000		119,995	119,995	
12/11/2024 6746031903	S	- 205,914.300	1.0000		205,914	205,914	
12/11/2024 6746031904	S	- 124,945.890	1.0000		124,946	124,946	
12/12/2024 6746031904	S	- 124,010.790	1.0000		124,011	124,011	
01/16/2025 6746031903	S	- 339,323.890	1.0000		339,324	339,324	
01/22/2025 6746031903	S	- 256,369.210	1.0000		256,369	256,369	
02/05/2025 6746031903	S	- 427,028.810	1.0000		427,029	427,029	
02/25/2025 6746031903	S	- 258,452.230	1.0000		258,452	258,452	
03/03/2025 6746031903	S	- 734,199.430	1.0000		734,199	734,199	
03/12/2025 6746031903	S	- 844,857.160	1.0000		844,857	844,857	
03/26/2025 6746031904	S	- 98,154.380	1.0000		98,154	98,154	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 318 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/27/2025	S	- 163,964.800	1.0000		163,965	163,965	
6746031903							
04/02/2025	S	- 638,469.970	1.0000		638,470	638,470	
6746031903							
04/21/2025	S	- 655,000.000	1.0000		655,000	655,000	
6746031903							
04/23/2025	S	- 325,000.000	1.0000		325,000	325,000	
6746031903							
04/28/2025	S	- 198,933.170	1.0000		198,933	198,933	
6746031903							
<b>Total For Sells</b>				<b>0</b>	<b>12,643,303</b>	<b>12,643,303</b>	<b>0</b>

<b>Total Federated Hermes Govt Oblig Ss</b>							
				<b>0</b>	<b>26,097,143</b>	<b>26,097,143</b>	<b>0</b>

Issue: 91282CDS7 - U S Treasury Nt 1.125% 1/15/25

05/03/2024	S	- 415,000.000	.9721		403,442	393,204	10,237
6746031903							
05/14/2024	S	- 1,250,000.000	.9732		1,216,500	1,184,350	32,150
6746031903							
05/31/2024	S	- 300,000.000	.9751		292,534	284,244	8,290
6746031903							
06/10/2024	S	- 375,000.000	.9761		366,021	355,305	10,715
6746031903							
06/13/2024	S	- 100,000.000	.9764		97,641	94,748	2,893
6746031903							
07/05/2024	S	- 830,000.000	.9788		812,427	786,409	26,019
6746031903							

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 319 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/29/2024 6746031903	S	- 200,000.000	.9822		196,438	189,496	6,941
08/02/2024 6746031903	S	- 1,620,000.000	.9834		1,593,105	1,534,918	58,188
<b>Total For Sells</b>				<b>0</b>	<b>4,978,108</b>	<b>4,822,674</b>	<b>155,433</b>
<b>Total U S Treasury Nt 1.125% 1/15/25</b>				<b>0</b>	<b>4,978,108</b>	<b>4,822,674</b>	<b>155,433</b>
Issue: 912828ZB9 - U S Treasury Nt 1.125% 2/28/27							
08/02/2024 6746031903	B	1,620,000.000	.9351		- 1,514,890	1,514,890	
09/30/2024 6746031903	B	755,000.000	.9436		- 712,413	712,413	
<b>Total For Buys</b>				<b>0</b>	<b>2,227,303</b>	<b>2,227,303</b>	<b>0</b>
04/15/2025 6746031903	S	- 320,000.000	.9511		304,338	292,520	11,817
<b>Total For Sells</b>				<b>0</b>	<b>304,338</b>	<b>292,520</b>	<b>11,817</b>
<b>Total U S Treasury Nt 1.125% 2/28/27</b>				<b>0</b>	<b>2,531,641</b>	<b>2,519,823</b>	<b>11,817</b>
Issue: 9128285M8 - U S Treasury Nt 3.125% 11/15/28							
05/03/2024 6746031903	B	815,000.000	.9425		- 768,138	768,138	

00208001  
63--12-B-66C-126-01  
1200 -11-04026-01



JOINT BENEFIT TRUST H&W/CONSOL  
ACCOUNT 6746031999

Page 320 of 320  
Period from May 1, 2024 to April 30, 2025

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/03/2024	B	500,000.000	.9463		- 473,145	473,145	
6746031903							
07/05/2024	B	785,000.000	.9533		- 748,356	748,356	
6746031903							
07/29/2024	B	520,000.000	.9617		- 500,073	500,073	
6746031903							
09/06/2024	B	100,000.000	.9843		- 98,434	98,434	
6746031903							
12/06/2024	B	295,000.000	.9666		- 285,159	285,159	
6746031903							
02/28/2025	B	750,000.000	.9696		- 727,207	727,207	
6746031903							
03/11/2025	B	861,000.000	.9734		- 838,096	838,096	
6746031903							
04/01/2025	B	650,000.000	.9745		- 633,420	633,420	
6746031903							
04/30/2025	B	855,000.000	.9836		- 840,973	840,973	
6746031903							
<b>Total For Buys</b>				<b>0</b>	<b>5,913,001</b>	<b>5,913,001</b>	<b>0</b>
<b>Total U S Treasury Nt</b>				<b>0</b>	<b>5,913,001</b>	<b>5,913,001</b>	<b>0</b>
<b>3.125% 11/15/28</b>				<b>0</b>	<b>44,239,025</b>	<b>44,071,773</b>	<b>167,250</b>
<b>GRAND TOTAL</b>				<b>0</b>	<b>44,239,025</b>	<b>44,071,773</b>	<b>167,250</b>

**CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE**

\*NO TRANSACTIONS QUALIFIED FOR THIS SECTION\*