

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information			
1a	Name of plan THE 170 GROUP INSURANCE BENEFITS TRUST	1b	Three-digit plan number (PN) ▶	501
		1c	Effective date of plan	07/01/1977
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE 170 GROUP INSURANCE BENEFITS TRUST 1200 WILSHIRE BLVD. LOS ANGELES, CA 90017-1906	2b	Employer Identification Number (EIN)	95-3136353
		2c	Plan Sponsor's telephone number	562-463-5000
		2d	Business code (see instructions)	332900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2026	ROBERTO TORRES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/10/2026	MARVIN MELENDEZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 638
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 638 6a(2) 601 6b 6c 6d 601 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 15

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

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

4A 4B 4D 4E 4Q

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan THE 170 GROUP INSURANCE BENEFITS TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE 170 GROUP INSURANCE BENEFITS TRUST	D Employer Identification Number (EIN) 95-3136353	

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

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1632821	N/A	00424201	697	07/01/2024	06/30/2025

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NONE

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	57729
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	36770

CLAIMS PAID BY CARRIER

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan THE 170 GROUP INSURANCE BENEFITS TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE 170 GROUP INSURANCE BENEFITS TRUST	D Employer Identification Number (EIN) 95-3136353	

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

(a) Name of insurance carrier
UNITED CONCORDIA DENTAL PLANS 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
23-7328765	95789	740204-000,001	1421	07/01/2024	06/30/2025

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NONE

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

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)	246906	
(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)		246906
b Benefit charges (1) Claims paid	9b(1)	47889	
(2) Increase (decrease) in claim reserves	9b(2)	1244	
(3) Incurred claims (add (1) and (2))	9b(3)		49133
(4) Claims charged	9b(4)		49133
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)	54122	
(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)		54122
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		3931
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan THE 170 GROUP INSURANCE BENEFITS TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE 170 GROUP INSURANCE BENEFITS TRUST	D Employer Identification Number (EIN) 95-3136353	

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

(a) Name of insurance carrier
KAISER PERMANENTE 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	0000	227510	1358	01/01/2024	12/31/2024

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NONE

(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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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	8874778
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.

N/A

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan THE 170 GROUP INSURANCE BENEFITS TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE 170 GROUP INSURANCE BENEFITS TRUST	D Employer Identification Number (EIN) 95-3136353	

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

(a) Name of insurance carrier
UNITED HEALTHCARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2739571	79413	304790	682	07/01/2024	06/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	56879
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan THE 170 GROUP INSURANCE BENEFITS TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE 170 GROUP INSURANCE BENEFITS TRUST	D Employer Identification Number (EIN) 95-3136353	

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

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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)

BENEFITS PROGRAM ADMINISTRATION

13-2501278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	137130	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	47861	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WOHLNER KAPLON CUTLER HALFORD ROSEN

95-4177931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	37809	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EIDE BAILLY LLP

45-0250958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	28500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DUCENTA SQUARED ASSET MANAGEMENT

85-0584508

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	6211	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL COMPLIANCE SERVICES

77-0547053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	5765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
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(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan THE 170 GROUP INSURANCE BENEFITS TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 THE 170 GROUP INSURANCE BENEFITS TRUST	D Employer Identification Number (EIN) 95-3136353	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1632468	2083725
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	868504	787306
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	37399	55358
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	53378	63044
(2) U.S. Government securities	1c(2)	855288	1269150
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1408911	1146534
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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	4855948	5405117
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	32315	30451
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	733726	756918
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	766041	787369
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4089907	4617748

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)	9679851	
(B) Participants.....	2a(1)(B)		
(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)		9679851
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	52811	
(C) Corporate debt instruments.....	2b(1)(C)	62122	
(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)		114933
(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)	2095	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		2095
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	3059253	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3059052	
(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)	47370	
(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		22672
d Total income. Add all income amounts in column (b) and enter total	2d		9867122

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	9033497	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9033497
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)	137130	
(3) Recordkeeping fees	2i(3)	5765	
(4) IQPA audit fees	2i(4)	28500	
(5) Investment advisory and investment management fees	2i(5)	6211	
(6) Bank or trust company trustee/custodial fees	2i(6)	3500	
(7) Actuarial fees	2i(7)	47861	
(8) Legal fees	2i(8)	37809	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	4672	
(11) Other expenses	2i(11)	34336	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		305784
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9339281

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		527841
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: **EIDE BAILLY LLP**

(2) EIN: **45-0250958**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Financial Statements
June 30, 2025 and 2024

170 Group Insurance Benefits Trust

170 Group Insurance Benefits Trust

Table of Contents

June 30, 2025 and 2024

Independent Auditor's Report.....	1
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits.....	5
Statements of Benefit Obligations.....	7
Statements of Changes in Benefit Obligations	8
Notes to Financial Statements	9
Supplementary Information	
Schedule H, Line 4i – Schedule of Assets Held at End of Year	16
Schedule H, Line 4j – Schedule of Reportable Transactions	18



Independent Auditor's Report

The Board of Trustees
170 Group Insurance Benefits Trust
Los Angeles, California

Opinion

We have audited the financial statements of 170 Group Insurance Benefits Trust, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of 170 Group Insurance Benefits Trust as of June 30, 2025 and 2024, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 170 Group Insurance Benefits Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 170 Group Insurance Benefits Trust's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 170 Group Insurance Benefits Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about 170 Group Insurance Benefits Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i – schedule of assets held at end of year, and schedule H, line 4j – schedule of reportable transactions as of or for the year ended June 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

A handwritten signature in black ink that reads "Eric Bailly LLP". The signature is written in a cursive, flowing style.

Walnut Creek, California
April 7, 2026

170 Group Insurance Benefits Trust
Statements of Net Assets Available for Benefits
June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments, at fair value	<u>\$ 2,478,728</u>	<u>\$ 2,317,577</u>
Cash	<u>2,083,725</u>	<u>1,632,468</u>
Receivables		
Employer contributions	787,306	868,504
Accrued interest and dividends	<u>26,925</u>	<u>26,977</u>
	<u>814,231</u>	<u>895,481</u>
Other asset		
Prepaid expenses	<u>28,433</u>	<u>10,422</u>
Total assets	<u>5,405,117</u>	<u>4,855,948</u>
Liability		
Accounts payable	<u>30,451</u>	<u>32,315</u>
Net Assets Available for Benefits	<u><u>\$ 5,374,666</u></u>	<u><u>\$ 4,823,633</u></u>

170 Group Insurance Benefits Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 47,571	\$ 28,258
Interest and dividends	117,028	97,814
	164,599	126,072
Less investment expenses	(9,711)	(11,966)
	154,888	114,106
Employer contributions	9,679,851	9,690,116
COBRA contributions	-	2,324
	9,679,851	9,692,440
Other income	22,672	8,863
Total additions	9,857,411	9,815,409
Deductions		
Premiums paid		
Kaiser	8,654,075	8,224,410
United Concordia	243,778	240,011
Vision Service Plan	55,864	57,128
United Healthcare	56,588	56,464
Total benefits paid	9,010,305	8,578,013
Operating expenses		
Professional services		
Administrative fees	137,130	136,192
Consulting	47,861	46,168
Legal	37,809	36,850
Auditing	28,500	34,600
Compliance audit fees	5,765	11,822
	257,065	265,632

170 Group Insurance Benefits Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
General expenses		
Trustee meetings and seminars	\$ 4,672	\$ 10,564
Insurance	9,626	9,622
Printing and stationery	6,662	12,775
Postage	4,744	4,498
Telephone	131	150
Miscellaneous	<u>13,173</u>	<u>11,257</u>
	<u>39,008</u>	<u>48,866</u>
 Total operating expenses	 <u>296,073</u>	 <u>314,498</u>
 Total deductions	 <u>9,306,378</u>	 <u>8,892,511</u>
 Net Increase	 551,033	 922,898
Net Assets Available for Benefits		
Beginning of year	<u>4,823,633</u>	<u>3,900,735</u>
 End of year	 <u><u>\$ 5,374,666</u></u>	 <u><u>\$ 4,823,633</u></u>

170 Group Insurance Benefits Trust
Statements of Benefit Obligations
Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts Currently Payable		
Group insurance premiums payable	\$ 756,918	\$ 733,726
Other Obligations, Net of Amounts Currently Payable		
Accumulated eligibility credits	<u>1,260,000</u>	<u>1,180,000</u>
Total benefit obligations	<u><u>\$ 2,016,918</u></u>	<u><u>\$ 1,913,726</u></u>

170 Group Insurance Benefits Trust
Statements of Changes in Benefit Obligations
Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts Currently Payable		
Balance at beginning of year	\$ 733,726	\$ 708,866
Premiums reported and approved for payment	9,033,497	8,602,873
Premiums paid	<u>(9,010,305)</u>	<u>(8,578,013)</u>
Balance at end of year	<u>756,918</u>	<u>733,726</u>
Other Obligations, Net of Amounts Currently Payable		
Balance at beginning of year	1,180,000	1,250,000
Net change during the year		
Accumulated eligibility credits	<u>80,000</u>	<u>(70,000)</u>
Balance at end of year	<u>1,260,000</u>	<u>1,180,000</u>
Total benefit obligations at end of year	<u><u>\$ 2,016,918</u></u>	<u><u>\$ 1,913,726</u></u>

Note 1 - Description of the Plan

The following description of the 170 Group Insurance Benefits Trust (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The 170 Group Insurance Benefits Trust was established on May 2, 1977, and restated on April 1, 1994 for the purpose of providing health care benefits to eligible participants covered by the Collective Bargaining Agreements between the International Association of Sheet Metal, Air, Rail and Transportation Workers (SMART), AFL-CIO and various employer associations and individual employers signatory to the agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration of the Plan is the responsibility of the Board of Trustees (the Trustees) and is governed by a joint board consisting of equal representation from the participating employers and the SMART Local 170.

Contributions and Eligibility

Participating employers are required to pay a monthly contribution to the Plan for each participant meeting the 80 required hours worked in a calendar month of employment. The principal monthly employer contribution rate in effect for the Plan is \$1,172.06 to \$1,116.25 for the years ended June 30, 2025 and 2024, respectively.

Initial eligibility is established the first of the month following a lag month after an employer contribution is made for employees that work 80 or more hours.

Special rules apply to non-collective bargaining eligible employees.

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

Benefits

The Plan provides health and welfare benefits including medical, dental, vision, and life insurance for active employees and dependents of participating employers. Ultimate responsibility for payments to providers is retained by the Plan. All benefits are insured with premiums paid by the Plan.

The following insured benefits and monthly per capita premiums were in effect for eligible participants at June 30:

Coverage	Carrier	January 1, 2025 - June 30, 2025	January 1, 2024 - December 31, 2024	July 1, 2023 - December 31, 2023
Medical	Kaiser Permanente	\$ 1,124.14	\$ 1,124.14	\$ 1,061.01
Dental	United Concordia	29.66	28.25	28.25
Vision	Vision Service Plan	6.74	6.74	6.74
Life/AD&D	United HealthCare	6.60	6.60	6.08

Note 2 - Summary of Significant Accounting Principles**Basis of Accounting**

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity 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 and liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Employer Contributions, Contributions Receivable, and Allowance for Credit Losses

The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a monthly contribution rate and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential credit losses based on historical experience as well as current and reasonable and supportable forecasted economic conditions. As of June 30, 2025 and 2024, there were no allowance taken.

The Plan has an employer payroll audit system in place in which the employers are randomly audited to verify that they are contributing in accordance with their signed agreement. Delinquencies may arise due to these payroll audits, but due to the uncertainty of collections, no estimates of the contributions will be accrued.

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 a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. The Plan's Trustees determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians.

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

The classification of investment earnings reported in the statements of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Payment of Benefits

Premiums are recorded when paid. Premiums paid are recorded as premium payments in the accompanying statements of changes in net assets available for benefits. Premiums not yet paid at year-end, if any, are included as an amount currently payable in the accompanying statements of benefit obligations.

Expenses

Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Benefit Obligations

As a result of the eligibility provisions of the Plan, hours worked by participants through June 30, 2025 and 2024, produced eligibility through August 2025 and 2024, respectively, for active participants. Accordingly, group insurance premiums are accrued on the basis of hours worked through June 30, 2025 and 2024, and eligibility through August 2025 and 2024, respectively. These amounts are recorded as amounts currently payable on the statements of benefit obligations.

The accumulated eligibility credits (bank of hours) are based on the accumulated months of eligibility at June 30, multiplied by effective premium rates for insured benefits. This liability is recorded as other obligations, net of amounts currently payable on the statements of benefit obligations.

Effective August 31, 2019, participants' bank of hours was frozen, and no new hours will be added. If an employer contribution is not received in any given month, then the participant with a frozen hour bank can extend coverage with sufficient frozen hour bank withdrawal. The participant will receive coverage after 120 hours will be deducted from their frozen hour bank. The maximum reserve is 360 hours, after the 120-hour deduction for the current extended month's coverage. If the balance in a participant's hour bank falls below 120, the coverage is terminated the first of the month following the lag month and the reserve hours will be nullified.

Concentration of Risk

The Plan maintains its cash in bank deposit accounts which exceed federally insured limits. Accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per depositor, per insured bank, for each account ownership category. At June 30, 2025 and 2024, the Plan had approximately \$3,221,000 and \$2,026,000 respectively, in excess of FDIC-insured limits.

Subsequent Events

The Plan management has evaluated subsequent events through April 7, 2026, the date on which the financial statements were available to be issued.

Note 3 - 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 under the FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

The 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 June 30, 2025 and 2024.

Money market mutual fund – valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. government securities – valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds – valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuer with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

170 Group Insurance Benefits Trust

Notes to Financial Statements

June 30, 2025 and 2024

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024.

	2025			
	Level 1	Level 2	Level 3	Total
Money market mutual fund	\$ 63,044	\$ -	\$ -	\$ 63,044
U.S. Government securities	-	1,269,150	-	1,269,150
Corporate bonds	-	1,146,534	-	1,146,534
	<u>\$ 63,044</u>	<u>\$ 2,415,684</u>	<u>\$ -</u>	<u>\$ 2,478,728</u>
	2024			
	Level 1	Level 2	Level 3	Total
Money market mutual fund	\$ 53,378	\$ -	\$ -	\$ 53,378
U.S. Government securities	-	855,288	-	855,288
Corporate bonds	-	1,408,911	-	1,408,911
	<u>\$ 53,378</u>	<u>\$ 2,264,199</u>	<u>\$ -</u>	<u>\$ 2,317,577</u>

Note 4 - Tax Status

The VEBA trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service (IRS) dated August 9, 1979, stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC). In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. Plan management believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore believes that the related trust is tax-exempt. No federal or state income taxes have been recorded in 2025 for unrelated business taxable income.

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

Note 5 - Related Party and Party-in-Interest Transactions

As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, market and credit risks. Market risks include global events which could impact on the value of investment securities, such as a pandemic or global conflict. 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 amounts reported in the statements of net assets available for benefits.

The accumulated eligibility credits are a mathematical calculation using current hours and rate data. 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 7 - Reconciliation of Financial Statements to Form 5500

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

	2025	2024
Net Assets Available for Benefits per the financial statements	\$ 5,374,666	\$ 4,823,633
Less current year benefit obligations payable	<u>(756,918)</u>	<u>(733,726)</u>
Net assets available for benefits per the Form 5500	<u><u>\$ 4,617,748</u></u>	<u><u>\$ 4,089,907</u></u>

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

Total Benefit Paid per the Financial Statements	\$ 9,010,305
Benefit obligations payable at end of year	756,918
Benefit obligations payable at beginning of year	<u>(733,726)</u>
Total benefit payments per the Form 5500	<u><u>\$ 9,033,497</u></u>

Premiums that have been processed and approved for payment at year-end, but not paid, are not considered liabilities under GAAP and, therefore, are not presented as liabilities in the accompanying financial statements but are recorded on the Form 5500 as a liability.

Note 8 - Priorities Upon Plan Termination

In order that the Plan may carry out its obligation to maintain, within the limits of its resources, a plan to provide benefits for eligible individuals, the Trustees expressly reserves the right, in its sole discretion at any time and from time to time, but upon a non-discriminatory basis:

- a) To terminate or amend either the amount or condition with respect to any benefit even though such termination or amendment affects claims which have already accrued.
- b) To alter or postpone the method of payment of any benefit.
- c) To amend or rescind any other provisions of the Plan's rules and regulations.

Supplementary Information
June 30, 2025

170 Group Insurance Benefits Trust

170 Group Insurance Benefits Trust

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2025

EIN: 95-3136353

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Money market mutual fund			
	First Am Govt	Money market mutual fund	\$ 63,044	\$ 63,044
	Total money market mutual fund		63,044	63,044
	Government Securities			
	FHLMC	5/1/2052 3.000%	21,580	21,796
	FHLMC	4/1/2053 4.000%	20,494	20,586
	FHLMC	5/1/2053 5.000%	25,442	25,609
	FNMA	1/1/2055 5.500%	14,357	14,576
	FNMA	1/1/2054 5.500%	64,989	65,728
	FNMA	6/1/2054 5.500%	66,708	67,269
	GNMA II	1/20/2055 5.500%	34,530	34,618
	GNMA II	1/20/2055 6.000%	44,589	44,921
	GNMA II	2/20/2055 6.000%	64,770	65,118
	GNMA II	4/20/2055 6.000%	75,352	75,764
	United States Treasury Note	2/15/2034 4.000%	208,930	210,778
	United States Treasury Note	12/31/2026 4.250%	267,789	269,560
	United States Treasury Note	1/31/2030 4.250%	344,845	352,827
	Total government obligations		1,254,376	1,269,150
	Corporate Bonds Domestic			
	AT&T Inc	2/15/2034 5.400%	34,609	35,998
	American Elec Pwr	1/15/2029 5.200%	16,856	17,434
	American Express Co	7/8/2027 5.389%	20,000	20,199
	American Tower Corp	7/15/2028 5.250%	9,971	10,252
	Amgen Inc	3/2/2026 5.507%	24,998	25,004
	Boeing Co	2/4/2026 2.196%	20,052	19,688
	CNO Financial Group	6/13/2034 6.450%	20,148	20,975
	Centene Corp	12/15/2027 4.250%	9,579	9,849
	Citigroup Inc	9/29/2026 5.610%	18,000	18,041
	Citizens Finl Group	7/23/2032 5.718%	25,000	25,864
	Energy Transfer LP	5/15/2034 5.550%	24,322	25,309
	Enterprise Prods LLC	1/10/2026 5.050%	19,979	20,045
	Meta Platforms Inc	5/15/2028 4.600%	9,998	10,183
	Ford Credit Auto	11/15/2029 5.260%	9,997	10,184
	Gxo Logistics Inc	5/6/2029 6.250%	29,838	31,320
	General Motors	4/6/2026 5.400%	19,974	20,091
	General Motors Financial Co	1/7/2029 5.800%	13,053	13,389

170 Group Insurance Benefits Trust

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2025

EIN: 95-3136353

Plan Number: 501

(a)	(b)	(c)		(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		Cost	Current Value
	Corporate Bonds Domestic (continued)				
	Goldman Sachs Bdc	4/23/2028	4.937%	\$ 15,000	\$ 15,117
	Goldman Sachs Bdc	3/11/2027	6.375%	35,758	35,817
	Hca Inc	3/1/2030	5.250%	14,967	15,378
	Humana Inc	12/1/2028	5.750%	23,070	23,919
	Huntington	8/21/2029	6.208%	22,180	23,085
	Jp Morgan Chase Co	11/8/2032	2.545%	32,717	35,214
	Jp Morgan Chase Co	7/24/2029	5.299%	7,000	7,187
	Marriott Intl	9/15/2026	5.450%	18,876	19,233
	McDonalds Corp Mtn	8/14/2028	4.800%	14,995	15,281
	Microchip Technology	2/15/2030	5.050%	29,977	30,433
	Micron Technology	1/15/2031	5.300%	24,538	25,602
	Netflix Inc	11/15/2028	5.875%	18,523	18,974
	Nextera Energy Cap	2/28/2028	4.900%	9,979	10,135
	Oreilly Automotive	11/20/2026	5.750%	24,989	25,443
	Occidental Petroleum	9/15/2031	7.875%	26,598	26,903
	Blue Owl Capital	3/15/2029	5.950%	44,172	45,231
	Pacific Gas Elec Co	1/15/2029	6.100%	9,996	10,361
	Paterson Uti	10/1/2033	7.150%	36,856	35,839
	Philip Morris Intl	2/13/2026	4.875%	22,888	23,051
	Prologis LP	6/15/2028	4.875%	9,939	10,201
	Realty Income Corp	1/13/2026	5.050%	19,924	20,000
	Schwab Charles Corp	8/24/2026	5.875%	19,983	20,335
	Sonoco Prods CoSr	9/1/2026	4.450%	29,971	29,970
	Southern Co	10/1/2028	5.650%	25,386	25,606
	T Mobile Inc	4/15/2034	5.150%	24,137	25,319
	Tanger ppty's Ltd	9/1/2031	2.750%	24,119	26,307
	Thermo Fisher	12/5/2026	5.000%	21,989	22,236
	US Bank Mtn	10/26/2027	6.787%	20,000	20,588
	Viacomcbs	5/19/2032	4.200%	31,045	34,683
	Western Digital Corp	2/1/2032	3.100%	24,173	26,536
	Willis North Amer	6/15/2027	4.650%	6,997	7,038
	Total corporate bonds			1,017,113	1,044,845
	Corporate Securities - Foreign				
	BAT Intl Financial Plc	2/2/2029	5.931%	23,116	24,136
	Bank of Nova Scotia BC	12/7/2026	5.350%	9,996	10,142
	Pfizer Invt	5/19/2028	4.450%	19,976	20,160
	Siriuspoint Ltd	4/5/2029	7.000%	25,113	26,319
	Westpac Bkg Corp	11/17/2028	5.535%	20,000	20,932
	Total foreign issues			98,202	101,689
	Total investments held at end of year			\$ 2,432,734	\$ 2,478,728

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1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 143 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					2,344,457.39		
COMPARATIVE VALUE (5%)					117,222.86		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 31846V567 - First Am Govt Ob Fd Cl Z							
07/30/2024	B	346,981.080	1.0000		- 346,981 *	346,981	
07/30/2024	S	- 300,241.070	1.0000		300,241 *	300,241	
Issue: 91282CJW2 - U S Treasury Nt 4.000% 1/31/29							
07/24/2024	S	- 250,000.000	.9927		248,184 *	246,350	1,834
Issue: 91282CKH3 - U S Treasury Nt 4.500% 3/31/26							
07/30/2024	S	- 342,000.000	.9997		341,893 *	340,633	1,260
Issue: 91282CKX8 - U S Treasury Nt 4.250% 6/30/29							
07/24/2024	B	230,000.000	1.0041		- 230,934 *	230,934	
01/31/2025	S	- 447,000.000	.9967		445,533 *	449,254	- 3,721
Issue: 91282CKY6 - U S Treasury Nt 4.625% 6/30/26							
07/30/2024	B	298,000.000	1.0038		- 299,118 *	299,118	
01/10/2025	S	- 268,000.000	1.0045		269,214 *	269,005	209
Issue: 91282CME8 - U S Treasury Nt 4.250% 12/31/26							
01/10/2025	B	202,000.000	.9988		- 201,748 *	201,748	
Issue: 91282CMG3 - U S Treasury Nt 4.250% 1/31/30							
01/31/2025	B	399,000.000	.9963		- 397,504 *	397,504	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 144 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
GRAND TOTAL				0	3,081,350	3,081,768	- 418

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

Broker: Blaylock Robert Van LLC

07/24/2024	Issue: 91282CKX8 - U S Treasury Nt B	4.250% 6/30/29 230,000.000	1.0041		- 230,934 *	230,934	
Broker: Bmo-Chicago Branch							
07/22/2024	Issue: 91282CJW2 - U S Treasury Nt B	4.000% 1/31/29 65,000.000	.9927		- 64,523	64,523	
07/24/2024	Issue: 91282CJW2 - U S Treasury Nt S	4.000% 1/31/29 - 250,000.000	.9927		248,184 *	246,350	1,834
07/30/2024	Issue: 91282CKH3 - U S Treasury Nt S	4.500% 3/31/26 - 342,000.000	.9997		341,893 *	340,633	1,260
09/17/2024	Issue: 91282CKX8 - U S Treasury Nt B	4.250% 6/30/29 27,000.000	1.0362		- 27,978	27,978	
01/10/2025	Issue: 91282CME8 - U S Treasury Nt B	4.250% 12/31/26 202,000.000	.9988		- 201,748 *	201,748	
01/10/2025	Issue: 91282CKY6 - U S Treasury Nt S	4.625% 6/30/26 - 268,000.000	1.0045		269,214 *	269,005	209
01/31/2025	Issue: 91282CME8 - U S Treasury Nt B	4.250% 12/31/26 66,000.000	1.0006		- 66,041	66,041	
01/31/2025	Issue: 91282CKX8 - U S Treasury Nt S	4.250% 6/30/29 - 447,000.000	.9967		445,533 *	449,254	- 3,721
01/31/2025	Issue: 91282CMG3 - U S Treasury Nt B	4.250% 1/31/30 399,000.000	.9963		- 397,504 *	397,504	
03/03/2025	Issue: 91282CJZ5 - U S Treasury Nt B	4.000% 2/15/34 15,000.000	.9855		- 14,782	14,782	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 145 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/03/2025	Issue: 91282CMG3 - U S Treasury Nt B	4.250% 1/31/30 12,000.000	1.0104		- 12,124	12,124	
Total For Bmo-Chicago Branch				0	2,089,524	2,089,942	- 418
Broker: Citadel Securities LLC							
07/19/2024	Issue: 91282CHL8 - U S Treasury Nt B	4.625% 6/30/25 65,000.000	.9976		- 64,845	64,845	
08/01/2024	Issue: 91282CKX8 - U S Treasury Nt B	4.250% 6/30/29 48,000.000	1.0107		- 48,512	48,512	
01/10/2025	Issue: 91282CKX8 - U S Treasury Nt B	4.250% 6/30/29 84,000.000	.9931		- 83,419	83,419	
Total For Citadel Securities LLC				0	196,776	196,776	0
Broker: Deutsche Bank Securities, Inc.							
02/12/2025	Issue: 36179YYX6 - G N M A I I #Ma9726 6.000% 6/20/54 S	- 62,202.930	1.0091		62,772	62,680	92
02/12/2025	Issue: 3618N5GQ6 - G N M A I I #Mb0206 6.000% 2/20/55 B	65,000.000	1.0100		- 65,650	65,650	
Total For Deutsche Bank Securities, Inc.				0	128,422	128,330	92
Broker: J.P. Morgan Securities LLC							
07/23/2024	Issue: 80286XAF1 - Santander Drive Auto 1.350% 7/15/27 S	- 13,613.330	.9752		13,276	13,648	- 372
10/04/2024	Issue: 703481AD3 - Patterson Uti B	7.150% 10/01/33 10,000.000	1.0832		- 10,832	10,832	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 146 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/16/2024	Issue: 595017BL7 - Microchip Technology 5.050% 2/15/30 B	30,000.000	.9992		- 29,977	29,977	
01/31/2025	Issue: 91282CMG3 - U S Treasury Nt 4.250% 1/31/30 B	10,000.000	.9966		- 9,966	9,966	
02/21/2025	Issue: 404119CZ0 - Hca Inc 5.250% 3/01/30 B	15,000.000	.9978		- 14,967	14,967	
05/19/2025	Issue: 3618N5KX6 - G N M A I I #Mb0309 6.000% 4/20/55 B	74,844.590	1.0100		- 75,593	75,593	
Total For J.P. Morgan Securities LLC				0	154,611	154,983	- 372

Broker: Morgan Stanley & Co. LLC

07/23/2024	Issue: 174610BH7 - Citizens Finl Group 5.718% 7/23/32 B	25,000.000	1.0000		- 25,000	25,000	
01/30/2025	Issue: 161175CR3 - Charter 6.550% 6/01/34 S	- 15,000.000	1.0263		15,395	14,906	489
05/14/2025	Issue: 36179YW67 - G N M A I I #Ma9669 6.000% 5/20/54 S	- 38,781.410	1.0108		39,200	39,409	- 209
05/14/2025	Issue: 3618N5EW5 - G N M A I I #Mb0148 6.000% 1/20/55 B	44,445.960	1.0079		- 44,797	44,797	
Total For Morgan Stanley & Co. LLC				0	124,392	124,112	280

Broker: Santander US Capital Mkts LLC

07/23/2024	Issue: 14687BAL0 - Carvana Auto 1.820% 12/10/27 S	- 10,000.000	.9313		9,313	9,800	- 488
07/30/2024	Issue: 91282CKY6 - U S Treasury Nt 4.625% 6/30/26 B	298,000.000	1.0038		- 299,118 *	299,118	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 147 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Santander US Capital Mkts LLC				0	308,431	308,918	- 488
Broker: Wells Fargo Securities, LLC							
07/01/2024	Issue: 91282CJW2 - U S Treasury Nt B	4.000% 1/31/29 35,000.000	.9874		- 34,558	34,558	
07/19/2024	Issue: 30165JAF3 - Exeter Atmobile S	1.960% 1/17/28 - 20,000.000	.9612		19,223	19,154	69
07/19/2024	Issue: 30165XAF2 - Exeter Auto Recv Tr S	1.400% 4/15/27 - 9,663.770	.9602		9,279	9,529	- 250
07/22/2024	Issue: 91282CHL8 - U S Treasury Nt S	4.625% 6/30/25 - 65,000.000	.9975		64,835	64,845	- 10
07/23/2024	Issue: 14687AAR9 - Carvana Auto Rec S	1.320% 11/08/26 - 40,000.000	.9434		37,738	39,902	- 2,164
07/23/2024	Issue: 03065UAF6 - Ameritr Automoblie S	6.000% 7/18/29 - 20,000.000	1.0182		20,364	19,995	369
07/25/2024	Issue: 91282CKH3 - U S Treasury Nt B	4.500% 3/31/26 89,000.000	.9994		- 88,944	88,944	
07/29/2024	Issue: 91282CKX8 - U S Treasury Nt B	4.250% 6/30/29 80,000.000	1.0065		- 80,522	80,522	
01/06/2025	Issue: 494553AE0 - Kinder Morgan Inc S	5.400% 2/01/34 - 25,000.000	.9851		24,626	24,169	458
01/23/2025	Issue: 91282CKX8 - U S Treasury Nt S	4.250% 6/30/29 - 22,000.000	.9925		21,836	22,111	- 275
05/19/2025	Issue: 91282CMG3 - U S Treasury Nt S	4.250% 1/31/30 - 75,000.000	1.0084		75,627	74,750	877
Total For Wells Fargo Securities, LLC				0	477,552	478,479	- 926

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 148 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
GRAND TOTAL				0	3,710,642	3,712,474	- 1,832

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

Issue: 31846V567 - First Am Govt Ob Fd Cl Z

07/02/2024	B	328.650	1.0000		- 329	329	
07/08/2024	B	169.170	1.0000		- 169	169	
07/08/2024	B	44.000	1.0000		- 44	44	
07/10/2024	B	505.000	1.0000		- 505	505	
07/10/2024	B	15.170	1.0000		- 15	15	
07/15/2024	B	6,996.910	1.0000		- 6,997	6,997	
07/15/2024	B	10,090.500	1.0000		- 10,091	10,091	
07/16/2024	B	25,092.630	1.0000		- 25,093	25,093	
07/17/2024	B	13,254.080	1.0000		- 13,254	13,254	
07/17/2024	B	24,069.710	1.0000		- 24,070	24,070	
07/18/2024	B	100.000	1.0000		- 100	100	
07/19/2024	B	43,825.850	1.0000		- 43,826	43,826	
07/22/2024	B	65,014.680	1.0000		- 65,015	65,015	
07/23/2024	B	33,140.230	1.0000		- 33,140	33,140	
07/23/2024	B	32,349.190	1.0000		- 32,349	32,349	
07/24/2024	B	21,604.880	1.0000		- 21,605	21,605	
07/30/2024	B	346,981.080	1.0000		- 346,981 *	346,981	
08/02/2024	B	940.690	1.0000		- 941	941	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 149 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/05/2024	B	219.600	1.0000		- 220	220	
08/13/2024	B	560.630	1.0000		- 561	561	
08/14/2024	B	360.000	1.0000		- 360	360	
08/15/2024	B	4,948.830	1.0000		- 4,949	4,949	
08/16/2024	B	139.040	1.0000		- 139	139	
08/20/2024	B	1,085.220	1.0000		- 1,085	1,085	
08/21/2024	B	682.880	1.0000		- 683	683	
08/23/2024	B	372.070	1.0000		- 372	372	
08/26/2024	B	2,018.780	1.0000		- 2,019	2,019	
08/28/2024	B	245.000	1.0000		- 245	245	
09/03/2024	B	1,100.880	1.0000		- 1,101	1,101	
09/04/2024	B	87.990	1.0000		- 88	88	
09/11/2024	B	318.750	1.0000		- 319	319	
09/16/2024	B	18,368.600	1.0000		- 18,369	18,369	
09/17/2024	B	139.040	1.0000		- 139	139	
09/20/2024	B	610.160	1.0000		- 610	610	
09/20/2024	B	501.790	1.0000		- 502	502	
09/23/2024	B	330.000	1.0000		- 330	330	
09/25/2024	B	1,379.250	1.0000		- 1,379	1,379	
09/30/2024	B	504.900	1.0000		- 505	505	
10/01/2024	B	2,057.750	1.0000		- 2,058	2,058	
10/02/2024	B	489.120	1.0000		- 489	489	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 150 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/03/2024	B	29,987.380	1.0000		- 29,987	29,987	
10/07/2024	B	1,415.000	1.0000		- 1,415	1,415	
10/15/2024	B	687.580	1.0000		- 688	688	
10/18/2024	B	139.040	1.0000		- 139	139	
10/21/2024	B	21,202.230	1.0000		- 21,202	21,202	
10/25/2024	B	1,183.230	1.0000		- 1,183	1,183	
10/28/2024	B	678.700	1.0000		- 679	679	
11/04/2024	B	195.850	1.0000		- 196	196	
11/06/2024	B	937.500	1.0000		- 938	938	
11/08/2024	B	509.000	1.0000		- 509	509	
11/15/2024	B	2,151.330	1.0000		- 2,151	2,151	
11/18/2024	B	553.500	1.0000		- 554	554	
11/18/2024	B	139.040	1.0000		- 139	139	
11/19/2024	B	1,243.000	1.0000		- 1,243	1,243	
11/20/2024	B	1,984.230	1.0000		- 1,984	1,984	
11/25/2024	B	2,048.870	1.0000		- 2,049	2,049	
12/02/2024	B	1,198.900	1.0000		- 1,199	1,199	
12/03/2024	B	258.140	1.0000		- 258	258	
12/05/2024	B	550.000	1.0000		- 550	550	
12/09/2024	B	267.500	1.0000		- 268	268	
12/17/2024	B	139.040	1.0000		- 139	139	
12/18/2024	B	764.800	1.0000		- 765	765	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 151 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/20/2024	B	1,349.150	1.0000		- 1,349	1,349	
12/26/2024	B	1,299.500	1.0000		- 1,300	1,300	
12/31/2024	B	14,378.750	1.0000		- 14,379	14,379	
01/03/2025	B	238.450	1.0000		- 238	238	
01/06/2025	B	25,207.500	1.0000		- 25,208	25,208	
01/07/2025	B	145.000	1.0000		- 145	145	
01/13/2025	B	505.000	1.0000		- 505	505	
01/15/2025	B	2,255.830	1.0000		- 2,256	2,256	
01/21/2025	B	1,703.980	1.0000		- 1,704	1,704	
01/23/2025	B	22,610.020	1.0000		- 22,610	22,610	
01/24/2025	B	185.470	1.0000		- 185	185	
01/27/2025	B	678.940	1.0000		- 679	679	
01/28/2025	B	538.900	1.0000		- 539	539	
02/03/2025	B	1,147.070	1.0000		- 1,147	1,147	
02/04/2025	B	502.870	1.0000		- 503	503	
02/07/2025	B	3,075.880	1.0000		- 3,076	3,076	
02/13/2025	B	560.630	1.0000		- 561	561	
02/14/2025	B	360.000	1.0000		- 360	360	
02/18/2025	B	5,197.120	1.0000		- 5,197	5,197	
02/20/2025	B	2,534.470	1.0000		- 2,534	2,534	
02/20/2025	B	1,648.400	1.0000		- 1,648	1,648	
02/24/2025	B	587.500	1.0000		- 588	588	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 152 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/25/2025	B	2,121.220	1.0000		- 2,121	2,121	
02/28/2025	B	245.000	1.0000		- 245	245	
03/04/2025	B	111.150	1.0000		- 111	111	
03/11/2025	B	1,115.630	1.0000		- 1,116	1,116	
03/17/2025	B	2,734.680	1.0000		- 2,735	2,735	
03/20/2025	B	1,620.310	1.0000		- 1,620	1,620	
03/21/2025	B	12,330.000	1.0000		- 12,330	12,330	
03/25/2025	B	2,282.960	1.0000		- 2,283	2,283	
03/25/2025	B	244.160	1.0000		- 244	244	
03/31/2025	B	504.900	1.0000		- 505	505	
04/01/2025	B	1,552.750	1.0000		- 1,553	1,553	
04/02/2025	B	23,516.330	1.0000		- 23,516	23,516	
04/07/2025	B	1,415.000	1.0000		- 1,415	1,415	
04/15/2025	B	687.580	1.0000		- 688	688	
04/21/2025	B	1,986.910	1.0000		- 1,987	1,987	
04/25/2025	B	1,839.020	1.0000		- 1,839	1,839	
04/28/2025	B	678.700	1.0000		- 679	679	
05/02/2025	B	164.660	1.0000		- 165	165	
05/06/2025	B	937.500	1.0000		- 938	938	
05/08/2025	B	509.000	1.0000		- 509	509	
05/15/2025	B	1,496.330	1.0000		- 1,496	1,496	
05/19/2025	B	2,556.850	1.0000		- 2,557	2,557	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 153 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/20/2025	B	1,502.310	1.0000		- 1,502	1,502	
05/20/2025	B	1,526.640	1.0000		- 1,527	1,527	
05/27/2025	B	28,017.280	1.0000		- 28,017	28,017	
05/27/2025	B	297.260	1.0000		- 297	297	
06/02/2025	B	661.250	1.0000		- 661	661	
06/03/2025	B	86.360	1.0000		- 86	86	
06/05/2025	B	550.000	1.0000		- 550	550	
06/09/2025	B	267.500	1.0000		- 268	268	
06/16/2025	B	1,307.830	1.0000		- 1,308	1,308	
06/20/2025	B	1,917.410	1.0000		- 1,917	1,917	
06/25/2025	B	1,340.020	1.0000		- 1,340	1,340	
06/25/2025	B	1,238.590	1.0000		- 1,239	1,239	
06/30/2025	B	5,695.000	1.0000		- 5,695	5,695	
Total For Buys				0	921,051	921,051	0
07/01/2024	S	- 35,143.020	1.0000		35,143	35,143	
07/19/2024	S	- 44,995.290	1.0000		44,995	44,995	
07/22/2024	S	- 64,714.460	1.0000		64,714	64,714	
07/25/2024	S	- 88,787.150	1.0000		88,787	88,787	
07/26/2024	S	- 875.000	1.0000		875	875	
07/29/2024	S	- 80,250.910	1.0000		80,251	80,251	
07/30/2024	S	- 300,241.070	1.0000		300,241 *	300,241	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 154 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/01/2024	S	- 47,549.260	1.0000		47,549	47,549	
09/17/2024	S	- 28,224.040	1.0000		28,224	28,224	
10/04/2024	S	- 13,744.650	1.0000		13,745	13,745	
10/28/2024	S	- 875.000	1.0000		875	875	
12/16/2024	S	- 28,554.100	1.0000		28,554	28,554	
01/10/2025	S	- 15,440.710	1.0000		15,441	15,441	
01/23/2025	S	- 14,862.920	1.0000		14,863	14,863	
01/30/2025	S	- 31,236.400	1.0000		31,236	31,236	
01/31/2025	S	- 26,591.480	1.0000		26,591	26,591	
02/12/2025	S	- 2,883.630	1.0000		2,884	2,884	
02/21/2025	S	- 14,284.120	1.0000		14,284	14,284	
03/03/2025	S	- 4,857.810	1.0000		4,858	4,858	
03/26/2025	S	- 1,290.240	1.0000		1,290	1,290	
04/16/2025	S	- 45,368.850	1.0000		45,369	45,369	
04/23/2025	S	- 15,000.000	1.0000		15,000	15,000	
05/14/2025	S	- 5,609.420	1.0000		5,609	5,609	

Total For Sells				0	911,378	911,378	0
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Total First Am Govt Ob Fd Cl Z				0	1,832,429	1,832,429	0
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Issue: 91282CHL8 - U S Treasury Nt 4.625% 6/30/25

07/19/2024	B	65,000.000	.9976		- 64,845	64,845	
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00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 155 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Buys				0	64,845	64,845	0
07/22/2024	S	- 65,000.000	.9975		64,835	64,845	- 10
Total For Sells				0	64,835	64,845	- 10
Total U S Treasury Nt 4.625% 6/30/25				0	129,680	129,690	- 10
Issue: 91282CJW2 - U S Treasury Nt 4.000% 1/31/29							
07/01/2024	B	35,000.000	.9874		- 34,558	34,558	
07/22/2024	B	65,000.000	.9927		- 64,523	64,523	
Total For Buys				0	99,081	99,081	0
07/24/2024	S	- 250,000.000	.9927		248,184 *	246,350	1,834
Total For Sells				0	248,184	246,350	1,834
Total U S Treasury Nt 4.000% 1/31/29				0	347,265	345,431	1,834
Issue: 91282CKH3 - U S Treasury Nt 4.500% 3/31/26							
07/25/2024	B	89,000.000	.9994		- 88,944	88,944	
Total For Buys				0	88,944	88,944	0
07/30/2024	S	- 342,000.000	.9997		341,893 *	340,633	1,260

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 156 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Sells				0	341,893	340,633	1,260
Total U S Treasury Nt 4.500% 3/31/26				0	430,837	429,577	1,260
Issue: 91282CKX8 - U S Treasury Nt 4.250% 6/30/29							
07/24/2024	B	230,000.000	1.0041		- 230,934 *	230,934	
07/29/2024	B	80,000.000	1.0065		- 80,522	80,522	
08/01/2024	B	48,000.000	1.0107		- 48,512	48,512	
09/17/2024	B	27,000.000	1.0362		- 27,978	27,978	
01/10/2025	B	84,000.000	.9931		- 83,419	83,419	
Total For Buys				0	471,365	471,365	0
01/23/2025	S	- 22,000.000	.9925		21,836	22,111	- 275
01/31/2025	S	- 447,000.000	.9967		445,533 *	449,254	- 3,721
Total For Sells				0	467,369	471,365	- 3,996
Total U S Treasury Nt 4.250% 6/30/29				0	938,734	942,730	- 3,996
Issue: 91282CKY6 - U S Treasury Nt 4.625% 6/30/26							
07/30/2024	B	298,000.000	1.0038		- 299,118 *	299,118	
Total For Buys				0	299,118	299,118	0

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 157 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/04/2024	S	- 30,000.000	1.0143		30,428	30,113	315
01/10/2025	S	- 268,000.000	1.0045		269,214 *	269,005	209
Total For Sells				0	299,642	299,118	524
Total U S Treasury Nt 4.625% 6/30/26				0	598,760	598,236	524
Issue: 91282CME8 - U S Treasury Nt 4.250% 12/31/26							
01/10/2025	B	202,000.000	.9988		- 201,748 *	201,748	
01/31/2025	B	66,000.000	1.0006		- 66,041	66,041	
Total For Buys				0	267,789	267,789	0
Total U S Treasury Nt 4.250% 12/31/26				0	267,789	267,789	0
Issue: 91282CMG3 - U S Treasury Nt 4.250% 1/31/30							
01/31/2025	B	399,000.000	.9963		- 397,504 *	397,504	
01/31/2025	B	10,000.000	.9966		- 9,966	9,966	
03/03/2025	B	12,000.000	1.0104		- 12,124	12,124	
Total For Buys				0	419,594	419,594	0
05/19/2025	S	- 75,000.000	1.0084		75,627	74,750	877
Total For Sells				0	75,627	74,750	877

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 158 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total U S Treasury Nt		4.250% 1/31/30		0	495,221	494,344	877
GRAND TOTAL				0	5,040,715	5,040,226	489

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

Broker: Blaylock Robert Van LLC

07/24/2024	Issue: 91282CKX8 - U S Treasury Nt B	4.250% 6/30/29 230,000.000	1.0041		- 230,934 *	230,934	
Broker: Bmo-Chicago Branch							
07/22/2024	Issue: 91282CJW2 - U S Treasury Nt B	4.000% 1/31/29 65,000.000	.9927		- 64,523	64,523	
07/24/2024	Issue: 91282CJW2 - U S Treasury Nt S	4.000% 1/31/29 - 250,000.000	.9927		248,184 *	246,350	1,834
07/30/2024	Issue: 91282CKH3 - U S Treasury Nt S	4.500% 3/31/26 - 342,000.000	.9997		341,893 *	340,633	1,260
09/17/2024	Issue: 91282CKX8 - U S Treasury Nt B	4.250% 6/30/29 27,000.000	1.0362		- 27,978	27,978	
01/10/2025	Issue: 91282CME8 - U S Treasury Nt B	4.250% 12/31/26 202,000.000	.9988		- 201,748 *	201,748	
01/10/2025	Issue: 91282CKY6 - U S Treasury Nt S	4.625% 6/30/26 - 268,000.000	1.0045		269,214 *	269,005	209
01/31/2025	Issue: 91282CME8 - U S Treasury Nt B	4.250% 12/31/26 66,000.000	1.0006		- 66,041	66,041	
01/31/2025	Issue: 91282CKX8 - U S Treasury Nt S	4.250% 6/30/29 - 447,000.000	.9967		445,533 *	449,254	- 3,721
01/31/2025	Issue: 91282CMG3 - U S Treasury Nt B	4.250% 1/31/30 399,000.000	.9963		- 397,504 *	397,504	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 159 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/03/2025	Issue: 91282CJZ5 - U S Treasury Nt B	4.000% 2/15/34 15,000.000	.9855		- 14,782	14,782	
03/03/2025	Issue: 91282CMG3 - U S Treasury Nt B	4.250% 1/31/30 12,000.000	1.0104		- 12,124	12,124	
Total For Bmo-Chicago Branch				0	2,089,524	2,089,942	- 418
Broker: Santander US Capital Mkts LLC							
07/30/2024	Issue: 91282CKY6 - U S Treasury Nt B	4.625% 6/30/26 298,000.000	1.0038		- 299,118 *	299,118	
Total For Santander US Capital Mkts LLC				0	308,431	308,918	- 488
GRAND TOTAL				0	2,619,576	2,619,994	- 418

170 Group Insurance Benefits Trust

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2025

EIN: 95-3136353

Plan Number: 501

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Money market mutual fund			
	First Am Govt	Money market mutual fund	\$ 63,044	\$ 63,044
	Total money market mutual fund		63,044	63,044
	Government Securities			
	FHLMC	5/1/2052 3.000%	21,580	21,796
	FHLMC	4/1/2053 4.000%	20,494	20,586
	FHLMC	5/1/2053 5.000%	25,442	25,609
	FNMA	1/1/2055 5.500%	14,357	14,576
	FNMA	1/12/054 5.500%	64,989	65,728
	FNMA	6/1/2054 5.500%	66,708	67,269
	GNMA II	1/20/2055 5.500%	34,530	34,618
	GNMA II	1/20/2055 6.000%	44,589	44,921
	GNMA II	2/20/2055 6.000%	64,770	65,118
	GNMA II	4/20/2055 6.000%	75,352	75,764
	United States Treasury Note	2/15/2034 4.000%	208,930	210,778
	United States Treasury Note	12/31/2026 4.250%	267,789	269,560
	United States Treasury Note	1/31/2030 4.250%	344,845	352,827
	Total government obligations		1,254,376	1,269,150
	Corporate Bonds Domestic			
	AT&T Inc	2/15/2034 5.400%	34,609	35,998
	American Elec Pwr	1/15/2029 5.200%	16,856	17,434
	American Express Co	7/8/2027 5.389%	20,000	20,199
	American Tower Corp	7/15/2028 5.250%	9,971	10,252
	Amgen Inc	3/2/2026 5.507%	24,998	25,004
	Boeing Co	2/4/2026 2.196%	20,052	19,688
	CNO Financial Group	6/13/2034 6.450%	20,148	20,975
	Centene Corp	12/15/2027 4.250%	9,579	9,849
	Citigroup Inc	9/29/2026 5.610%	18,000	18,041
	Citizens Finl Group	7/23/2032 5.718%	25,000	25,864
	Energy Transfer LP	5/15/2034 5.550%	24,322	25,309
	Enterprise Prods LLC	1/10/2026 5.050%	19,979	20,045
	Meta Platforms Inc	5/15/2028 4.600%	9,998	10,183
	Ford Credit Auto	11/15/2029 5.260%	9,997	10,184
	Gxo Logistics Inc	5/6/2029 6.250%	29,838	31,320
	General Motors	4/6/2026 5.400%	19,974	20,091
	General Motors Financial Co	1/7/2029 5.800%	13,053	13,389

170 Group Insurance Benefits Trust

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2025

EIN: 95-3136353

Plan Number: 501

(a)	(b)	(c)		(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		Cost	Current Value
Corporate Bonds Domestic (continued)					
	Goldman Sachs Bdc	4/23/2028	4.937%	\$ 15,000	\$ 15,117
	Goldman Sachs Bdc	3/11/2027	6.375%	35,758	35,817
	Hca Inc	3/1/2030	5.250%	14,967	15,378
	Humana Inc	12/1/2028	5.750%	23,070	23,919
	Huntington	8/21/2029	6.208%	22,180	23,085
	Jp Morgan Chase Co	11/8/2032	2.545%	32,717	35,214
	Jp Morgan Chase Co	7/24/2029	5.299%	7,000	7,187
	Marriott Intl	9/15/2026	5.450%	18,876	19,233
	McDonalds Corp Mtn	8/14/2028	4.800%	14,995	15,281
	Microchip Technology	2/15/2030	5.050%	29,977	30,433
	Micron Technology	1/15/2031	5.300%	24,538	25,602
	Netflix Inc	11/15/2028	5.875%	18,523	18,974
	Nextera Energy Cap	2/28/2028	4.900%	9,979	10,135
	Oreilly Automotive	11/20/2026	5.750%	24,989	25,443
	Occidental Petroleum	9/15/2031	7.875%	26,598	26,903
	Blue Owl Capital	3/15/2029	5.950%	44,172	45,231
	Pacific Gas Elec Co	1/15/2029	6.100%	9,996	10,361
	Paterson Uti	10/1/2033	7.150%	36,856	35,839
	Philip Morris Intl	2/13/2026	4.875%	22,888	23,051
	Prologis LP	6/15/2028	4.875%	9,939	10,201
	Realty Income Corp	1/13/2026	5.050%	19,924	20,000
	Schwab Charles Corp	8/24/2026	5.875%	19,983	20,335
	Sonoco Prods CoSr	9/1/2026	4.450%	29,971	29,970
	Southern Co	10/1/2028	5.650%	25,386	25,606
	T Mobile Inc	4/15/2034	5.150%	24,137	25,319
	Tanger pptys Ltd	9/1/2031	2.750%	24,119	26,307
	Thermo Fisher	12/5/2026	5.000%	21,989	22,236
	US Bank Mtn	10/26/2027	6.787%	20,000	20,588
	Viacomcbs	5/19/2032	4.200%	31,045	34,683
	Western Digital Corp	2/1/2032	3.100%	24,173	26,536
	Willis North Amer	6/15/2027	4.650%	6,997	7,038
	Total corporate bonds			1,017,113	1,044,845
Corporate Securities - Foreign					
	BAT Intl Financial Plc	2/2/2029	5.931%	23,116	24,136
	Bank of Nova Scotia BC	12/7/2026	5.350%	9,996	10,142
	Pfizer Invt	5/19/2028	4.450%	19,976	20,160
	Siriuspoint Ltd	4/5/2029	7.000%	25,113	26,319
	Westpac Bkg Corp	11/17/2028	5.535%	20,000	20,932
	Total foreign issues			98,202	101,689
	Total investments held at end of year			\$ 2,432,734	\$ 2,478,728

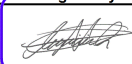
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ ☐

Part II	Basic Plan Information - enter all requested information
1a	Name of plan THE 170 GROUP INSURANCE BENEFITS TRUST
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 07/01/1977
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE 170 GROUP INSURANCE BENEFITS TRUST 1200 WILSHIRE BLVD. LOS ANGELES CA 90017-1906
2b	Employer Identification Number (EIN) 95-3136353
2c	Plan Sponsor's telephone number (562) 463-5000
2d	Business code (see instructions) 332900

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.

Signed by:		
SIGN HERE 	4/13/2026	Roberto Torres
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	4/10/2026	Marvin Melendez
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

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 143 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					2,344,457.39		
COMPARATIVE VALUE (5%)					117,222.86		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 31846V567 - First Am Govt Ob Fd Cl Z							
07/30/2024	B	346,981.080	1.0000		- 346,981 *	346,981	
07/30/2024	S	- 300,241.070	1.0000		300,241 *	300,241	
Issue: 91282CJW2 - U S Treasury Nt 4.000% 1/31/29							
07/24/2024	S	- 250,000.000	.9927		248,184 *	246,350	1,834
Issue: 91282CKH3 - U S Treasury Nt 4.500% 3/31/26							
07/30/2024	S	- 342,000.000	.9997		341,893 *	340,633	1,260
Issue: 91282CKX8 - U S Treasury Nt 4.250% 6/30/29							
07/24/2024	B	230,000.000	1.0041		- 230,934 *	230,934	
01/31/2025	S	- 447,000.000	.9967		445,533 *	449,254	- 3,721
Issue: 91282CKY6 - U S Treasury Nt 4.625% 6/30/26							
07/30/2024	B	298,000.000	1.0038		- 299,118 *	299,118	
01/10/2025	S	- 268,000.000	1.0045		269,214 *	269,005	209
Issue: 91282CME8 - U S Treasury Nt 4.250% 12/31/26							
01/10/2025	B	202,000.000	.9988		- 201,748 *	201,748	
Issue: 91282CMG3 - U S Treasury Nt 4.250% 1/31/30							
01/31/2025	B	399,000.000	.9963		- 397,504 *	397,504	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 144 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
GRAND TOTAL				0	3,081,350	3,081,768	- 418

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

Broker: Blaylock Robert Van LLC

07/24/2024	Issue: 91282CKX8 - U S Treasury Nt B	4.250% 6/30/29 230,000.000	1.0041		- 230,934 *	230,934	
Broker: Bmo-Chicago Branch							
07/22/2024	Issue: 91282CJW2 - U S Treasury Nt B	4.000% 1/31/29 65,000.000	.9927		- 64,523	64,523	
07/24/2024	Issue: 91282CJW2 - U S Treasury Nt S	4.000% 1/31/29 - 250,000.000	.9927		248,184 *	246,350	1,834
07/30/2024	Issue: 91282CKH3 - U S Treasury Nt S	4.500% 3/31/26 - 342,000.000	.9997		341,893 *	340,633	1,260
09/17/2024	Issue: 91282CKX8 - U S Treasury Nt B	4.250% 6/30/29 27,000.000	1.0362		- 27,978	27,978	
01/10/2025	Issue: 91282CME8 - U S Treasury Nt B	4.250% 12/31/26 202,000.000	.9988		- 201,748 *	201,748	
01/10/2025	Issue: 91282CKY6 - U S Treasury Nt S	4.625% 6/30/26 - 268,000.000	1.0045		269,214 *	269,005	209
01/31/2025	Issue: 91282CME8 - U S Treasury Nt B	4.250% 12/31/26 66,000.000	1.0006		- 66,041	66,041	
01/31/2025	Issue: 91282CKX8 - U S Treasury Nt S	4.250% 6/30/29 - 447,000.000	.9967		445,533 *	449,254	- 3,721
01/31/2025	Issue: 91282CMG3 - U S Treasury Nt B	4.250% 1/31/30 399,000.000	.9963		- 397,504 *	397,504	
03/03/2025	Issue: 91282CJZ5 - U S Treasury Nt B	4.000% 2/15/34 15,000.000	.9855		- 14,782	14,782	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 145 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/03/2025	Issue: 91282CMG3 - U S Treasury Nt B	4.250% 1/31/30 12,000.000	1.0104		- 12,124	12,124	
Total For Bmo-Chicago Branch				0	2,089,524	2,089,942	- 418
Broker: Citadel Securities LLC							
07/19/2024	Issue: 91282CHL8 - U S Treasury Nt B	4.625% 6/30/25 65,000.000	.9976		- 64,845	64,845	
08/01/2024	Issue: 91282CKX8 - U S Treasury Nt B	4.250% 6/30/29 48,000.000	1.0107		- 48,512	48,512	
01/10/2025	Issue: 91282CKX8 - U S Treasury Nt B	4.250% 6/30/29 84,000.000	.9931		- 83,419	83,419	
Total For Citadel Securities LLC				0	196,776	196,776	0
Broker: Deutsche Bank Securities, Inc.							
02/12/2025	Issue: 36179YYX6 - G N M A I I #Ma9726 6.000% 6/20/54 S	- 62,202.930	1.0091		62,772	62,680	92
02/12/2025	Issue: 3618N5GQ6 - G N M A I I #Mb0206 6.000% 2/20/55 B	65,000.000	1.0100		- 65,650	65,650	
Total For Deutsche Bank Securities, Inc.				0	128,422	128,330	92
Broker: J.P. Morgan Securities LLC							
07/23/2024	Issue: 80286XAF1 - Santander Drive Auto 1.350% 7/15/27 S	- 13,613.330	.9752		13,276	13,648	- 372
10/04/2024	Issue: 703481AD3 - Patterson Uti B	7.150% 10/01/33 10,000.000	1.0832		- 10,832	10,832	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 146 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/16/2024	Issue: 595017BL7 - Microchip Technology 5.050% 2/15/30 B	30,000.000	.9992		- 29,977	29,977	
01/31/2025	Issue: 91282CMG3 - U S Treasury Nt 4.250% 1/31/30 B	10,000.000	.9966		- 9,966	9,966	
02/21/2025	Issue: 404119CZ0 - Hca Inc 5.250% 3/01/30 B	15,000.000	.9978		- 14,967	14,967	
05/19/2025	Issue: 3618N5KX6 - G N M A I I #Mb0309 6.000% 4/20/55 B	74,844.590	1.0100		- 75,593	75,593	
Total For J.P. Morgan Securities LLC				0	154,611	154,983	- 372
Broker: Morgan Stanley & Co. LLC							
07/23/2024	Issue: 174610BH7 - Citizens Finl Group 5.718% 7/23/32 B	25,000.000	1.0000		- 25,000	25,000	
01/30/2025	Issue: 161175CR3 - Charter 6.550% 6/01/34 S	- 15,000.000	1.0263		15,395	14,906	489
05/14/2025	Issue: 36179YW67 - G N M A I I #Ma9669 6.000% 5/20/54 S	- 38,781.410	1.0108		39,200	39,409	- 209
05/14/2025	Issue: 3618N5EW5 - G N M A I I #Mb0148 6.000% 1/20/55 B	44,445.960	1.0079		- 44,797	44,797	
Total For Morgan Stanley & Co. LLC				0	124,392	124,112	280
Broker: Santander US Capital Mkts LLC							
07/23/2024	Issue: 14687BAL0 - Carvana Auto 1.820% 12/10/27 S	- 10,000.000	.9313		9,313	9,800	- 488
07/30/2024	Issue: 91282CKY6 - U S Treasury Nt 4.625% 6/30/26 B	298,000.000	1.0038		- 299,118 *	299,118	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 147 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Santander US Capital Mkts LLC				0	308,431	308,918	- 488
Broker: Wells Fargo Securities, LLC							
07/01/2024	Issue: 91282CJW2 - U S Treasury Nt B	4.000% 1/31/29 35,000.000	.9874		- 34,558	34,558	
07/19/2024	Issue: 30165JAF3 - Exeter Atmobile S	1.960% 1/17/28 - 20,000.000	.9612		19,223	19,154	69
07/19/2024	Issue: 30165XAF2 - Exeter Auto Recv Tr S	1.400% 4/15/27 - 9,663.770	.9602		9,279	9,529	- 250
07/22/2024	Issue: 91282CHL8 - U S Treasury Nt S	4.625% 6/30/25 - 65,000.000	.9975		64,835	64,845	- 10
07/23/2024	Issue: 14687AAR9 - Carvana Auto Rec S	1.320% 11/08/26 - 40,000.000	.9434		37,738	39,902	- 2,164
07/23/2024	Issue: 03065UAF6 - Ameritr Automoblie S	6.000% 7/18/29 - 20,000.000	1.0182		20,364	19,995	369
07/25/2024	Issue: 91282CKH3 - U S Treasury Nt B	4.500% 3/31/26 89,000.000	.9994		- 88,944	88,944	
07/29/2024	Issue: 91282CKX8 - U S Treasury Nt B	4.250% 6/30/29 80,000.000	1.0065		- 80,522	80,522	
01/06/2025	Issue: 494553AE0 - Kinder Morgan Inc S	5.400% 2/01/34 - 25,000.000	.9851		24,626	24,169	458
01/23/2025	Issue: 91282CKX8 - U S Treasury Nt S	4.250% 6/30/29 - 22,000.000	.9925		21,836	22,111	- 275
05/19/2025	Issue: 91282CMG3 - U S Treasury Nt S	4.250% 1/31/30 - 75,000.000	1.0084		75,627	74,750	877
Total For Wells Fargo Securities, LLC				0	477,552	478,479	- 926

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 148 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
GRAND TOTAL				0	3,710,642	3,712,474	- 1,832

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

Issue: 31846V567 - First Am Govt Ob Fd Cl Z

07/02/2024	B	328.650	1.0000		- 329	329	
07/08/2024	B	169.170	1.0000		- 169	169	
07/08/2024	B	44.000	1.0000		- 44	44	
07/10/2024	B	505.000	1.0000		- 505	505	
07/10/2024	B	15.170	1.0000		- 15	15	
07/15/2024	B	6,996.910	1.0000		- 6,997	6,997	
07/15/2024	B	10,090.500	1.0000		- 10,091	10,091	
07/16/2024	B	25,092.630	1.0000		- 25,093	25,093	
07/17/2024	B	13,254.080	1.0000		- 13,254	13,254	
07/17/2024	B	24,069.710	1.0000		- 24,070	24,070	
07/18/2024	B	100.000	1.0000		- 100	100	
07/19/2024	B	43,825.850	1.0000		- 43,826	43,826	
07/22/2024	B	65,014.680	1.0000		- 65,015	65,015	
07/23/2024	B	33,140.230	1.0000		- 33,140	33,140	
07/23/2024	B	32,349.190	1.0000		- 32,349	32,349	
07/24/2024	B	21,604.880	1.0000		- 21,605	21,605	
07/30/2024	B	346,981.080	1.0000		- 346,981 *	346,981	
08/02/2024	B	940.690	1.0000		- 941	941	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 149 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/05/2024	B	219.600	1.0000		- 220	220	
08/13/2024	B	560.630	1.0000		- 561	561	
08/14/2024	B	360.000	1.0000		- 360	360	
08/15/2024	B	4,948.830	1.0000		- 4,949	4,949	
08/16/2024	B	139.040	1.0000		- 139	139	
08/20/2024	B	1,085.220	1.0000		- 1,085	1,085	
08/21/2024	B	682.880	1.0000		- 683	683	
08/23/2024	B	372.070	1.0000		- 372	372	
08/26/2024	B	2,018.780	1.0000		- 2,019	2,019	
08/28/2024	B	245.000	1.0000		- 245	245	
09/03/2024	B	1,100.880	1.0000		- 1,101	1,101	
09/04/2024	B	87.990	1.0000		- 88	88	
09/11/2024	B	318.750	1.0000		- 319	319	
09/16/2024	B	18,368.600	1.0000		- 18,369	18,369	
09/17/2024	B	139.040	1.0000		- 139	139	
09/20/2024	B	610.160	1.0000		- 610	610	
09/20/2024	B	501.790	1.0000		- 502	502	
09/23/2024	B	330.000	1.0000		- 330	330	
09/25/2024	B	1,379.250	1.0000		- 1,379	1,379	
09/30/2024	B	504.900	1.0000		- 505	505	
10/01/2024	B	2,057.750	1.0000		- 2,058	2,058	
10/02/2024	B	489.120	1.0000		- 489	489	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 150 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/03/2024	B	29,987.380	1.0000		- 29,987	29,987	
10/07/2024	B	1,415.000	1.0000		- 1,415	1,415	
10/15/2024	B	687.580	1.0000		- 688	688	
10/18/2024	B	139.040	1.0000		- 139	139	
10/21/2024	B	21,202.230	1.0000		- 21,202	21,202	
10/25/2024	B	1,183.230	1.0000		- 1,183	1,183	
10/28/2024	B	678.700	1.0000		- 679	679	
11/04/2024	B	195.850	1.0000		- 196	196	
11/06/2024	B	937.500	1.0000		- 938	938	
11/08/2024	B	509.000	1.0000		- 509	509	
11/15/2024	B	2,151.330	1.0000		- 2,151	2,151	
11/18/2024	B	553.500	1.0000		- 554	554	
11/18/2024	B	139.040	1.0000		- 139	139	
11/19/2024	B	1,243.000	1.0000		- 1,243	1,243	
11/20/2024	B	1,984.230	1.0000		- 1,984	1,984	
11/25/2024	B	2,048.870	1.0000		- 2,049	2,049	
12/02/2024	B	1,198.900	1.0000		- 1,199	1,199	
12/03/2024	B	258.140	1.0000		- 258	258	
12/05/2024	B	550.000	1.0000		- 550	550	
12/09/2024	B	267.500	1.0000		- 268	268	
12/17/2024	B	139.040	1.0000		- 139	139	
12/18/2024	B	764.800	1.0000		- 765	765	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 151 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/20/2024	B	1,349.150	1.0000		- 1,349	1,349	
12/26/2024	B	1,299.500	1.0000		- 1,300	1,300	
12/31/2024	B	14,378.750	1.0000		- 14,379	14,379	
01/03/2025	B	238.450	1.0000		- 238	238	
01/06/2025	B	25,207.500	1.0000		- 25,208	25,208	
01/07/2025	B	145.000	1.0000		- 145	145	
01/13/2025	B	505.000	1.0000		- 505	505	
01/15/2025	B	2,255.830	1.0000		- 2,256	2,256	
01/21/2025	B	1,703.980	1.0000		- 1,704	1,704	
01/23/2025	B	22,610.020	1.0000		- 22,610	22,610	
01/24/2025	B	185.470	1.0000		- 185	185	
01/27/2025	B	678.940	1.0000		- 679	679	
01/28/2025	B	538.900	1.0000		- 539	539	
02/03/2025	B	1,147.070	1.0000		- 1,147	1,147	
02/04/2025	B	502.870	1.0000		- 503	503	
02/07/2025	B	3,075.880	1.0000		- 3,076	3,076	
02/13/2025	B	560.630	1.0000		- 561	561	
02/14/2025	B	360.000	1.0000		- 360	360	
02/18/2025	B	5,197.120	1.0000		- 5,197	5,197	
02/20/2025	B	2,534.470	1.0000		- 2,534	2,534	
02/20/2025	B	1,648.400	1.0000		- 1,648	1,648	
02/24/2025	B	587.500	1.0000		- 588	588	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 152 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/25/2025	B	2,121.220	1.0000		- 2,121	2,121	
02/28/2025	B	245.000	1.0000		- 245	245	
03/04/2025	B	111.150	1.0000		- 111	111	
03/11/2025	B	1,115.630	1.0000		- 1,116	1,116	
03/17/2025	B	2,734.680	1.0000		- 2,735	2,735	
03/20/2025	B	1,620.310	1.0000		- 1,620	1,620	
03/21/2025	B	12,330.000	1.0000		- 12,330	12,330	
03/25/2025	B	2,282.960	1.0000		- 2,283	2,283	
03/25/2025	B	244.160	1.0000		- 244	244	
03/31/2025	B	504.900	1.0000		- 505	505	
04/01/2025	B	1,552.750	1.0000		- 1,553	1,553	
04/02/2025	B	23,516.330	1.0000		- 23,516	23,516	
04/07/2025	B	1,415.000	1.0000		- 1,415	1,415	
04/15/2025	B	687.580	1.0000		- 688	688	
04/21/2025	B	1,986.910	1.0000		- 1,987	1,987	
04/25/2025	B	1,839.020	1.0000		- 1,839	1,839	
04/28/2025	B	678.700	1.0000		- 679	679	
05/02/2025	B	164.660	1.0000		- 165	165	
05/06/2025	B	937.500	1.0000		- 938	938	
05/08/2025	B	509.000	1.0000		- 509	509	
05/15/2025	B	1,496.330	1.0000		- 1,496	1,496	
05/19/2025	B	2,556.850	1.0000		- 2,557	2,557	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 153 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/20/2025	B	1,502.310	1.0000		- 1,502	1,502	
05/20/2025	B	1,526.640	1.0000		- 1,527	1,527	
05/27/2025	B	28,017.280	1.0000		- 28,017	28,017	
05/27/2025	B	297.260	1.0000		- 297	297	
06/02/2025	B	661.250	1.0000		- 661	661	
06/03/2025	B	86.360	1.0000		- 86	86	
06/05/2025	B	550.000	1.0000		- 550	550	
06/09/2025	B	267.500	1.0000		- 268	268	
06/16/2025	B	1,307.830	1.0000		- 1,308	1,308	
06/20/2025	B	1,917.410	1.0000		- 1,917	1,917	
06/25/2025	B	1,340.020	1.0000		- 1,340	1,340	
06/25/2025	B	1,238.590	1.0000		- 1,239	1,239	
06/30/2025	B	5,695.000	1.0000		- 5,695	5,695	
Total For Buys				0	921,051	921,051	0
07/01/2024	S	- 35,143.020	1.0000		35,143	35,143	
07/19/2024	S	- 44,995.290	1.0000		44,995	44,995	
07/22/2024	S	- 64,714.460	1.0000		64,714	64,714	
07/25/2024	S	- 88,787.150	1.0000		88,787	88,787	
07/26/2024	S	- 875.000	1.0000		875	875	
07/29/2024	S	- 80,250.910	1.0000		80,251	80,251	
07/30/2024	S	- 300,241.070	1.0000		300,241 *	300,241	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 154 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/01/2024	S	- 47,549.260	1.0000		47,549	47,549	
09/17/2024	S	- 28,224.040	1.0000		28,224	28,224	
10/04/2024	S	- 13,744.650	1.0000		13,745	13,745	
10/28/2024	S	- 875.000	1.0000		875	875	
12/16/2024	S	- 28,554.100	1.0000		28,554	28,554	
01/10/2025	S	- 15,440.710	1.0000		15,441	15,441	
01/23/2025	S	- 14,862.920	1.0000		14,863	14,863	
01/30/2025	S	- 31,236.400	1.0000		31,236	31,236	
01/31/2025	S	- 26,591.480	1.0000		26,591	26,591	
02/12/2025	S	- 2,883.630	1.0000		2,884	2,884	
02/21/2025	S	- 14,284.120	1.0000		14,284	14,284	
03/03/2025	S	- 4,857.810	1.0000		4,858	4,858	
03/26/2025	S	- 1,290.240	1.0000		1,290	1,290	
04/16/2025	S	- 45,368.850	1.0000		45,369	45,369	
04/23/2025	S	- 15,000.000	1.0000		15,000	15,000	
05/14/2025	S	- 5,609.420	1.0000		5,609	5,609	

Total For Sells				0	911,378	911,378	0
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Total First Am Govt Ob Fd Cl Z				0	1,832,429	1,832,429	0
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Issue: 91282CHL8 - U S Treasury Nt 4.625% 6/30/25

07/19/2024	B	65,000.000	.9976		- 64,845	64,845	
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00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 155 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Buys				0	64,845	64,845	0
07/22/2024	S	- 65,000.000	.9975		64,835	64,845	- 10
Total For Sells				0	64,835	64,845	- 10
Total U S Treasury Nt 4.625% 6/30/25				0	129,680	129,690	- 10
Issue: 91282CJW2 - U S Treasury Nt 4.000% 1/31/29							
07/01/2024	B	35,000.000	.9874		- 34,558	34,558	
07/22/2024	B	65,000.000	.9927		- 64,523	64,523	
Total For Buys				0	99,081	99,081	0
07/24/2024	S	- 250,000.000	.9927		248,184 *	246,350	1,834
Total For Sells				0	248,184	246,350	1,834
Total U S Treasury Nt 4.000% 1/31/29				0	347,265	345,431	1,834
Issue: 91282CKH3 - U S Treasury Nt 4.500% 3/31/26							
07/25/2024	B	89,000.000	.9994		- 88,944	88,944	
Total For Buys				0	88,944	88,944	0
07/30/2024	S	- 342,000.000	.9997		341,893 *	340,633	1,260

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 156 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Sells				0	341,893	340,633	1,260
Total U S Treasury Nt 4.500% 3/31/26				0	430,837	429,577	1,260
Issue: 91282CKX8 - U S Treasury Nt 4.250% 6/30/29							
07/24/2024	B	230,000.000	1.0041		- 230,934 *	230,934	
07/29/2024	B	80,000.000	1.0065		- 80,522	80,522	
08/01/2024	B	48,000.000	1.0107		- 48,512	48,512	
09/17/2024	B	27,000.000	1.0362		- 27,978	27,978	
01/10/2025	B	84,000.000	.9931		- 83,419	83,419	
Total For Buys				0	471,365	471,365	0
01/23/2025	S	- 22,000.000	.9925		21,836	22,111	- 275
01/31/2025	S	- 447,000.000	.9967		445,533 *	449,254	- 3,721
Total For Sells				0	467,369	471,365	- 3,996
Total U S Treasury Nt 4.250% 6/30/29				0	938,734	942,730	- 3,996
Issue: 91282CKY6 - U S Treasury Nt 4.625% 6/30/26							
07/30/2024	B	298,000.000	1.0038		- 299,118 *	299,118	
Total For Buys				0	299,118	299,118	0

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 157 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/04/2024	S	- 30,000.000	1.0143		30,428	30,113	315
01/10/2025	S	- 268,000.000	1.0045		269,214 *	269,005	209
Total For Sells				0	299,642	299,118	524
Total U S Treasury Nt 4.625% 6/30/26				0	598,760	598,236	524
Issue: 91282CME8 - U S Treasury Nt 4.250% 12/31/26							
01/10/2025	B	202,000.000	.9988		- 201,748 *	201,748	
01/31/2025	B	66,000.000	1.0006		- 66,041	66,041	
Total For Buys				0	267,789	267,789	0
Total U S Treasury Nt 4.250% 12/31/26				0	267,789	267,789	0
Issue: 91282CMG3 - U S Treasury Nt 4.250% 1/31/30							
01/31/2025	B	399,000.000	.9963		- 397,504 *	397,504	
01/31/2025	B	10,000.000	.9966		- 9,966	9,966	
03/03/2025	B	12,000.000	1.0104		- 12,124	12,124	
Total For Buys				0	419,594	419,594	0
05/19/2025	S	- 75,000.000	1.0084		75,627	74,750	877
Total For Sells				0	75,627	74,750	877

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 158 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total U S Treasury Nt		4.250% 1/31/30		0	495,221	494,344	877
GRAND TOTAL				0	5,040,715	5,040,226	489

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

Broker: Blaylock Robert Van LLC

07/24/2024	Issue: 91282CKX8 - U S Treasury Nt B	4.250% 6/30/29 230,000.000	1.0041		- 230,934 *	230,934	
Broker: Bmo-Chicago Branch							
07/22/2024	Issue: 91282CJW2 - U S Treasury Nt B	4.000% 1/31/29 65,000.000	.9927		- 64,523	64,523	
07/24/2024	Issue: 91282CJW2 - U S Treasury Nt S	4.000% 1/31/29 - 250,000.000	.9927		248,184 *	246,350	1,834
07/30/2024	Issue: 91282CKH3 - U S Treasury Nt S	4.500% 3/31/26 - 342,000.000	.9997		341,893 *	340,633	1,260
09/17/2024	Issue: 91282CKX8 - U S Treasury Nt B	4.250% 6/30/29 27,000.000	1.0362		- 27,978	27,978	
01/10/2025	Issue: 91282CME8 - U S Treasury Nt B	4.250% 12/31/26 202,000.000	.9988		- 201,748 *	201,748	
01/10/2025	Issue: 91282CKY6 - U S Treasury Nt S	4.625% 6/30/26 - 268,000.000	1.0045		269,214 *	269,005	209
01/31/2025	Issue: 91282CME8 - U S Treasury Nt B	4.250% 12/31/26 66,000.000	1.0006		- 66,041	66,041	
01/31/2025	Issue: 91282CKX8 - U S Treasury Nt S	4.250% 6/30/29 - 447,000.000	.9967		445,533 *	449,254	- 3,721
01/31/2025	Issue: 91282CMG3 - U S Treasury Nt B	4.250% 1/31/30 399,000.000	.9963		- 397,504 *	397,504	

00215701
66- -12-B -77 -185-01
1200 -21-02870-01



170 GROUP INS. BENEFIT TR. DUCENTA
ACCOUNT 6746121000

Page 159 of 159
Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/03/2025	Issue: 91282CJZ5 - U S Treasury Nt B	4.000% 2/15/34 15,000.000	.9855		- 14,782	14,782	
03/03/2025	Issue: 91282CMG3 - U S Treasury Nt B	4.250% 1/31/30 12,000.000	1.0104		- 12,124	12,124	
Total For Bmo-Chicago Branch				0	2,089,524	2,089,942	- 418
Broker: Santander US Capital Mkts LLC							
07/30/2024	Issue: 91282CKY6 - U S Treasury Nt B	4.625% 6/30/26 298,000.000	1.0038		- 299,118 *	299,118	
Total For Santander US Capital Mkts LLC				0	308,431	308,918	- 488
GRAND TOTAL				0	2,619,576	2,619,994	- 418