

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: TEAMSTERS MISCELLANEOUS SECURITY FUND
1b Three-digit plan number (PN): 508
1c Effective date of plan: 10/08/1959
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES TEAMSTERS MISCELLANEOUS SECURITY FUND
2b Employer Identification Number (EIN): 95-6060502
2c Plan Sponsor's telephone number: 626-463-6012
2d Business code (see instructions): 484120

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES TEAMSTERS MISCELLANEOUS SECURITY FUND 225 S LAKE AVE STE 1200 PASADENA, CA 91101		3b Administrator's EIN 95-6060502
		3c Administrator's telephone number 626-463-6012
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5	15749
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	13979
6a(2) Total number of active participants at the end of the plan year	6a(2)	13986
b Retired or separated participants receiving benefits.....	6b	1687
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	15673
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	15673
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	299

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 4H 4L 4Q

9a Plan funding arrangement (check all that apply)	9b 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)

a Pension Schedules		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>9</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan TEAMSTERS MISCELLANEOUS SECURITY FUND</p>	<p>B Three-digit plan number (PN) ▶ 508</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTERS MISCELLANEOUS SECURITY FUND</p>	<p>D Employer Identification Number (EIN) 95-6060502</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
SIMNSA HEALTH 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
98-0197925	FTNT	295	14	06/01/2024	05/31/2025

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	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)	
	7e(2)	
	7e(3)	
	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:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	123700
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan TEAMSTERS MISCELLANEOUS SECURITY FUND		B Three-digit plan number (PN) ▶ 508
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTERS MISCELLANEOUS SECURITY FUND		D Employer Identification Number (EIN) 95-6060502

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	VARIOUS	9461	10/01/2024	09/30/2025

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
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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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	154849017
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan TEAMSTERS MISCELLANEOUS SECURITY FUND</p>	<p>B Three-digit plan number (PN) ▶ 508</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTERS MISCELLANEOUS SECURITY FUND</p>	<p>D Employer Identification Number (EIN) 95-6060502</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
LIBERTY DENTAL OF CALIFORNIA, INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
33-0979956		968303-938306	10652	06/01/2024	05/31/2025

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

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

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

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

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	(c) Amount	(d) Purpose	

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **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)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	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:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1223557
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan TEAMSTERS MISCELLANEOUS SECURITY FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>508</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTERS MISCELLANEOUS SECURITY FUND</p>	<p>D Employer Identification Number (EIN) 95-6060502</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
KAISER FOUNDATION HEALTH PLAN OF HAWAII

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	60053	29970	3	06/01/2024	05/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	50189
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE 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 **06/01/2024** and ending **05/31/2025**

A Name of plan TEAMSTERS MISCELLANEOUS SECURITY FUND	B Three-digit plan number (PN) ▶ 508
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTERS MISCELLANEOUS SECURITY FUND	D Employer Identification Number (EIN) 95-6060502

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
APS HEALTHCARE, INC. HEALTH MANAGEMENT CENTER

(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
42-1413902	52492	023HMC	4966	06/01/2024	05/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input checked="" type="checkbox"/> Other (specify) ▶ MENTAL HEALTH & CHEMICAL DEPENDENCY | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier	10a	222233
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan TEAMSTERS MISCELLANEOUS SECURITY FUND	B Three-digit plan number (PN) ▶ 508
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTERS MISCELLANEOUS SECURITY FUND	D Employer Identification Number (EIN) 95-6060502

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 MANAGEMENT CONCEPTS, INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
75-3189468			2045	06/01/2024	05/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
	(5) Total deductions			
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) ▶ **MENTAL HEALTH & CHEMICAL DEPENDENCY**

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e
10	Nonexperience-rated contracts:		
a	Total premiums or subscription charges paid to carrier	10a	62757
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan TEAMSTERS MISCELLANEOUS SECURITY FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>508</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTERS MISCELLANEOUS SECURITY FUND</p>	<p>D Employer Identification Number (EIN) 95-6060502</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 AMERICAN 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
73-1128555	60025		529	06/01/2024	05/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
(6) Total additions			7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(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:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1403037
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan TEAMSTERS MISCELLANEOUS SECURITY FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>508</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTERS MISCELLANEOUS SECURITY FUND</p>	<p>D Employer Identification Number (EIN) 95-6060502</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
ANTHEM BLUE CROSS SO, CA

(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
95-3760980	93303	278680	3164	06/01/2023	05/31/2024

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	60329777
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan TEAMSTERS MISCELLANEOUS SECURITY FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>508</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTERS MISCELLANEOUS SECURITY FUND</p>	<p>D Employer Identification Number (EIN) 95-6060502</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
ANTHEM BLUE CROSS LIFE & HEALTH 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
95-4331852	62825	278680	9336	06/01/2024	05/31/2025

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	485448
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan TEAMSTERS MISCELLANEOUS SECURITY FUND	B Three-digit plan number (PN) ▶	508
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTERS MISCELLANEOUS SECURITY FUND	D Employer Identification Number (EIN) 95-6060502	

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

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

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

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

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

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

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

NORTHWEST ADMINISTRATORS, INC. 225 SOUTH LAKE AVENUE
SUITE 1200
PASADENA, CA 91101

91-0680697

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 10	NONE	7915998	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)

LIBERTY DENTAL PLAN OF CALIFORNIA 340 COMMERCE STE 100
IRVINE, CA 92602

33-0979956

(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	NONE	363171	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)

AMERICAN SPECIALTY HEALTH NETWORK 10221 WATERIDGE CIRCLE
SAN DIEGO, CA 92121

33-0571188

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 12	NONE	24170	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)

A.F. BUBENAS & COMPANY

20955 PATHFINDER ROAD
SUITE 100
DIAMOND BAR, CA 91765

95-2368103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	151008	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)

REICH, ADELL & CVITAN

3550 WILSHIRE BLVD
SUITE 2000
LOS ANGELES, CA 90010

95-3082677

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	20547	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)

WOHLNER KAPLON CUTLER HALFORD

16501 VENTURA BLVD
SUITE 304
ENCINO, CA 91436

83-2856417

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	32809	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)

DAVID BRODY & CO.

17785 CENTER COURT DRIVE
SUITE 680
CERRITOS, CA 90703

95-4778275

(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 49	NONE	62465	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

3333 QUALITY DRIVE
RANCHO CORDOVA, CA 95670

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	NONE	159095	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)

DIRECT CONNECTION

1968 YEAGER AVE
LA VERNE, CA 91750-5832

33-0659758

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	14628	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)

BEHAR PUBLIC RELATIONS

12048 SULPHUR MOUNTAIN ROAD
OJAI, CA 93023

95-3892250

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	39431	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)

WESTCOAST MAILERS

5630 BORWICK AVE
SOUTH GATE, CA 90280

41-2039938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	59568	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)

AJ LONGO

253 N LAKE AVE
PASADENA, CA 91101

35-2607925

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	52819	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)

SOUTHWEST MONEY MANAGEMENT, INC

6978 EMERALD SPRINGS LANE
LA VEGAS, NV 89113

95-6055492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	225046	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

3080 BRISTOL STREET STE 200
COSTA MESA, CA 92626

95-3760980

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49	NONE	423080	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)

UNION BANK

445 SOUTH FIGUEROA STREET 2ND FL
LOS ANGELES, CA 90071

94-0304228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	70494	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)

MILLIMAN, INC

2175 NORTH CALIFORNIA BLVD STE 810
WALNUT CREEK, CA 94596

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	12000	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)

PENSION BENEFIT INFORMATION, LLC

333 S 7TH STREET ST 2400
MINNEAPOLIS, MN 55402

82-4722389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5489	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)

AMERICAN HEALTH HOLDINGS, INC.

7400 WEST CAMPUS ROAD
NEW ALBANY, OH 43054

31-1368946

(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	NONE	20245	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)

THE WAGNER LAW GROUP

17777 CENTER COURT DRIVE N
STE 613
CERRITOS, CA 90703

04-3323315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	41930	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)

BUSINESS & BANKING COURIERS

2254 RIVERSIDE DRIVE
LOS ANGELES, CA 90039

95-4604774

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6699	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

180 HOWARD STREET STE 1100
SAN FRANCISCO, CA 94105

94-1503999

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A Name of plan TEAMSTERS MISCELLANEOUS SECURITY FUND	B Three-digit plan number (PN) 508
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTERS MISCELLANEOUS SECURITY FUND	D Employer Identification Number (EIN) 95-6060502

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	33771398	45374732
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1133521	1403249
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3530132	3780772
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	33480730	13514614
(2) U.S. Government securities	1c(2)	209700951	253152073
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	14551580	12468020
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	296168312	329693460
Liabilities			
g Benefit claims payable.....	1g	19950088	21717445
h Operating payables.....	1h	720105	710289
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	20670193	22427734
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	275498119	307265726

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	279882269	
(B) Participants.....	2a(1)(B)	4809708	
(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)		284691977
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5806352	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5806352
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(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)	10757170	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	249842
d Total income. Add all income amounts in column (b) and enter total	2d	301505341

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	41161062
(2) To insurance carriers for the provision of benefits	2e(2)	218749716
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	259910778
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	7289187
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	225046
(6) Bank or trust company trustee/custodial fees	2i(6)	70494
(7) Actuarial fees	2i(7)	12000
(8) Legal fees	2i(8)	62477
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	2167752
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	9826956
j Total expenses. Add all expense amounts in column (b) and enter total	2j	269737734

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	31767607
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DAVID BRODY & CO.

(2) EIN: 95-4778275

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

David Brody & Co.

CERTIFIED PUBLIC ACCOUNTANTS
(AN ACCOUNTANCY CORPORATION)

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REPORT OF INDEPENDENT AUDITORS

Board of Trustees
Teamsters Miscellaneous Security Fund
Pasadena, California

Opinion

We have audited the accompanying financial statements of Teamsters Miscellaneous Security Fund, a multiemployer welfare plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, the related statements of changes in net assets available for benefits, statements of Plan's benefit obligation and statements of changes in Plan's benefit obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

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 Teamsters Miscellaneous Security Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Member

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

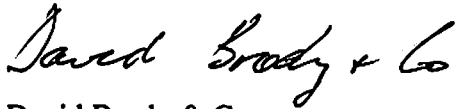
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

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 of Assets Held for Investments as of May 31, 2025 and Transactions or Series of Transactions in excess of 5% of the current value of plan assets for the year then ended on Pages 15 to 21, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



David Brody & Co.

Certified Public Accountants

Cerritos, California

January 9, 2026

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____

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

Part II Basic Plan Information — enter all requested information

<p>1 a Name of plan TEAMSTERS MISCELLANEOUS SECURITY FUND</p>	<p>1b Three-digit plan number (PN) ... ▶ 508</p>
<p>2 a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>BOARD OF TRUSTEES TEAMSTERS MISCELLANEOUS SECURITY FUND 225 S LAKE AVE STE 1200 PASADENA, CA 91101</p>	<p>1c Effective date of plan 10/08/1959</p> <p>2b Employer Identification Number (EIN) 95-6060502</p> <p>2c Plan Sponsor's telephone number 626-463-6012</p> <p>2d Business code (see instructions) 484120</p>

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

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

SIGN HERE		<u>2/10/2026</u>	RAY WHITMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>3/10/26</u>	FELIX A SERUA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

TEAMSTERS MISCELLANEOUS

SECURITY FUND

FINANCIAL STATEMENTS

MAY 31, 2025

**TEAMSTERS MISCELLANEOUS
SECURITY FUND**

MAY 31, 2025

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David Brody & Co.

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REPORT OF INDEPENDENT AUDITORS

Board of Trustees
Teamsters Miscellaneous Security Fund
Pasadena, California

Opinion

We have audited the accompanying financial statements of Teamsters Miscellaneous Security Fund, a multiemployer welfare plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, the related statements of changes in net assets available for benefits, statements of Plan's benefit obligation and statements of changes in Plan's benefit obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

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

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

Member

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CALIFORNIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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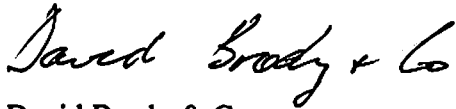
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David Brody & Co.

Certified Public Accountants

Cerritos, California

January 9, 2026

TEAMSTERS MISCELLANEOUS SECURITY FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MAY 31, 2025 AND 2024

		May 31,	
	Note	2025	2024
ASSETS			
Cash	4	\$ 45,374,732	\$ 33,771,398
Investments at fair values	5	279,134,707	257,733,261
Optum Rx rebate and recoveries receivable		2,651,683	2,162,156
Contributions receivable from employers	2B	1,403,249	1,133,521
Accrued interest receivable	2C	802,561	1,057,280
Prepaid expenses		45,056	29,224
Claims deposit		281,472	281,472
Total Assets		329,693,460	296,168,312
LIABILITIES			
Accounts payable		61,971	77,070
Administrative fees payable		648,318	643,035
Total Liabilities		710,289	720,105
NET ASSETS AVAILABLE FOR BENEFITS		\$ 328,983,171	\$ 295,448,207
PLAN'S BENEFIT OBLIGATIONS			
OTHER THAN POST RETIREMENT (Page 6)		\$ 21,717,445	\$ 19,950,088
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS		\$ 307,265,726	\$ 275,498,119

The accompanying notes are an integral part of these financial statements.

TEAMSTERS MISCELLANEOUS SECURITY FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
MAY 31, 2025 AND 2024

	May 31,	
	2025	2024
ADDITIONS TO NET ASSETS:		
CONTRIBUTIONS		
Employer contributions	\$ 279,882,269	\$ 259,369,032
Cobra and participant self-payments	4,809,708	4,844,322
Total Contributions	284,691,977	264,213,354
NET INVESTMENT INCOME (LOSS) (Note 6)	16,338,476	7,859,882
OTHER INCOME (Note 8)	249,842	359,502
TOTAL ADDITIONS	301,280,295	272,432,738
DEDUCTIONS FROM NET ASSETS:		
BENEFITS PAID TO PARTICIPANTS		
Claims paid - Net	39,360,651	35,688,840
Premiums paid - Net	218,782,770	197,501,897
ADMINISTRATIVE EXPENSES	9,601,910	9,290,861
TOTAL DEDUCTIONS	267,745,331	242,481,598
NET INCREASE DURING THE YEAR	33,534,964	29,951,140
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	295,448,207	265,497,067
End of year	\$ 328,983,171	\$ 295,448,207

The accompanying notes are an integral part of these financial statements.

TEAMSTERS MISCELLANEOUS SECURITY FUND
STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS
MAY 31, 2025 AND 2024

	May 31,	
	2025	2024
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS AND THEIR DEPENDENTS:		
Premiums payable	\$ 5,807,039	\$ 5,840,093
Claims payable and claims incurred but not reported	9,048,179	8,163,254
	14,855,218	14,003,347
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Accumulated eligibility reserve (Note 2E)	6,862,227	5,946,741
BENEFIT OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	\$ 21,717,445	\$ 19,950,088
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current Retirees, Spouses and Dependents	\$ 92,104,933	\$ 100,586,794
Active Participants Fully Eligible for Benefits	106,469,741	108,212,562
Active Participants Not Yet Fully Eligible for Benefits	157,238,247	142,943,272
TOTAL POSTRETIREMENT BENEFIT OBLIGATIONS	355,812,921	351,742,628
TOTAL BENEFIT OBLIGATIONS	\$ 377,530,366	\$ 371,692,716

The accompanying notes are an integral part of these financial statements.

TEAMSTERS MISCELLANEOUS SECURITY FUND
STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS
MAY 31, 2025 AND 2024

	May 31,	
	2025	2024
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS AND THEIR DEPENDENTS:		
Balance at beginning of year	\$ 14,003,347	\$ 14,349,205
Claims and premiums reported and approved for payment	258,055,595	232,915,834
Claims and insurance premiums paid	(258,143,421)	(233,190,737)
Net change in claims incurred but not paid	939,697	(70,955)
Balance at end of year	<u>14,855,218</u>	<u>14,003,347</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Accumulated Eligibility Reserve:		
Balance at beginning of year	5,946,741	5,734,937
Net change in reserve for the year	915,486	211,804
Balance at end of year	<u>6,862,227</u>	<u>5,946,741</u>
BENEFIT OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>21,717,445</u>	<u>19,950,088</u>
POSTRETIREMENT BENEFIT OBLIGATIONS		
Balance at beginning of year	351,742,628	356,454,546
Net changes during the year:		
Benefits earned and other charges	(4,355,831)	(2,403,047)
Changes in actuarial assumptions (Note 2F)	(10,611,648)	(20,033,695)
Increase for interest due to decrease in discount period	19,037,772	17,724,824
Balance at end of year	<u>355,812,921</u>	<u>351,742,628</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 377,530,366</u></u>	<u><u>\$ 371,692,716</u></u>

The accompanying notes are an integral part of these financial statements.

TEAMSTERS MISCELLANEOUS SECURITY FUND
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Teamsters Miscellaneous Security Fund (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions, copies of which may be obtained from the Plan sponsor.

- (A) **General:** The Plan is a multiemployer welfare plan formed under a collectible bargaining agreement with the Teamsters Local Unions and all participating employers. The Plan is subject to the provisions of the Employer Retirement Income Security Act of 1974 (ERISA), as amended.
- (B) **Benefits:** The Plan provides hospital, medical, death and accidental death and dismemberment, dental care, prescription drug, vision care, mental health and chemical dependency, and long-term disability benefits to active participants on whose behalf employers contribute to the Plan in accordance with their collective bargaining agreement to provide specified benefits. Dependents of eligible active participants are also eligible for certain specified benefits. Retired employees, covered under the Plan eligibility rules for retired employees and their dependents, are eligible for limited benefits under the Plan.

Benefits are provided either by a self-insured indemnity plan and or by insured plans provided by health providers for which the Plan pays monthly premiums. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

- (C) **Benefit & Eligibility:** A member's eligibility ends at the end of the first month after the month of final contributions are received. The eligibility of a disabled member will end at the end of three months from the month of the final contributions.
- (D) **Contributions:** All contributions for actives, reserves and retirees are received from employers. The COBRA members send their own contributions to the Trust. The monthly contribution rates vary depending upon the level of benefits chosen.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- (A) **Basis of Accounting and Use of Estimates:** The accompanying financial statements have been prepared using the accrual basis of the accounting. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent liabilities. Actual results could differ from those estimates.
- (B) **Contributions:** Employer contributions are contributions by employers on behalf of employees for months worked during the year. Employer contributions receivable is estimated based on contributions received subsequent to the end of the year. Contributions paid in advance, including net overpayments, are deferred to the period earned and included in deferred contributions. Participant self-payments are contributions from employees and retirees earned in the period eligibility for benefit coverage is provided. Payments received during the year for coverage to be provided subsequent to the end of year are deferred to the period earned and included in deferred contributions.

TEAMSTERS MISCELLANEOUS SECURITY FUND
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

- (C) ***Investment Valuation and Income Recognition:*** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer liability in an orderly transaction between market participants at the measurement date (Note 5).

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held during the year.

- (D) ***Premiums and Claims:*** Benefits reported are premiums paid during the year, net of any refunds received, and the benefit claims paid during the year under the indemnity plan, net of refunds received.

- (E) ***Provisions for Incurred but not Reported Claims and for Accumulated Eligibility Benefits:*** Plan obligations at May 31, 2025 for claims incurred for medical, dental and prescriptions but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Under the provisions of the contract to provide the benefits, employees' benefits for prescriptions, medical and dental cease at the end of the first month after their employment terminates. Consequently, a provision is also made for accumulated eligibility benefits to cover the one month of continuing benefits beyond the date the employees are terminated.

Additional benefits are provided to participants who are on a long term disability and these include extended coverage for three months of prescription and additional month of medical and dental benefits.

- (F) ***Postretirement Benefits:*** The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to participants service rendered to May 31, 2025, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants.

Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated participants and their beneficiaries and dependents and (2) active participants and their beneficiaries and dependents after retirement from service with participating employers. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

The actuarial present values of the expected postretirement benefit obligations were determined by Plan's actuary and are the amounts that result from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

TEAMSTERS MISCELLANEOUS SECURITY FUND
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

(F) Postretirement Benefits - Continued

The following significant assumptions are used in the valuations as of May 31, 2025 and 2024:

Actuarial Cost Method: Projected Unit Credit

Discount Rate: 5.60% (5.35% in May 31, 2024)

Average retirement age: 47.3 for Active Participants and 73.9 for Retirees.

Post-retirement Mortality: Pri-2010 Healthy Annuitant Mortality, projected.

Pre-retirement Mortality: Pri-2010 Employee Mortality, projected.

Withdrawal Rates: based on years of service.

Administrative Expenses: \$47.23 per retiree per month.

For measurement purposes, annual rate of increase in the per capita cost of covered health care benefits was assumed at 6.25% (7.25% in May 31, 2024) decreasing to 5.00% in the year 2027.

The weighted-average health care cost trend rate assumptions have a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by 1% per year, this would increase obligation at May 31, 2025 and 2024 by \$52,629,775 and \$49,771,648, respectively.

The foregoing assumptions are based on the presumption that the Plan will continue unchanged. Were the Plan to terminate or amended, different actuarial assumptions, methods and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

The costs of the postretirement benefit plan are shared by the Plan's participating employers and retirees. In addition to deductibles and co-payments, retirees on average pay 26% of the estimated cost of postretirement benefits in the years ended May 31, 2025 and May 31, 2024, respectively.

(G) Deficiency of Net Assets Available For Benefits Over Benefit Obligations: It is expected that any deficiencies in the net assets available for benefits over benefit obligations will be funded through future increases in the collectively bargained contribution rates and or through cost reductions.

The Plan's deficiencies of net assets available for benefits over benefit obligations of \$48,547,195 and \$76,244,509 at May 31, 2025 and 2024 respectively, relate primarily to the postretirement benefit obligations, the funding of which has not been covered by the contribution rates provided by the bargaining agreements. The calculation and reporting of the postretirement benefit obligations does not imply that there is any legal liability to provide the benefits valued, nor is there any implication that the Plan is required to implement a funding policy to satisfy the projected expense.

TEAMSTERS MISCELLANEOUS SECURITY FUND
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

- (H) **Employer Payroll Compliance Audit Program:** Employer remittance reports are accepted as submitted, without examination or verification of employer's payroll records. As part of the internal control procedures set up to ensure employers are complying with the Collective Bargaining Agreement, employer payroll audit program has been established and regular audits are conducted to ensure employer remittance reports are properly and timely remitted in accordance with the rates established by the Collective Bargaining Agreement. This payroll audit program is administered by Northwest Administrators, Inc.
- (I) **Claims Auditing Program:** A program of auditing benefit payments, on a sample basis, is being conducted by the Plan's independent auditors under a separate, continuing claims auditing engagement.
- (J) **Tax-Exempt Status:** The Trust established under the Plan to hold the Plan's assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code, and accordingly, no provision for federal or state income tax is made and the Trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the Plan Sponsor believes that the Plan continues to qualify and to operate as designed.
- (K) **Subsequent Events:** Management has evaluated subsequent events through January 9, 2026, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

NOTE 3 - CONCENTRATIONS OF CREDIT RISK

Financial instruments that potentially subject the Plan to concentrations of credit risk consist principally of cash and cash equivalents. Risk associated with cash and cash equivalents are mitigated by banking with credit worthy institutions. Such balances with any one institution may, at times, be in excess of amount insured by Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per financial institutions. The Plan has not experienced any losses in such account and believes it is not exposed to any significant credit risk. At May 31, 2025, as shown on Note 4, the Plan's cash balance in two bank accounts was in excess of the insured amount by FDIC.

NOTE 4 - CASH

	May 31,	
	2025	2024
Union Bank of California		
Operating	\$ 42,296,236	\$ 32,420,665
Lockbox	3,270,734	2,054,889
Medical	(192,238)	(704,156)
TOTAL	\$ 45,374,732	\$ 33,771,398

TEAMSTERS MISCELLANEOUS SECURITY FUND
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024

NOTE 5 - FAIR VALUE MEASUREMENT

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 31, 2025 and 2024.

U.S. Government Securities

and Corporate Bonds:

Valued using pricing models maximizing the use of observable inputs similar securities

Certificates of deposit:

Valued at fair earnings a fixed rate of interest ranging from 0.40% to 5.10%.

Assets at Fair Value as of May 31, 2025				
Description	Level 1	Level 2	Level 3	Total
U.S. Government Securities	\$ 253,152,073	\$ -	\$ -	\$ 253,152,073
Time Certificates of Deposit	-	13,337,953	-	13,337,953
Corporate Bonds	-	12,468,020	-	12,468,020
Short-term Money Funds	-	176,661	-	176,661
Total assets at fair value	\$ 253,152,073	\$ 25,982,634	\$ -	\$ 279,134,707

Assets at Fair Value as of May 31, 2024				
Description	Level 1	Level 2	Level 3	Total
U.S. Government Securities	\$ 209,700,951	\$ -	\$ -	\$ 209,700,951
Time Certificates of Deposit	-	33,160,702	-	33,160,702
Corporate Bonds	-	14,551,580	-	14,551,580
Short-term Money Funds	-	320,028	-	320,028
Total assets at fair value	\$ 209,700,951	\$ 48,032,310	\$ -	\$ 257,733,261

TEAMSTERS MISCELLANEOUS SECURITY FUND
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024

NOTE 6 - INVESTMENT INCOME AND EXPENSES

Investment income consists of the following:

	May 31,	
	2025	2024
Interest and dividend income	\$ 5,806,352	\$ 5,230,125
Realized gain (loss) in sale of investments	-	-
Unrealized appreciation(depreciation) in aggregate fair value of investments	10,757,170	2,840,059
Total investment income (loss)	16,563,522	8,070,184
Less: Investment fees	(225,046)	(210,302)
NET INVESTMENT INCOME	\$ 16,338,476	\$ 7,859,882

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	May 31,	
	2025	2024
Net assets available for benefits per the financial statements	\$ 328,983,171	\$ 295,448,207
Less: Premiums and claims payable	(21,717,445)	(19,950,088)
Net assets available for benefits per Form 5500	\$ 307,265,726	\$ 275,498,119

The following is a reconciliation of insurance premiums paid for participants per the following statements to the Form 5500:

	May 31,	
	2025	2024
Benefits paid per the financial statements	\$ 258,143,421	\$ 233,190,737
Add: Benefit obligations other than postretirement benefit obligation, current year	21,717,445	19,950,088
Less: Benefit obligations other than postretirement benefit obligation, prior year	(19,950,088)	(20,084,142)
Benefits paid to participants per Form 5500	\$ 259,910,778	\$ 233,056,683

NOTE 8 - OTHER INCOME

	May 31,	
	2025	2024
Liquidated Damages	\$ 210,615	\$ 168,459
Wellness Program	39,227	183,722
Performance Guarantee Penalty from Health Providers	-	7,321
TOTAL OTHER INCOME	\$ 249,842	\$ 359,502

TEAMSTERS MISCELLANEOUS SECURITY FUND
NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024

NOTE 9 - RISK AND UNCERTAINTIES

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

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

NOTE 10 - PARTIES IN INTEREST

The Plan has contracted for administrative and claims processing services with Northwest Administrators, Inc. The Plan paid fees to them for these services. The Plan also contracts with investment managers, consultants, attorneys, actuaries, auditors, and others to provide services to the plan. These are all considered to be parties in interest. None of the transactions between the Plan and these parties in interest were considered to be prohibited transactions under ERISA.

NOTE 11 - TERMINATION OF THE PLAN

Although it has not expressed any intention to do so, the Trust has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Trust or be used for purposes other than for the exclusive benefit of the Plan's participants.

SUPPLEMENTAL INFORMATION

TEAMSTERS MISCELLANEOUS SECURITY FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENTS
E.I.N. 95-6060502; PLAN NO. 508
FOR THE YEAR ENDED MAY 31, 2025

	Face Value	Maturity Date	Rate (%)	Cost	Market Value
<u>Certificates of Deposit</u>					
Medallion Bank UT		06/09/25	3.050	\$ 249,000	\$ 248,888
Peoples Bank KS		06/24/25	0.600	249,000	248,375
Toyota Financial Savings Bank NV		06/30/25	0.800	200,084	199,392
Bank of Baroda NY		07/22/25	0.650	248,070	246,648
Morgan Stanley Bank NA UT		08/04/25	3.450	245,000	244,549
Stoneham Bank A Coop Bank MA		08/04/25	5.000	246,000	246,268
West Plains Bank & Trust MO		08/04/25	5.000	243,000	243,253
East Boston Savings Bank MA		08/12/25	0.450	249,000	247,010
Sallie Mae Bank UT		08/25/25	3.350	244,816	244,383
Bank Hapoalim BM NY		09/15/25	0.450	200,597	212,512
Western State Bank ND		09/17/25	0.600	249,000	246,164
Guthrie County State Bank IA		09/29/25	4.000	247,000	246,706
American B&T Inc KY		10/21/25	4.350	244,000	243,917
Queensborough National B&T GA		10/21/25	4.250	249,000	248,888
Forbright Bank MD		10/24/25	4.250	249,000	248,888
City National Bank CA		11/10/25	4.850	243,000	243,571
CFBank OH		12/26/25	0.500	249,000	243,609
BankUnited NA FL		01/22/26	0.550	249,000	243,019
Southern Bank GA		01/28/26	4.250	244,000	243,812
Texas Bank TX		01/28/26	0.450	209,000	203,714
Crown Bank NJ		02/11/26	0.400	249,000	242,272
Rollstone Bank & Trust MA		02/18/26	0.450	249,000	242,170
CFG Community Bank, MD		03/03/26	0.400	249,000	241,657
Home Savings Bank KS		03/19/26	0.600	249,000	241,642
Amerant Bank NA FL		03/23/26	5.000	243,000	244,174
Nelnet Bank UT		04/15/26	0.700	249,000	241,246
Israel Discount Bank of NY		06/12/26	5.050	243,000	244,769
Gate City Bank ND		06/15/26	4.600	244,000	244,688
Valley National Bank NJ		06/22/26	5.050	243,000	244,891
Empire State Bank NA NY		07/13/26	0.900	248,000	238,993
Synchrony Bank UT		08/13/26	0.900	248,000	238,251
Finwise Bank UT		09/16/26	0.800	248,000	237,227
Citibank NA SD		09/29/26	5.100	243,000	245,510
Haven Savings Bank NJ		10/06/26	5.100	243,000	245,593
VCC Bank VA		10/14/26	4.250	248,000	247,990
Citizens Savings Bank IA		11/17/26	0.800	248,000	235,937
Metropolitan Capital Bank & Trust IL		11/18/26	0.550	213,000	201,930
First Premier Bank SD		12/11/26	4.650	244,000	245,564
First National Bank of America MI		12/15/26	0.500	249,000	235,178
Killbuck Savings Bank OH		03/01/27	4.100	244,000	243,707

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TEAMSTERS MISCELLANEOUS SECURITY FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENTS
E.I.N. 95-6060502; PLAN NO. 508
FOR THE YEAR ENDED MAY 31, 2025

	Face Value	Maturity Date	Rate (%)	Cost	Market Value
LCA Bank Corp UT		03/18/27	4.750	\$ 244,000	\$ 246,255
BMW Bank of North America UT		09/15/27	4.700	244,000	246,774
Star Bank MN		09/29/27	4.700	244,000	246,823
Texas Bank TX		01/27/28	1.650	247,000	233,469
Blue Ridge Bank NA VA		02/28/28	4.200	244,000	244,273
Enterprise Bank PA		03/03/28	4.350	244,000	245,132
BMO Harris Bank NA IL		06/09/28	1.250	244,828	224,844
BNY Mellon NA PA		09/14/28	4.500	244,000	246,250
Commercial Savings Bank IA		09/22/28	4.550	244,000	246,621
Cross River Bank NJ		09/26/28	4.650	244,000	247,370
Morgan Stanley Private Bank NA NY		11/08/28	5.050	243,000	249,471
Pony Express Bank MO		02/23/29	0.900	213,925	190,548
JP Morgan Chase Bank NA OH		03/29/29	1.200	248,000	221,605
Merchants Bank ND		04/30/30	1.600	218,385	218,153
State Bank of India NY		03/25/31	1.800	247,000	222,851
State Bank of Bottineau ND		12/30/31	1.550	248,000	210,559
Total Certificates of Deposit				\$ 13,562,705	\$ 13,337,953
<u>U.S. Government Securities</u>					
United States Treas Bill	6,000,000	06/10/25		\$ 5,923,608	\$ 5,994,420
United States Treas Bill	2,446,000	06/20/25		2,420,097	2,440,814
Federal Home Loan Mortgage Corp	1,000,000	06/27/25	3.050	1,000,000	999,020
Federal Home Loan Bank Bond	1,000,000	06/30/25	3.500	1,000,000	999,290
United States Treas Bill	5,000,000	07/10/25		4,914,694	4,977,700
Federal Home Loan Bank Bond	1,000,000	07/11/25	4.000	1,000,000	999,500
United States Treas Bill	8,700,000	07/15/25		8,610,095	8,656,152
United States Treas Bill	8,000,000	07/15/25		7,889,728	7,959,760
United States Treas Bill	600,000	07/17/25		590,708	596,832
Federal Home Loan Mortgage Corp	1,000,000	07/23/25	0.500	1,000,000	994,470
Federal Home Loan Mortgage Corp	3,235,000	08/12/25	0.600	3,235,000	3,210,835
Federal National Mortgage Assn.	9,000,000	08/18/25	0.520	9,000,000	8,928,270
United States Treas Bill	6,000,000	09/09/25		5,920,947	5,930,280
Federal Home Loan Bank Bond	7,000,000	09/29/25	0.570	7,000,000	6,911,590
Federal Home Loan Bank Bond	1,000,000	10/21/25	3.000	1,000,000	994,370
Federal Home Loan Bank Bond	2,000,000	10/27/25	5.000	2,000,000	2,005,180
United States Treas Bill	14,000,000	10/30/25		13,427,928	13,755,840
United States Treas Note	2,000,000	11/15/25	4.500	1,985,813	2,001,060
Federal Home Loan Bank Bond	1,000,000	11/17/25	3.050	1,000,000	993,550
United States Treas Bill	15,000,000	11/28/25		14,397,637	14,689,050
United States Treas Bill	10,947,000	12/26/25		10,669,713	10,688,651
Federal National Mortgage Assn.	2,750,000	12/30/25	0.640	2,756,380	2,693,570
Federal Farm Credit Bank Bond	550,000	01/13/26	1.400	518,375	540,524

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TEAMSTERS MISCELLANEOUS SECURITY FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENTS
E.I.N. 95-6060502; PLAN NO. 508
FOR THE YEAR ENDED MAY 31, 2025

	Face Value	Maturity Date	Rate (%)	Cost	Market Value
Federal Home Loan Bank Bond	630,000	02/12/26	0.600	\$ 583,222	\$ 614,080
Federal Home Loan Mortgage Corp	1,000,000	02/12/26	0.700	911,500	975,630
Federal Home Loan Bank Bond	1,000,000	02/24/26	0.680	929,846	972,720
Federal Home Loan Bank Bond	1,000,000	02/25/26	4.100	1,000,000	997,340
Federal Farm Credit Bank Bond	1,000,000	03/10/26	2.220	1,000,000	984,470
Federal Home Loan Bank Bond	2,000,000	03/13/26	0.500	1,984,198	1,943,940
Federal Home Loan Bank Bond	1,000,000	03/30/26	0.860	902,400	972,110
Federal Home Loan Bank Bond	1,000,000	04/14/26	2.800	1,000,000	987,290
Federal Home Loan Bank Bond	1,000,000	04/20/26	1.050	933,000	972,180
Federal Home Loan Bank Bond	1,000,000	04/28/26	3.125	1,000,000	989,230
Federal Home Loan Bank Bond	500,000	04/29/26	1.000	464,700	485,500
Federal Home Loan Bank Bond	1,500,000	05/26/26	0.940	1,500,000	1,452,600
Federal Farm Credit Bank Bond	1,000,000	06/15/26	0.900	919,500	965,930
Federal Farm Credit Bank Bond	1,000,000	06/22/26	4.400	1,000,000	998,310
Federal National Mortgage Assn.	1,000,000	06/30/26	0.850	909,540	966,150
Federal Farm Credit Bank Bond	1,000,000	07/14/26	0.680	905,500	963,120
Federal Home Loan Mortgage Corp	1,000,000	07/22/26	0.830	894,080	964,050
Federal Home Loan Bank Bond	750,000	07/29/26	0.750	688,500	720,998
Federal Home Loan Bank Bond	1,000,000	07/29/26	1.000	1,000,000	964,100
Federal National Mortgage Assn.	1,000,000	08/19/26	0.650	886,000	959,630
Federal Home Loan Bank Bond	500,000	08/26/26	1.000	458,500	480,935
Federal Home Loan Mortgage Corp	1,000,000	08/28/26	4.000	1,000,000	997,010
Federal Farm Credit Bank Bond	2,000,000	09/08/26	0.870	2,000,000	1,921,220
Federal Home Loan Bank Bond	1,000,000	09/15/26	1.080	921,700	962,110
Federal Home Loan Bank Bond	500,000	09/17/26	1.000	458,750	480,145
Federal Farm Credit Bank Bond	500,000	10/07/26	1.000	457,050	480,155
Federal Home Loan Bank Bond	500,000	10/26/26	1.250	459,500	480,690
Federal Home Loan Mortgage Corp	1,000,000	10/27/26	0.800	899,500	955,560
Federal Home Loan Bank Bond	1,500,000	10/28/26	1.000	1,500,000	1,436,055
Federal Home Loan Bank Bond	1,000,000	11/23/26	1.500	924,000	962,410
Federal Home Loan Bank Bond	1,000,000	11/24/26	1.420	923,500	961,170
Federal Home Loan Bank Bond	1,500,000	11/27/26	1.000	1,500,000	1,432,455
Federal National Mortgage Assn.	1,000,000	12/18/26	0.875	887,000	952,760
Federal Home Loan Bank Bond	1,100,000	12/21/26	1.250	1,010,900	1,055,373
Federal Farm Credit Bank Bond	1,000,000	12/28/26	1.370	1,000,000	959,450
Federal Home Loan Bank Bond	1,500,000	01/28/27	1.000	1,500,000	1,425,765
Federal Home Loan Bank Bond	2,000,000	02/10/27	0.830	1,733,500	1,893,960
Federal Home Loan Bank Bond	1,000,000	02/26/27	0.900	878,567	946,800
Federal Home Loan Bank Bond	1,000,000	02/26/27	0.920	876,879	947,340
Federal Farm Credit Bank Bond	3,000,000	03/30/27	1.300	2,892,000	2,855,550
Federal Farm Credit Bank Bond	1,000,000	04/27/27	0.980	880,000	942,890

TEAMSTERS MISCELLANEOUS SECURITY FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENTS
E.I.N. 95-6060502; PLAN NO. 508
FOR THE YEAR ENDED MAY 31, 2025

	Face Value	Maturity Date	Rate (%)	Cost	Market Value
Federal Farm Credit Bank Bond	2,000,000	04/28/27	1.200	\$ 2,000,000	\$ 1,896,120
Federal Home Loan Bank Bond	1,000,000	04/29/27	1.350	901,120	948,740
Federal Farm Credit Bank Bond	1,900,000	05/18/27	1.000	1,714,750	1,791,453
Federal Home Loan Bank Bond	1,900,000	05/20/27	4.600	1,900,000	1,899,354
Federal Home Loan Bank Bond	1,500,000	05/27/27	1.375	1,500,000	1,426,155
Federal Home Loan Bank Bond	2,000,000	06/04/27	1.070	1,802,000	1,883,600
Federal Home Loan Bank Bond	1,000,000	06/17/27	1.000	870,500	941,060
Federal Home Loan Mortgage Corp	1,000,000	06/30/27	4.500	1,000,000	1,000,370
Federal Home Loan Bank Bond	1,000,000	07/27/27	4.000	1,000,000	994,610
Federal Home Loan Bank Bond	900,000	07/29/27	1.250	814,230	849,771
Federal Farm Credit Bank Bond	1,900,000	08/19/27	0.900	1,696,700	1,775,094
Federal Farm Credit Bank Bond	1,100,000	09/21/27	0.750	962,500	1,021,317
Federal Home Loan Bank Bond	2,000,000	09/28/27	1.000	2,000,000	1,869,420
Federal National Mortgage Assn.	2,000,000	10/08/27	0.750	1,954,920	1,859,160
Federal Farm Credit Bank Bond	1,000,000	10/14/27	1.150	860,500	934,940
Federal Home Loan Bank Bond	1,000,000	10/29/27	0.800	847,500	925,110
Federal Farm Credit Bank Bond	2,000,000	12/07/27	1.540	2,000,000	1,880,540
Federal Home Loan Bank Bond	500,000	01/28/28	1.250	444,000	465,755
Federal Home Loan Bank Bond	1,750,000	02/25/28	1.000	1,539,125	1,614,742
Federal Home Loan Bank Bond	1,000,000	02/25/28	1.125	887,000	925,910
Federal Home Loan Bank Bond	1,000,000	02/25/28	1.150	853,500	926,510
Federal Farm Credit Bank Bond	2,000,000	03/10/28	1.400	2,000,000	1,863,480
Federal Farm Credit Bank Bond	2,000,000	03/23/28	1.500	1,999,000	1,861,280
Federal Farm Credit Bank	1,000,000	04/05/28	1.570	1,000,000	935,140
Federal Farm Credit Bank Bond	4,000,000	04/26/28	1.230	4,000,000	3,696,640
Federal Farm Credit Bank Bond	1,000,000	04/27/28	3.740	1,000,000	988,470
Federal Home Loan Bank Bond	1,000,000	05/26/28	1.500	879,730	930,610
United States Treas Bill	3,000,000	05/31/28	1.250	2,644,687	2,779,560
Federal Home Loan Mortgage Corp	914,000	06/02/28	1.000	775,961	836,557
Federal Home Loan Bank Bond	1,900,000	06/30/28	4.000	1,886,225	1,904,199
Federal Farm Credit Bank Bond	1,500,000	07/21/28	1.220	1,500,000	1,377,105
Federal Home Loan Bank Bond	4,000,000	08/04/28	1.300	4,000,000	3,680,120
Federal Home Loan Bank Bond	1,000,000	09/07/28	1.200	854,000	914,280
Federal Home Loan Bank Bond	615,000	09/08/28	1.375	542,307	566,618
Federal Farm Credit Bank Bond	1,000,000	09/29/28	4.125	982,500	1,004,890
Federal Home Loan Bank Bond	1,500,000	11/24/28	2.000	1,500,000	1,402,860
Federal Home Loan Bank Bond	1,000,000	11/24/28	1.650	856,500	923,730
Federal Home Loan Mortgage Corp	1,000,000	11/24/28	1.020	830,300	903,320
Federal Farm Credit Bank Bond	1,000,000	12/01/28	1.030	847,060	903,140
Federal Home Loan Bank Bond	1,000,000	01/25/29	1.050	863,000	898,380
Federal Home Loan Bank Bond	1,000,000	02/12/29	4.750	1,000,000	999,360
Federal Home Loan Mortgage Corp	1,000,000	02/12/29	1.020	857,500	892,910

David Brody & Co.

TEAMSTERS MISCELLANEOUS SECURITY FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENTS
E.I.N. 95-6060502; PLAN NO. 508
FOR THE YEAR ENDED MAY 31, 2025

	Face Value	Maturity Date	Rate (%)		Cost	Market Value
Federal Farm Credit Bank Bond	2,000,000	02/16/29	1.140	\$	1,965,208	\$ 1,793,400
Federal Farm Credit Bank Bond	1,000,000	03/15/29	1.550		873,610	910,470
Federal Farm Credit Bank Bond	1,000,000	03/20/29	1.370		871,100	902,270
Federal Farm Credit Bank Bond	2,000,000	03/21/29	2.870		2,000,000	1,909,260
Federal Farm Credit Bank Bond	2,000,000	04/05/29	1.730		2,000,000	1,831,180
Federal Farm Credit Bank Bond	1,000,000	04/11/29	3.380		1,000,000	970,120
Federal Farm Credit Bank Bond	2,000,000	04/26/29	1.400		2,000,000	1,812,240
Federal Farm Credit Bank Bond	500,000	05/17/29	4.050		500,000	493,970
Federal Farm Credit Bank Bond	1,500,000	06/01/29	1.580		1,500,000	1,360,500
Federal Farm Credit Bank Bond	1,100,000	09/10/29	1.230		881,510	974,336
Federal Farm Credit Bank Bond	2,000,000	09/21/29	1.230		2,000,000	1,776,800
Federal Farm Credit Bank Bond	1,000,000	10/24/29	4.375		994,500	1,011,510
Federal Farm Credit Bank Bond	1,000,000	12/17/29	1.470		987,320	889,050
Federal Home Loan Bank Bond	1,000,000	02/22/30	1.430		791,500	883,090
Federal Farm Credit Bank Bond	1,500,000	03/28/30	1.850		1,500,000	1,345,755
Federal Farm Credit Bank Bond	1,500,000	06/03/30	1.740		1,500,000	1,333,230
Federal Farm Credit Bank Bond	1,300,000	07/15/30	1.600		1,300,000	1,144,117
Federal Farm Credit Bank Bond	2,000,000	07/26/30	1.550		2,000,000	1,754,300
Federal National Mortgage Assn.	3,000,000	08/05/30	0.875		2,660,118	2,562,870
Federal Farm Credit Bank Bond	1,000,000	09/03/30	1.530		1,000,000	874,010
Federal Farm Credit Bank Bond	1,000,000	09/09/30	1.320		988,250	860,820
Federal Farm Credit Bank Bond	1,000,000	12/30/30	2.000		1,000,000	887,790
Federal Home Loan Bank	2,875,000	03/14/31	1.500		2,855,848	2,486,156
Federal Farm Credit Bank Bond	2,150,000	04/01/31	2.020		2,147,850	1,891,140
Federal Home Loan Bank Bond	2,000,000	05/12/31	2.050		2,000,000	1,760,020
Federal Home Loan Bank Bond	1,250,000	07/08/31	1.500		1,250,000	1,093,225
Federal Farm Credit Bank Bond	2,000,000	08/18/31	1.850		2,000,000	1,731,360
Federal Farm Credit Bank Bond	2,000,000	09/02/31	1.730		2,000,000	1,712,900
Federal Farm Credit Bank Bond	1,500,000	10/27/31	1.840		1,500,000	1,289,205
Federal Farm Credit Bank Bond	1,000,000	10/27/31	1.980		1,000,000	867,210
Federal Home Loan Bank Bond	1,000,000	11/26/31	2.100		1,000,000	870,020
Federal Farm Credit Bank Bond	2,000,000	12/01/31	2.040		1,995,000	1,737,460
Total U.S. Government Securities					\$ 256,262,984	\$ 253,152,073
<u>Corporate Bonds</u>						
Adobe Inc	1,000,000	02/01/27	2.150	\$	995,810	\$ 968,070
Chevron USA Inc	1,000,000	08/12/27	1.018		990,700	935,410
Visa Inc	1,000,000	08/15/27	0.750		984,790	933,100
Emerson Elec Co	1,000,000	10/15/27	1.800		959,560	947,000
Exxon Mobil Corp	1,000,000	08/16/29	2.440		1,029,907	933,890
Costco Wholesale Corp	1,000,000	04/20/30	1.600		856,550	882,570
Alphabet Inc	1,000,000	08/15/30	1.100		961,690	854,050
Automatic Data Processing Inc	1,000,000	09/01/30	1.250		969,400	857,640

David Brody & Co.

TEAMSTERS MISCELLANEOUS SECURITY FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENTS
E.I.N. 95-6060502; PLAN NO. 508
FOR THE YEAR ENDED MAY 31, 2025

	Face Value	Maturity Date	Rate (%)	Cost	Market Value
Johnson & Johnson	1,000,000	09/01/30	1.300	\$ 984,580	\$ 860,100
Berkshire Hathaway Fin Corp GTD	1,000,000	10/15/30	1.450	986,000	867,300
Procter & Gamble Co	1,000,000	10/29/30	1.200	966,830	853,640
Baylor Scott & White Holdings	1,000,000	11/15/30	1.777	994,690	856,280
Apple Inc	1,000,000	08/05/31	1.700	999,100	858,410
Walmart Inc	1,000,000	09/22/31	1.800	1,003,574	860,560
Total Corporate Bonds				\$ 13,683,181	\$ 12,468,020
Total Certificate of Deposits				\$ 13,562,705	\$ 13,337,953
Total U.S. Government Securities				\$ 256,262,984	\$ 253,152,073
Cash and Money Funds				\$ 176,661	\$ 176,661
TOTAL ASSETS HELD FOR INVESTMENTS				\$ 283,685,531	\$ 279,134,707

**TEAMSTERS MISCELLANEOUS SECURITY FUND
FORM 5500
SCHEDULE H, LINE 4j - TRANSACTIONS OR SERIES OF TRANSACTIONS IN EXCESS
OF 5% OF THE CURRENT VALUE OF PLAN ASSETS
E.I.N. 95-6060502; PLAN NO. 508
FOR THE YEAR ENDED MAY 31, 2025**

There were no category (i), (ii), (iii) or (iv) reportable transactions during fiscal year 2025.

TEAMSTERS MISCELLANEOUS SECURITY FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENTS
E.I.N. 95-6060502; PLAN NO. 508
FOR THE YEAR ENDED MAY 31, 2025

	Face Value	Maturity Date	Rate (%)	Cost	Market Value
<u>Certificates of Deposit</u>					
Medallion Bank UT		06/09/25	3.050	\$ 249,000	\$ 248,888
Peoples Bank KS		06/24/25	0.600	249,000	248,375
Toyota Financial Savings Bank NV		06/30/25	0.800	200,084	199,392
Bank of Baroda NY		07/22/25	0.650	248,070	246,648
Morgan Stanley Bank NA UT		08/04/25	3.450	245,000	244,549
Stoneham Bank A Coop Bank MA		08/04/25	5.000	246,000	246,268
West Plains Bank & Trust MO		08/04/25	5.000	243,000	243,253
East Boston Savings Bank MA		08/12/25	0.450	249,000	247,010
Sallie Mae Bank UT		08/25/25	3.350	244,816	244,383
Bank Hapoalim BM NY		09/15/25	0.450	200,597	212,512
Western State Bank ND		09/17/25	0.600	249,000	246,164
Guthrie County State Bank IA		09/29/25	4.000	247,000	246,706
American B&T Inc KY		10/21/25	4.350	244,000	243,917
Queensborough National B&T GA		10/21/25	4.250	249,000	248,888
Forbright Bank MD		10/24/25	4.250	249,000	248,888
City National Bank CA		11/10/25	4.850	243,000	243,571
CFBank OH		12/26/25	0.500	249,000	243,609
BankUnited NA FL		01/22/26	0.550	249,000	243,019
Southern Bank GA		01/28/26	4.250	244,000	243,812
Texas Bank TX		01/28/26	0.450	209,000	203,714
Crown Bank NJ		02/11/26	0.400	249,000	242,272
Rollstone Bank & Trust MA		02/18/26	0.450	249,000	242,170
CFG Community Bank, MD		03/03/26	0.400	249,000	241,657
Home Savings Bank KS		03/19/26	0.600	249,000	241,642
Amerant Bank NA FL		03/23/26	5.000	243,000	244,174
Nelnet Bank UT		04/15/26	0.700	249,000	241,246
Israel Discount Bank of NY		06/12/26	5.050	243,000	244,769
Gate City Bank ND		06/15/26	4.600	244,000	244,688
Valley National Bank NJ		06/22/26	5.050	243,000	244,891
Empire State Bank NA NY		07/13/26	0.900	248,000	238,993
Synchrony Bank UT		08/13/26	0.900	248,000	238,251
Finwise Bank UT		09/16/26	0.800	248,000	237,227
Citibank NA SD		09/29/26	5.100	243,000	245,510
Haven Savings Bank NJ		10/06/26	5.100	243,000	245,593
VCC Bank VA		10/14/26	4.250	248,000	247,990
Citizens Savings Bank IA		11/17/26	0.800	248,000	235,937
Metropolitan Capital Bank & Trust IL		11/18/26	0.550	213,000	201,930
First Premier Bank SD		12/11/26	4.650	244,000	245,564
First National Bank of America MI		12/15/26	0.500	249,000	235,178
Killbuck Savings Bank OH		03/01/27	4.100	244,000	243,707

David Brody & Co.

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FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENTS
E.I.N. 95-6060502; PLAN NO. 508
FOR THE YEAR ENDED MAY 31, 2025

	Face Value	Maturity Date	Rate (%)	Cost	Market Value
LCA Bank Corp UT		03/18/27	4.750	\$ 244,000	\$ 246,255
BMW Bank of North America UT		09/15/27	4.700	244,000	246,774
Star Bank MN		09/29/27	4.700	244,000	246,823
Texas Bank TX		01/27/28	1.650	247,000	233,469
Blue Ridge Bank NA VA		02/28/28	4.200	244,000	244,273
Enterprise Bank PA		03/03/28	4.350	244,000	245,132
BMO Harris Bank NA IL		06/09/28	1.250	244,828	224,844
BNY Mellon NA PA		09/14/28	4.500	244,000	246,250
Commercial Savings Bank IA		09/22/28	4.550	244,000	246,621
Cross River Bank NJ		09/26/28	4.650	244,000	247,370
Morgan Stanley Private Bank NA NY		11/08/28	5.050	243,000	249,471
Pony Express Bank MO		02/23/29	0.900	213,925	190,548
JP Morgan Chase Bank NA OH		03/29/29	1.200	248,000	221,605
Merchants Bank ND		04/30/30	1.600	218,385	218,153
State Bank of India NY		03/25/31	1.800	247,000	222,851
State Bank of Bottineau ND		12/30/31	1.550	248,000	210,559
Total Certificates of Deposit				\$ 13,562,705	\$ 13,337,953
<u>U.S. Government Securities</u>					
United States Treas Bill	6,000,000	06/10/25		\$ 5,923,608	\$ 5,994,420
United States Treas Bill	2,446,000	06/20/25		2,420,097	2,440,814
Federal Home Loan Mortgage Corp	1,000,000	06/27/25	3.050	1,000,000	999,020
Federal Home Loan Bank Bond	1,000,000	06/30/25	3.500	1,000,000	999,290
United States Treas Bill	5,000,000	07/10/25		4,914,694	4,977,700
Federal Home Loan Bank Bond	1,000,000	07/11/25	4.000	1,000,000	999,500
United States Treas Bill	8,700,000	07/15/25		8,610,095	8,656,152
United States Treas Bill	8,000,000	07/15/25		7,889,728	7,959,760
United States Treas Bill	600,000	07/17/25		590,708	596,832
Federal Home Loan Mortgage Corp	1,000,000	07/23/25	0.500	1,000,000	994,470
Federal Home Loan Mortgage Corp	3,235,000	08/12/25	0.600	3,235,000	3,210,835
Federal National Mortgage Assn.	9,000,000	08/18/25	0.520	9,000,000	8,928,270
United States Treas Bill	6,000,000	09/09/25		5,920,947	5,930,280
Federal Home Loan Bank Bond	7,000,000	09/29/25	0.570	7,000,000	6,911,590
Federal Home Loan Bank Bond	1,000,000	10/21/25	3.000	1,000,000	994,370
Federal Home Loan Bank Bond	2,000,000	10/27/25	5.000	2,000,000	2,005,180
United States Treas Bill	14,000,000	10/30/25		13,427,928	13,755,840
United States Treas Note	2,000,000	11/15/25	4.500	1,985,813	2,001,060
Federal Home Loan Bank Bond	1,000,000	11/17/25	3.050	1,000,000	993,550
United States Treas Bill	15,000,000	11/28/25		14,397,637	14,689,050
United States Treas Bill	10,947,000	12/26/25		10,669,713	10,688,651
Federal National Mortgage Assn.	2,750,000	12/30/25	0.640	2,756,380	2,693,570
Federal Farm Credit Bank Bond	550,000	01/13/26	1.400	518,375	540,524

David Brody & Co.

TEAMSTERS MISCELLANEOUS SECURITY FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENTS
E.I.N. 95-6060502; PLAN NO. 508
FOR THE YEAR ENDED MAY 31, 2025

	Face Value	Maturity Date	Rate (%)	Cost	Market Value
Federal Home Loan Bank Bond	630,000	02/12/26	0.600	\$ 583,222	\$ 614,080
Federal Home Loan Mortgage Corp	1,000,000	02/12/26	0.700	911,500	975,630
Federal Home Loan Bank Bond	1,000,000	02/24/26	0.680	929,846	972,720
Federal Home Loan Bank Bond	1,000,000	02/25/26	4.100	1,000,000	997,340
Federal Farm Credit Bank Bond	1,000,000	03/10/26	2.220	1,000,000	984,470
Federal Home Loan Bank Bond	2,000,000	03/13/26	0.500	1,984,198	1,943,940
Federal Home Loan Bank Bond	1,000,000	03/30/26	0.860	902,400	972,110
Federal Home Loan Bank Bond	1,000,000	04/14/26	2.800	1,000,000	987,290
Federal Home Loan Bank Bond	1,000,000	04/20/26	1.050	933,000	972,180
Federal Home Loan Bank Bond	1,000,000	04/28/26	3.125	1,000,000	989,230
Federal Home Loan Bank Bond	500,000	04/29/26	1.000	464,700	485,500
Federal Home Loan Bank Bond	1,500,000	05/26/26	0.940	1,500,000	1,452,600
Federal Farm Credit Bank Bond	1,000,000	06/15/26	0.900	919,500	965,930
Federal Farm Credit Bank Bond	1,000,000	06/22/26	4.400	1,000,000	998,310
Federal National Mortgage Assn.	1,000,000	06/30/26	0.850	909,540	966,150
Federal Farm Credit Bank Bond	1,000,000	07/14/26	0.680	905,500	963,120
Federal Home Loan Mortgage Corp	1,000,000	07/22/26	0.830	894,080	964,050
Federal Home Loan Bank Bond	750,000	07/29/26	0.750	688,500	720,998
Federal Home Loan Bank Bond	1,000,000	07/29/26	1.000	1,000,000	964,100
Federal National Mortgage Assn.	1,000,000	08/19/26	0.650	886,000	959,630
Federal Home Loan Bank Bond	500,000	08/26/26	1.000	458,500	480,935
Federal Home Loan Mortgage Corp	1,000,000	08/28/26	4.000	1,000,000	997,010
Federal Farm Credit Bank Bond	2,000,000	09/08/26	0.870	2,000,000	1,921,220
Federal Home Loan Bank Bond	1,000,000	09/15/26	1.080	921,700	962,110
Federal Home Loan Bank Bond	500,000	09/17/26	1.000	458,750	480,145
Federal Farm Credit Bank Bond	500,000	10/07/26	1.000	457,050	480,155
Federal Home Loan Bank Bond	500,000	10/26/26	1.250	459,500	480,690
Federal Home Loan Mortgage Corp	1,000,000	10/27/26	0.800	899,500	955,560
Federal Home Loan Bank Bond	1,500,000	10/28/26	1.000	1,500,000	1,436,055
Federal Home Loan Bank Bond	1,000,000	11/23/26	1.500	924,000	962,410
Federal Home Loan Bank Bond	1,000,000	11/24/26	1.420	923,500	961,170
Federal Home Loan Bank Bond	1,500,000	11/27/26	1.000	1,500,000	1,432,455
Federal National Mortgage Assn.	1,000,000	12/18/26	0.875	887,000	952,760
Federal Home Loan Bank Bond	1,100,000	12/21/26	1.250	1,010,900	1,055,373
Federal Farm Credit Bank Bond	1,000,000	12/28/26	1.370	1,000,000	959,450
Federal Home Loan Bank Bond	1,500,000	01/28/27	1.000	1,500,000	1,425,765
Federal Home Loan Bank Bond	2,000,000	02/10/27	0.830	1,733,500	1,893,960
Federal Home Loan Bank Bond	1,000,000	02/26/27	0.900	878,567	946,800
Federal Home Loan Bank Bond	1,000,000	02/26/27	0.920	876,879	947,340
Federal Farm Credit Bank Bond	3,000,000	03/30/27	1.300	2,892,000	2,855,550
Federal Farm Credit Bank Bond	1,000,000	04/27/27	0.980	880,000	942,890

TEAMSTERS MISCELLANEOUS SECURITY FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENTS
E.I.N. 95-6060502; PLAN NO. 508
FOR THE YEAR ENDED MAY 31, 2025

	Face Value	Maturity Date	Rate (%)	Cost	Market Value
Federal Farm Credit Bank Bond	2,000,000	04/28/27	1.200	\$ 2,000,000	\$ 1,896,120
Federal Home Loan Bank Bond	1,000,000	04/29/27	1.350	901,120	948,740
Federal Farm Credit Bank Bond	1,900,000	05/18/27	1.000	1,714,750	1,791,453
Federal Home Loan Bank Bond	1,900,000	05/20/27	4.600	1,900,000	1,899,354
Federal Home Loan Bank Bond	1,500,000	05/27/27	1.375	1,500,000	1,426,155
Federal Home Loan Bank Bond	2,000,000	06/04/27	1.070	1,802,000	1,883,600
Federal Home Loan Bank Bond	1,000,000	06/17/27	1.000	870,500	941,060
Federal Home Loan Mortgage Corp	1,000,000	06/30/27	4.500	1,000,000	1,000,370
Federal Home Loan Bank Bond	1,000,000	07/27/27	4.000	1,000,000	994,610
Federal Home Loan Bank Bond	900,000	07/29/27	1.250	814,230	849,771
Federal Farm Credit Bank Bond	1,900,000	08/19/27	0.900	1,696,700	1,775,094
Federal Farm Credit Bank Bond	1,100,000	09/21/27	0.750	962,500	1,021,317
Federal Home Loan Bank Bond	2,000,000	09/28/27	1.000	2,000,000	1,869,420
Federal National Mortgage Assn.	2,000,000	10/08/27	0.750	1,954,920	1,859,160
Federal Farm Credit Bank Bond	1,000,000	10/14/27	1.150	860,500	934,940
Federal Home Loan Bank Bond	1,000,000	10/29/27	0.800	847,500	925,110
Federal Farm Credit Bank Bond	2,000,000	12/07/27	1.540	2,000,000	1,880,540
Federal Home Loan Bank Bond	500,000	01/28/28	1.250	444,000	465,755
Federal Home Loan Bank Bond	1,750,000	02/25/28	1.000	1,539,125	1,614,742
Federal Home Loan Bank Bond	1,000,000	02/25/28	1.125	887,000	925,910
Federal Home Loan Bank Bond	1,000,000	02/25/28	1.150	853,500	926,510
Federal Farm Credit Bank Bond	2,000,000	03/10/28	1.400	2,000,000	1,863,480
Federal Farm Credit Bank Bond	2,000,000	03/23/28	1.500	1,999,000	1,861,280
Federal Farm Credit Bank	1,000,000	04/05/28	1.570	1,000,000	935,140
Federal Farm Credit Bank Bond	4,000,000	04/26/28	1.230	4,000,000	3,696,640
Federal Farm Credit Bank Bond	1,000,000	04/27/28	3.740	1,000,000	988,470
Federal Home Loan Bank Bond	1,000,000	05/26/28	1.500	879,730	930,610
United States Treas Bill	3,000,000	05/31/28	1.250	2,644,687	2,779,560
Federal Home Loan Mortgage Corp	914,000	06/02/28	1.000	775,961	836,557
Federal Home Loan Bank Bond	1,900,000	06/30/28	4.000	1,886,225	1,904,199
Federal Farm Credit Bank Bond	1,500,000	07/21/28	1.220	1,500,000	1,377,105
Federal Home Loan Bank Bond	4,000,000	08/04/28	1.300	4,000,000	3,680,120
Federal Home Loan Bank Bond	1,000,000	09/07/28	1.200	854,000	914,280
Federal Home Loan Bank Bond	615,000	09/08/28	1.375	542,307	566,618
Federal Farm Credit Bank Bond	1,000,000	09/29/28	4.125	982,500	1,004,890
Federal Home Loan Bank Bond	1,500,000	11/24/28	2.000	1,500,000	1,402,860
Federal Home Loan Bank Bond	1,000,000	11/24/28	1.650	856,500	923,730
Federal Home Loan Mortgage Corp	1,000,000	11/24/28	1.020	830,300	903,320
Federal Farm Credit Bank Bond	1,000,000	12/01/28	1.030	847,060	903,140
Federal Home Loan Bank Bond	1,000,000	01/25/29	1.050	863,000	898,380
Federal Home Loan Bank Bond	1,000,000	02/12/29	4.750	1,000,000	999,360
Federal Home Loan Mortgage Corp	1,000,000	02/12/29	1.020	857,500	892,910

David Brody & Co.

TEAMSTERS MISCELLANEOUS SECURITY FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENTS
E.I.N. 95-6060502; PLAN NO. 508
FOR THE YEAR ENDED MAY 31, 2025

	Face Value	Maturity Date	Rate (%)		Cost	Market Value
Federal Farm Credit Bank Bond	2,000,000	02/16/29	1.140	\$	1,965,208	\$ 1,793,400
Federal Farm Credit Bank Bond	1,000,000	03/15/29	1.550		873,610	910,470
Federal Farm Credit Bank Bond	1,000,000	03/20/29	1.370		871,100	902,270
Federal Farm Credit Bank Bond	2,000,000	03/21/29	2.870		2,000,000	1,909,260
Federal Farm Credit Bank Bond	2,000,000	04/05/29	1.730		2,000,000	1,831,180
Federal Farm Credit Bank Bond	1,000,000	04/11/29	3.380		1,000,000	970,120
Federal Farm Credit Bank Bond	2,000,000	04/26/29	1.400		2,000,000	1,812,240
Federal Farm Credit Bank Bond	500,000	05/17/29	4.050		500,000	493,970
Federal Farm Credit Bank Bond	1,500,000	06/01/29	1.580		1,500,000	1,360,500
Federal Farm Credit Bank Bond	1,100,000	09/10/29	1.230		881,510	974,336
Federal Farm Credit Bank Bond	2,000,000	09/21/29	1.230		2,000,000	1,776,800
Federal Farm Credit Bank Bond	1,000,000	10/24/29	4.375		994,500	1,011,510
Federal Farm Credit Bank Bond	1,000,000	12/17/29	1.470		987,320	889,050
Federal Home Loan Bank Bond	1,000,000	02/22/30	1.430		791,500	883,090
Federal Farm Credit Bank Bond	1,500,000	03/28/30	1.850		1,500,000	1,345,755
Federal Farm Credit Bank Bond	1,500,000	06/03/30	1.740		1,500,000	1,333,230
Federal Farm Credit Bank Bond	1,300,000	07/15/30	1.600		1,300,000	1,144,117
Federal Farm Credit Bank Bond	2,000,000	07/26/30	1.550		2,000,000	1,754,300
Federal National Mortgage Assn.	3,000,000	08/05/30	0.875		2,660,118	2,562,870
Federal Farm Credit Bank Bond	1,000,000	09/03/30	1.530		1,000,000	874,010
Federal Farm Credit Bank Bond	1,000,000	09/09/30	1.320		988,250	860,820
Federal Farm Credit Bank Bond	1,000,000	12/30/30	2.000		1,000,000	887,790
Federal Home Loan Bank	2,875,000	03/14/31	1.500		2,855,848	2,486,156
Federal Farm Credit Bank Bond	2,150,000	04/01/31	2.020		2,147,850	1,891,140
Federal Home Loan Bank Bond	2,000,000	05/12/31	2.050		2,000,000	1,760,020
Federal Home Loan Bank Bond	1,250,000	07/08/31	1.500		1,250,000	1,093,225
Federal Farm Credit Bank Bond	2,000,000	08/18/31	1.850		2,000,000	1,731,360
Federal Farm Credit Bank Bond	2,000,000	09/02/31	1.730		2,000,000	1,712,900
Federal Farm Credit Bank Bond	1,500,000	10/27/31	1.840		1,500,000	1,289,205
Federal Farm Credit Bank Bond	1,000,000	10/27/31	1.980		1,000,000	867,210
Federal Home Loan Bank Bond	1,000,000	11/26/31	2.100		1,000,000	870,020
Federal Farm Credit Bank Bond	2,000,000	12/01/31	2.040		1,995,000	1,737,460
Total U.S. Government Securities					\$ 256,262,984	\$ 253,152,073
<u>Corporate Bonds</u>						
Adobe Inc	1,000,000	02/01/27	2.150	\$	995,810	\$ 968,070
Chevron USA Inc	1,000,000	08/12/27	1.018		990,700	935,410
Visa Inc	1,000,000	08/15/27	0.750		984,790	933,100
Emerson Elec Co	1,000,000	10/15/27	1.800		959,560	947,000
Exxon Mobil Corp	1,000,000	08/16/29	2.440		1,029,907	933,890
Costco Wholesale Corp	1,000,000	04/20/30	1.600		856,550	882,570
Alphabet Inc	1,000,000	08/15/30	1.100		961,690	854,050
Automatic Data Processing Inc	1,000,000	09/01/30	1.250		969,400	857,640

David Brody & Co.

TEAMSTERS MISCELLANEOUS SECURITY FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENTS
E.I.N. 95-6060502; PLAN NO. 508
FOR THE YEAR ENDED MAY 31, 2025

	Face Value	Maturity Date	Rate (%)	Cost	Market Value
Johnson & Johnson	1,000,000	09/01/30	1.300	\$ 984,580	\$ 860,100
Berkshire Hathaway Fin Corp GTD	1,000,000	10/15/30	1.450	986,000	867,300
Procter & Gamble Co	1,000,000	10/29/30	1.200	966,830	853,640
Baylor Scott & White Holdings	1,000,000	11/15/30	1.777	994,690	856,280
Apple Inc	1,000,000	08/05/31	1.700	999,100	858,410
Walmart Inc	1,000,000	09/22/31	1.800	1,003,574	860,560
Total Corporate Bonds				\$ 13,683,181	\$ 12,468,020
Total Certificate of Deposits				\$ 13,562,705	\$ 13,337,953
Total U.S. Government Securities				\$ 256,262,984	\$ 253,152,073
Cash and Money Funds				\$ 176,661	\$ 176,661
TOTAL ASSETS HELD FOR INVESTMENTS				\$ 283,685,531	\$ 279,134,707

**TEAMSTERS MISCELLANEOUS SECURITY FUND
FORM 5500
SCHEDULE H, LINE 4j - TRANSACTIONS OR SERIES OF TRANSACTIONS IN EXCESS
OF 5% OF THE CURRENT VALUE OF PLAN ASSETS
E.I.N. 95-6060502; PLAN NO. 508
FOR THE YEAR ENDED MAY 31, 2025**

There were no category (i), (ii), (iii) or (iv) reportable transactions during fiscal year 2025.