

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 2021 This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>10/01/2021</u> and ending <u>09/30/2022</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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	<u>TEAMSTERS LOCAL 830 PENSION PLAN</u>		1b Three-digit plan number (PN) ▶	<u>001</u>
			1c Effective date of plan	<u>10/01/1963</u>
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)	<u>TEAMSTERS LOCAL 830 PENSION PLAN</u> <u>12298 TOWNSEND ROAD</u> <u>PHILADELPHIA, PA 19154</u>		2b Employer Identification Number (EIN)	<u>23-1990755</u>
			2c Plan Sponsor's telephone number	<u>215-969-1012</u>
			2d Business code (see instructions)	<u>484110</u>

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.	06/26/2023	DANIEL GRACE - UNION TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/26/2023	DOMINIC ORIGLIO - EMPLOYER TRUSTEE
	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

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

Form 5500 (2021)
v. 210624

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	2382
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	468
a(2) Total number of active participants at the end of the plan year		6a(2)	425
b Retired or separated participants receiving benefits.....		6b	1014
c Other retired or separated participants entitled to future benefits		6c	593
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2032
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	322
f Total. Add lines 6d and 6e		6f	2354
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	10
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4L			
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	
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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan TEAMSTERS LOCAL 830 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TEAMSTERS LOCAL 830 PENSION PLAN	D Employer Identification Number (EIN) 23-1990755

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 10 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	192638129
(2) Actuarial value of assets for funding standard account	1b(2)	175833905
c (1) Accrued liability for plan using immediate gain methods	1c(1)	173744174
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	173744174
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	325412853
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	4679803
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	13653703
(3) Expected plan disbursements for the plan year.....	1d(3)	13653703

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	07/10/2023
Signature of actuary	Date
BRYAN MCCORMICK	23-07345
Type or print name of actuary	Most recent enrollment number
CBIZ	215-587-0700
Firm name	Telephone number (including area code)
1845 WALNUT ST, 10TH FLOOR, PHILADELPHIA, PA 19103	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule MB (Form 5500) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	192638129
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1330	162198433
(2) For terminated vested participants	592	65704382
(3) For active participants:		
(a) Non-vested benefits.....		268333
(b) Vested benefits.....		97241705
(c) Total active	430	97510038
(4) Total	2352	325412853
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	59.20 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/01/2022	3883098	0			
04/01/2022	217557	0			
10/01/2022	225162	0			
Totals ▶			3(b)	4325817	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 217557

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	101.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.28 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	7P	7P	
(2) Females	6c(2)	7FP	7FP	
d Valuation liability interest rate	6d	7.50 %	7.50 %	
e Expense loading	6e	41.3 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	10.7 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	22.3 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-5716695	-602445
4	291253	30693

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	2566684
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	48936974
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	686365
e Total charges. Add lines 9a through 9d.....	9e	9837893

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	25480821
g Employer contributions. Total from column (b) of line 3.....	9g	4325817
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	25545884
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	2306996
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	27904607
(2) "RPA '94" override (90% current liability FFL)	9j(2)	117378991
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	35373877
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	25535984
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
--	-----------	--

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
--	--

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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan TEAMSTERS LOCAL 830 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LOCAL 830 PENSION PLAN	D Employer Identification Number (EIN) 23-1990755

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
FIRST EAGLE INVESTMENT MNGMT, LLC
57-1156902
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BNY MELLON
25-6078093
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ENTRUST GLOBAL PARTNERS OFFSHORE LP
90-0644478
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CORBIN CAPITAL PARTNERS LP
30-0299433

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

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

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

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

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

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

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

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

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

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

BOYD WATERSON ASSETS MANAGEMENT LLC

34-1922005

(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 51	NONE	266691	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDMAN JOHNSTON GLOBL ADVISORS

13-3257590

(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 51	NONE	164977	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERCONTINENTAL R/E CORP.

04-2895544

(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 51	NONE	164735	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)

PORTFOLIO ADVISORS, LLC

06-1487853

(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 72	NONE	163464	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

INVESTMENT PERFORMANCE SERVICES

58-1645832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	87500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT LAKES ADVISORS LLC

80-0292839

(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 51	NONE	86796	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)

LOGAN CAPITAL MANAGEMENT INC

23-2744570

(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 51	NONE	84919	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEDGE CAPITAL MANAGEMENT

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	84118	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

SAMUEL J. KENISH

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81051	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)

AMERICAN REALTY ADVISORS

33-0123114

(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 51	NONE	79372	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	77477	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ

22-2769024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	58400	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)

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	52060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ENTRUST GLOBAL PARTNERS LLC

13-4021839

(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 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	50615	Yes ☐ No ☒

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

NOVAK FRANCELLA LLC

61-1436956

(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	49813	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)

CLEARY JOSEM & TRIGIANI LLP

23-2657967

(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	37913	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARISTOTLE CREDIT PARTNERS LLC

23-1415471

(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 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	35152	Yes ☐ No ☒

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

JENNIFER SCHMELTZER

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33198	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)

BRANDON KENISH

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28373	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AGNES BREEN

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28156	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY C. JONIEC

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	27240	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)

DONNA DI FRANCESCO

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26527	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOANNE CREEDON

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25942	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTENSON INVESTMENT PARTNERS LLC

20-0798041

(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?
61 72	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	23501	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)

WELLS CAPITAL MANAGEMENT INC

95-3692822

(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 51	NONE	14810	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COZEN O'CONNOR

23-1732832

(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	10900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHRISTENSON INVESTMENT PARTNERS LLC	61 72	23501
(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.	
LOGAN CAPITAL MANAGEMENT INC 23-2744570	REFERRAL FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ENTRUST GLOBAL PARTNERS LLC	28 51	48461
(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.	
ENTRUSTPERMAL SPECIAL OPP FD 90-0644478	INVESTMENT MANAGEMENT FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ENTRUST GLOBAL PARTNERS LLC	28 51	2154
(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.	
ENTRUST CAPITAL DIVERSIFIED 375 PARK AVE, 24TH FLR NEW YORK, NY 10152	INVESTMENT MANAGEMENT FEE	

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
ARISTOTLE CREDIT PARTNERS LLC	28 52	35152

(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.
AMALGAMATED BANK OF CHICAGO 36-0721895	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan <u>TEAMSTERS LOCAL 830 PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TEAMSTERS LOCAL 830 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>23-1990755</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARDMAN JOHNSTON INTERNATIONAL EQUI</u>		
b Name of sponsor of entity listed in (a): <u>HARDMAN JOHNSTON GLOBAL ADVISORS LLC</u>		
c EIN-PN <u>26-6493485-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16493656</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM MELLON AFL-CIO STOCK INDEX FUN</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-340</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8013213</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022		
A Name of plan TEAMSTERS LOCAL 830 PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LOCAL 830 PENSION PLAN	D Employer Identification Number (EIN) 23-1990755	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	159897	225162
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	3823750	3837340
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3539627	2173430
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	16660130	7341845
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	56242541	40069286
(5) Partnership/joint venture interests	1c(5)	64677112	67809008
(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)	9486986	8013213
(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)	26772382	16493656
(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)	14995640	22005954

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	196358065 167968894
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	251905 223688
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	251905 223688
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	196106160 167745206

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	4210437
	(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)	4210437
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	14651
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	605136
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	1633302
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	2253089
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	700363
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	700363
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	78956520
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	81670865
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-2714345
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-6830605
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-6830605

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-1473773
(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)		-9996204
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-13851038
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12327418	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		12327418
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	158513	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1405902	
(4) Other.....	2i(4)	618083	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2182498
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14509916
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-28360954
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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		89814962
4g	X		89814962
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>464678</u> .			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan TEAMSTERS LOCAL 830 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LOCAL 830 PENSION PLAN	D Employer Identification Number (EIN) 23-1990755

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 23-1990755		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	2

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **MULLER INC**

b EIN **23-1491334** **c** Dollar amount contributed by employer **810831**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **01** Year **2023**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **135.00**

(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **THOMAS JEFFERSON UNIVERSITY HOSPITA**

b EIN **23-2829095** **c** Dollar amount contributed by employer **494761**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **02** Day **04** Year **2023**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **102.35**

(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **ORIGLIO BEVERAGE INC**

b EIN **23-1541334** **c** Dollar amount contributed by employer **1166731**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **01** Year **2023**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **135.00**

(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **PENN BEER DISTRIBUTORS INC**

b EIN **23-1397236** **c** Dollar amount contributed by employer **849139**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **01** Year **2023**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **135.00**

(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **BUNZL DISTRIBUTION**

b EIN **13-1884179** **c** Dollar amount contributed by employer **218203**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **03** Year **2023**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **170.40**

(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

1.02

b The corresponding number for the second preceding plan year

15b

0.99

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

1

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

2710470

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: 50.0 % Investment-Grade Debt: 12.8 % High-Yield Debt: 0.0 % Real Estate: 21.8 % Other: 15.4 %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

TEAMSTERS LOCAL 830 PENSION PLAN

FINANCIAL STATEMENTS

SEPTEMBER 30, 2022

TEAMSTERS LOCAL 830 PENSION PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

SEPTEMBER 30, 2022 AND 2021

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Supplemental Information	
Schedules of Administrative Expenses	21
Schedule of Assets Held at End of Year	22
Schedule of Reportable Transactions	31

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Teamsters Local 830 Pension Plan

Opinion

We have audited the financial statements of the Teamsters Local 830 Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2022 and 2021, and the related statements of changes in net assets available for benefits 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 of the Plan as of September 30, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan’s management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Novak Francella LLC

Bala Cynwyd, Pennsylvania
May 23, 2023

TEAMSTERS LOCAL 830 PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2022 AND 2021

ASSETS	2022	2021
INVESTMENTS - at fair value		
Common stock	\$ 40,069,286	\$ 56,242,541
Corporate obligations	7,259,045	16,660,130
Foreign obligation	82,800	-
103-12 investment entity - international equity	16,493,656	26,772,382
Common collective trust - equity	8,013,213	9,486,986
Limited partnership - fixed income	3,081,706	7,883,650
Limited partnership - global tactical asset allocation	4,199,536	4,915,001
Limited partnerships - real estate	49,289,914	41,781,843
Limited partnerships - private equity	11,237,852	10,096,618
Hedge funds of funds - multistrategy	426,438	430,772
Hedge funds of funds - opportunistic	21,579,516	14,564,868
Money market mutual funds	1,958,660	3,049,608
Interest bearing cash	214,770	490,019
Total investments	<u>163,906,392</u>	<u>192,374,418</u>
RECEIVABLES		
Employer contributions	225,162	159,897
Withdrawal liability - net of allowance	3,352,651	3,468,031
Due from related parties	163,163	79,484
Accrued interest and dividends	154,964	223,470
Pending investment trades receivable	150,000	35,399
Total receivables	<u>4,045,940</u>	<u>3,966,281</u>
PREPAID EXPENSES	<u>16,562</u>	<u>17,366</u>
Total assets	<u>167,968,894</u>	<u>196,358,065</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	<u>223,688</u>	<u>251,905</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 167,745,206</u>	<u>\$ 196,106,160</u>

TEAMSTERS LOCAL 830 PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2022 AND 2021

	2022	2021
ADDITIONS		
Investment income		
Net (depreciation) appreciation in fair value of investments	\$ (21,116,240)	\$ 33,885,731
Interest and dividends	3,047,719	3,061,252
Other investment income	7,046	154,581
	(18,061,475)	37,101,564
Less: investment expenses	(1,405,902)	(1,273,895)
Investment (loss) income - net	(19,467,377)	35,827,669
Employer contributions	4,108,260	4,256,540
Withdrawal liability contributions and interest	102,177	2,133,173
Total additions	(15,256,940)	42,217,382
DEDUCTIONS		
Benefits		
Monthly retirement benefits	12,302,418	11,787,892
Death	25,000	24,000
Total benefits	12,327,418	11,811,892
Administrative expenses	776,596	740,004
Total deductions	13,104,014	12,551,896
NET (DECREASE) INCREASE	(28,360,954)	29,665,486
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	196,106,160	166,440,674
End of year	\$ 167,745,206	\$ 196,106,160

See accompanying notes to financial statements.

TEAMSTER LOCAL 830 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2022 AND 2021

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the accrual basis of accounting.

Investments and Income Recognition - Investments in common stocks, corporate obligations, the foreign obligation, and the money market mutual funds are carried at fair value as provided by the investment custodian, which generally represents quoted market prices or the net asset value of the mutual fund as of the last business day of the year. The 103-12 investment entity is carried at net asset value or its equivalent (NAV) as provided by the sponsors of the investment. The common collective trust is carried at net asset value or its equivalent as provided by the trust. The investments in the limited partnerships are carried at net asset value or its equivalent as reported by the partnerships. The hedge funds of funds are carried at net asset value or its equivalent as provided by the investment managers.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions Receivable - Contributions due and not paid prior to year end are recorded as contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided.

Funding Policy and Revenue Recognition - The Plan is funded by contributions from participating employers under the terms of collective bargaining agreements (CBA). Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

Withdrawal Liability Receivable - The receivable for withdrawal liability and the related income are recorded when the obligation of the specific employer has been determined. Allowance for uncollectible accounts is considered necessary and is netted with the receivable.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

NOTE 2. DESCRIPTION OF PLAN

The Teamsters Local 830 Pension Fund (the Plan) provides pension benefits to eligible members of Teamsters Local 830 which represents members primarily employed in distribution and warehousing activities in the beer, soft drink and other industries in eastern Pennsylvania, New Jersey, and Delaware. The following brief description of the Plan is provided for general informational purposes only. Participants should refer to the plan document and summary plan description for more complete information.

The Plan is a multiemployer, defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The purpose of the Plan is to provide for retirement, death and disability benefits for eligible participants. Benefits are funded through employer contributions determined by collective bargaining agreements. New employees of some employers are not eligible to participate in the Plan.

Reference should be made to the plan document and summary plan description for specific details as to eligibility, vesting, and computation of benefits.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits, should the Plan terminate at some future time, will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for, while other benefits may not be provided at all.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter on January 21, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provision of Section 501(a). The Plan has been amended since receiving the determination letter. However, the Trustees and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 5. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of October 1, 2021. Information in the report included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants and beneficiaries	
currently receiving benefits	\$ 103,007,543
Other participants	69,313,067
	<u>172,320,610</u>
Nonvested benefits	1,423,564
	<u>1,423,564</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 173,744,174</u></u>

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended September 30, 2021 were as follows:

Actuarial present value of accumulated plan	
benefits at beginning of year	<u>\$ 171,185,049</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial gains and losses	1,683,831
Interest due to decrease in discount period	12,395,933
Benefits paid	(11,811,892)
Change in actuarial assumptions	291,253
Net increase	<u>2,559,125</u>
Actuarial present value of accumulated plan	
benefits at end of year	<u><u>\$ 173,744,174</u></u>

NOTE 5. ACTUARIAL INFORMATION (continued)

The actuarial valuation was made using the projected unit credit cost method. Some of the more significant actuarial assumptions used in the valuation as of October 1, 2021 were as follows:

Funding interest rate:	7.50% per year, compounded annually.
Current liability interest rate:	2.28% per year, compounded annually for RPA '94.
Administrative expenses:	An amount equal to the core expenses (excluding investment expenses) paid in the preceding Plan Year, rounded up to the next \$10,000, added to the Normal Cost. (\$750,000 for 2021, expense loading of 41.3%).
Health mortality:	The RP-2006 Mortality Table, with mortality improvements projected with Scale MP-2021 on a generational basis. An adjustment factor of 1.10 was applied to the healthy male annuitant rates.
Disability mortality:	The RP- 2006 Mortality Table for disabled retirees, with mortality improvements projected with Scale MP-2021 on a generational basis.
Current liability mortality:	IRS 2021 Mortality Table, as prescribed.

Active and terminated vested participants are assumed to retire in accordance with the rates in the table below:

<u>Age</u>	<u>Percentage</u>
50-59	5.50%
60	10.00%
61	20.00%
62	30.00%
63-69	22.50%
70 and older	100%

Spouses: 75% of male participants and 50% of female participants not currently collecting benefits are assumed to be married, with male spouses assumed to be three years older and female spouses assumed to be three years younger than the participant.

Service Credit:	For purposes of projecting future benefit accruals, it is assumed that each active participant will earn a full year of benefit service.
-----------------	--

NOTE 5. ACTUARIAL INFORMATION (continued)

Actuarial valuation method:	Unit Credit cost method.
Asset valuation method:	Recognition of gains and losses above or below the assumed rate of return over a 5-year period, adjusted, if necessary, to remain within a corridor of 80% to 120% of the market value of plan assets.

The following change was made in the actuarial assumptions from the prior year:

1. The current liability interest rate was changed from 2.55% to 2.28%, in compliance with IRS regulations. Additionally, the RPA current liability mortality table was changed to the 2021 Static Mortality Table under IRS Notice 2019-67.
2. The mortality improvement scale was updated from MP-2020 to MP-2021 in order to better reflect demographic trends.

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Normal retirement: Age 62 (or 65, depending on employer) or 5th anniversary of the date of participation commencement in the Plan. Monthly benefit equal to the applicable monthly benefit level times each year of credited service up to 35 years. Effective January 1, 2012, the service limit of 35 years is eliminated for those employees who end their covered employment on or after January 1, 2012. In addition, benefits earned after January 1, 2012, are based on the highest benefit multiplier in effect for that calendar year. The monthly benefit level is based on the rate for which contributions are being made on employees' behalf.

Early Retirement: Attainment of age 50 and completion of at least 5 years of vesting service. Normal retirement pension accrued to date of early retirement, reduced by 6% for each year by which the early retirement date precedes the normal retirement date.

Terminated Vested: Completion of at least 5 years of vesting service at the time of termination of covered employment. Accrued benefit payable at age 62 (or 65, depending on employer). A participant who completed 5 years of credited service at termination may elect to have his vested monthly pension paid beginning on the first day of any month which follows his 50th birthday. In this case, the pension will be actuarially reduced.

Disability: A participant who has ten Benefit Years and is eligible to receive a monthly Social Security disability benefit is eligible to receive a disability benefit. The disability benefit will be equal to the normal retirement pension accrued to date of disability, commencing on the first day of the month following the later of 180 days of continuous total disability or the termination of contributions to the Plan by the participant's employer for his/her disability leave of absence.

NOTE 5. ACTUARIAL INFORMATION (continued)

Since information on the actuarial present value of accumulated plan benefits as of September 30, 2022 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of September 30, 2022 and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended September 30, 2022. The complete financial status is presented as of September 30, 2021.

The actuary reported that the Plan has met minimum funding standards as of September 30, 2022.

Under the Pension Protection Act of 2006, the Plan is required to provide an actuarial certification as to its funded status. As of October 1, 2022, the Plan is neither in endangered status nor critical status.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at September 30, 2022			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 40,069,286	\$ 40,069,286	\$ -	\$ -
Corporate obligations	7,259,045	-	7,259,045	-
Foreign obligation	82,800	-	82,800	-
Money market mutual funds	1,958,660	1,958,660	-	-
Interest bearing cash	214,770	214,770	-	-
Total assets in the fair value hierarchy	49,584,561	<u>\$ 42,242,716</u>	<u>\$ 7,341,845</u>	<u>\$ -</u>
Investments measured at net asset value (a)	114,321,831			
Total investments at fair value	<u>\$ 163,906,392</u>			

	Fair Value Measurements at September 30, 2021			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 56,242,541	\$ 56,242,541	\$ -	\$ -
Corporate obligations	16,660,130	-	16,660,130	-
Money market mutual funds	3,049,608	3,049,608	-	-
Interest bearing cash	490,019	490,019	-	-
Total assets in the fair value hierarchy	76,442,298	<u>\$ 59,782,168</u>	<u>\$ 16,660,130</u>	<u>\$ -</u>
Investments measured at net asset value (a)	115,932,120			
Total investments at fair value	<u>\$ 192,374,418</u>			

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended September 30, 2022 and 2021, there were no transfers in or out of levels 1, 2, or 3.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments and redemption information are as follows at September 30, 2021 and 2020:

	2022 Fair Value	2021 Fair Value	2022 Unfunded Commitments	2021 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
103-12 investment entity - international equity:						
Hardman Johnston International Equity Group Trust	\$ 16,493,656	\$ 26,772,382	\$ -	\$ -	Monthly	10 Business Days
Common collective trust - equity:						
BNYM Mellon AFL-CIO SL Stock Index Fund	8,013,213	9,486,986	-	-	Daily	1 Day
Limited partnership - fixed income:						
US Core Fixed Income Fund	3,081,706	7,883,650	-	-	Daily	1 Day
Limited partnership - global tactical asset allocation:						
First Eagle Global Value Fund, LP	4,199,536	4,915,001	-	-	Monthly	5 Business Days
Limited partnership - real estate:						
American Core Realty Fund, LP	6,550,048	6,363,686	-	-	*Quarterly	*10 Business Day
Boyd Watterson GSA Fund, LP	6,602,320	6,241,075	-	-	+Quarterly	+60 Days
Boyd Watterson State Government Fund, LP	15,432,196	14,474,544	-	-	+Quarterly	+60 Days
US Real Estate Investment Fund, LLC	20,705,350	14,702,538	-	2,500,000	@Quarterly	@90 Days
Limited partnerships - private equity:						
Portfolio Advisors Secondary Fund III (Offshore), LP	5,347,893	6,582,297	563,318	813,318	(a)	(a)
Portfolio Advisors Secondary Fund IV (Offshore), LP	5,889,959	3,514,321	1,964,240	3,168,308	(a)	(a)
Hedge funds of funds - multistrategy:						
EnTrust Capital Diversified Fund Class X, Series 3/31/2018	215,961	218,156	-	-	(b)	(b)
EnTrust Capital Diversified Fund Class X, Series 12/31/2017	210,477	212,616	-	-	(b)	(b)
Hedge funds of funds opportunistic:						
Corbin ERISA Opportunity Fund, LP	9,519,663	9,861,869	-	-	#Quarterly	65 Days
EnTrustPermal Special Opportunities Fund, IB, Ltd.	3,371,887	4,702,999	-	-	(c)	(c)
GoldenTree Multi-Sector Fund Offshore ERISA, Ltd.	8,687,966	-	-	-	Quarterly	90 Days
	<u>\$114,321,831</u>	<u>\$115,932,120</u>	<u>\$ 2,527,558</u>	<u>\$ 6,481,626</u>		

* - Requests for redemptions of units in the Fund may be made at any time, with 10 business day's notification by submitting a Redemption Notice form signed by a representative of the Plan and are effective at the end of the calendar quarter in which the request is received by American Realty Advisors (ARA). The units that are subject to a redemption notice may be redeemed in full or in installments on a pro-rata basis as funds become available for such purpose and the redemption price will be the value per unit based on ARA's estimate of the fair value of the Fund's net assets as computed under generally accepted accounting principles at such time that each payment is made. Although ARA is required to use reasonable efforts to cause the Fund to pay the redemption price as soon as practicable after the effective date of the request, redemptions are subject to the availability of cash flow arising from investment transactions, sales and other Fund operations occurring in the normal course of business. ARA is not required to liquidate or encumber assets or defer investments in order to satisfy redemption requests. In 2022, ARA put up a redemption gate on all redemption requests.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

+ - Partial redemptions of units shall only be permitted in increments of \$250,000 and shall not be permitted for amounts less than \$250,000. Because of the illiquidity of the Fund's assets, there is no guarantee that cash will be available at any particular time to fund a particular redemption request, and the Fund will be under no obligation to make such cash available through the sale of assets, borrowings, acceptance of new Capital Commitments, capital calls or otherwise. Further, the General Partner may decline to redeem all, or any portion of the Units held by an Investor in the General Partner's sole and absolute discretion. To the extent that available cash is insufficient to provide for outstanding redemption requests, Fund Partners may not receive their requested distribution at the requested time. Consequently, there can be no assurance as to the extent or timing of any redemption, particularly if other Fund Partners are seeking to redeem at the same time. Fund Partners might therefore be unable to use redemption as an effective means of terminating their investment in the Fund.

@ - Requests for redemptions of units in the Fund may be made at any time later of (i) the first anniversary of the Initial Closing and (ii) the date upon which the Net Asset Value first exceeds \$200 million (the period then ending, the "Redemption Lockout Period"), and subject to Article 7, a Member may elect to have the Company redeem some or all of its Interests by providing the Manager with written notice to such effect (a "Redemption Notice") in a form acceptable to the Manager at least 90 days prior to a calendar quarter end; provided, in any case, that there is not an Unfunded Capital Commitment with respect to such Member. Unless such notice period is waived by the Manager, redemption requests will be effective as of the first calendar quarter end upon or after the expiration of the 90-day notice period (the "Redemption Effective Date") (Interests subject to a valid Redemption Notice shall, upon the Redemption Effective Date, become "Redemption Interests"). In 2022, the US Real Estate Investment Fund, LLC put up a redemption gate on all redemption requests.

(a) - The investments are private equity investments and do not permit redemption of interests. Distributions are made at the discretion of the Partnership.

(b) - The EnTrust Capital Diversified Fund Ltd. (the Fund) Board of Directors, in consultation with the Advisor, decided to cease investment operations of the Fund effective December 31, 2018, the date liquidation became imminent, due to the EnTrust Capital Diversified Fund QP Ltd. and EnTrust Capital Diversified Fund NQP Ltd. (the Feeder Funds) redemption requests. The Fund intends to complete its liquidation in an orderly manner.

- Quarterly with a 25% gate.

(c) - Following the expiration of the three year commitment period (including the one year extension period if extended by the advisor), shareholders who invested at the initial closing shall have the right to redeem all or a portion of their pro rata share of available liquidity in underlying investment vehicles. The first redemption date shall be on the last business day of the first calendar quarter following the expiration of the commitment period and thereafter on the last business day of any calendar quarter, or on any other date authorized by the Board of Directors in its sole discretion. Shareholders who invest in subsequent closings will not have a right to redeem during the life of the fund.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The US Core Fixed Income Fund was established for the express purpose of investing in investment-grade debt securities including U.S. government securities, corporate bonds, mortgage-related securities, asset-backed and commercial mortgage-backed securities, and money market securities. The Fund may also on occasion invest in unrated or below investment-grade bonds that the portfolio managers believe are comparable to investment-grade bonds.

The First Eagle Global Value Fund, L.P. was established with the objective to seek capital appreciation by investing primarily in equity securities (and securities convertible into equity securities) issued by both U.S. and non-U.S. issuers. The investment philosophy and strategy of the Partnership can be broadly characterized as a value approach.

The American Core Realty Fund, LP (the Fund) has been organized to allow Taft-Hartley pension funds, governmental retirement plans, corporate pension plans and qualified trusts forming part of a pension or profit-sharing plan, endowments, charitable foundations and other taxable and tax-exempt organizations to pool their assets to make investments primarily in core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

The Boyd Watterson GSA Fund's objective is to generate a stable stream of investment grade current income while also preserving wealth using risk parameters and portfolio management strategies established by the General Partner. The Fund intends to meet this objective through the purchase of real estate assets that are primarily leased to Federal Agencies for remaining terms of at least seven (7) years on a weighted average basis in length. The high credit rating of Federal Agencies is expected to provide a well-defined cash flow stream that the Fund does not expect will vary from the leased terms over the course of an investment. The Fund's investments will primarily consist of equity acquisitions but may also include construction loans that are structured to become equity acquisitions at the completion of the project. Joint venture investments in which the Fund will retain primary control over the asset are also possible.

The Boyd Watterson State Government Fund's objective is to provide income stability and capital preservation while seeking to deliver excess returns with moderate risk over market cycles by investing predominantly in commercial real estate properties leased to State Governments Tenants. This will include single-tenant, multi-tenant, recently or to-be-constructed build-to-suit properties with the development risk borne by the developers/sellers. Investments undertaken by the Fund may take the form of (i) individual real estate or real estate-related assets or (ii) equity or other interests in entities that own or control such real estate or real estate-related assets (each, an "Investment" and collectively, the "Investments").

The U.S. Real Estate Investment Fund, LLC's objectives are to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investments and, to a lesser extent, on value-added investments.

The Portfolio Advisors Secondary Fund III (Offshore), L.P. invests in the Portfolio Advisors Secondary Fund III, LP (PASF III). The Portfolio Advisors Secondary Fund IV (Offshore), L.P. invests in the Portfolio Advisors Secondary Fund IV, LP (PASF IV). The objectives of the PASF III and PASF IV are to achieve long-term returns through investment in a diversified portfolio of private equity limited partnerships purchased in the secondary market and a select number of co-investments.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The EnTrust Capital Diversified Fund QP, Ltd.'s objective was to seek above-average rates of return and long-term capital growth through an investment in the EnTrust Capital Diversified Fund, Ltd, a fund of funds with a diversified portfolio of private investment entities and/or separately managed accounts managed by investment managers.

The investment objective of the Corbin ERISA Opportunity Fund, L.P. (the Fund) is to achieve a substantial return on capital through opportunistic investments primarily in a broad range in public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations, though at times, the Fund may have exposure to other assets, instruments and markets. The Fund may pursue its investment objective by employing a variety of investment strategies, including, but not limited to: high-yield and distressed securities, long/short credit, structured and asset-backed credit, private lending, event driven investing and emerging markets credit.

The EnTrustPermal Special Opportunities Fund IV, Ltd.'s investment objective is to invest in highly attractive, select investment opportunities by maintaining investments through private investment entities and/or separately managed accounts (each, an "Investment" or a "Portfolio" and collectively, the "Investments" or the "Portfolios") with investment management professionals (each a "Manager" and collectively, the "Managers") specializing in various alternative investment strategies. The Managers have broad investment experience and the ability to leverage their existing relationships with corporate management teams, investment banks and other institutions to gain access to certain investment opportunities. As such, the Advisor is presented with "best idea" investment opportunities, typically in asset classes where market dislocations or other events have created attractive investment opportunities.

The investment objective of GoldenTree Multi-Sector Fund Offshore ERISA, Ltd. (the Fund) is to achieve attractive risk adjusted returns by investing across a broad universe of credit-related investments, including, but not limited to, bank debt, high yield bonds and structured products.

NOTE 7. WITHDRAWAL LIABILITY

In October 2018, an employer withdrew from the Plan and was assessed a withdrawal liability that required 240 monthly payments of \$2,170. This employer incurred partial withdrawals in prior years that previously required monthly payments of \$1,561. Through September 30, 2022, the Plan received withdrawal liability principal and interest payments totaling \$18,734. During the year ended September 30, 2019, the employer stopped making the required payments to the Plan. Due to the default, the remaining balance owed as of September 30, 2022 totaled approximately \$813,318. An allowance for the full amount has been recorded as of September 30, 2022, as the amount is not considered collectible.

NOTE 7. WITHDRAWAL LIABILITY (continued)

In 2019, an employer withdrew from the Plan and was assessed a withdrawal liability that required 240 monthly payments of \$13,524 starting in April 2019. During each of the years ended September 30, 2022 and 2021, the Plan received withdrawal liability principal and interest payments totaling \$162,288. As of September 30, 2022, the remaining balance owed totaled \$1,947,868 and the allowance totaled \$554,558.

In 2021, an employer withdrew from the Plan and was assessed a withdrawal liability that required 240 monthly payments of \$14,192 starting in January 2022. The total withdrawal liability contribution recognized during the year ended September 30, 2021 totaling \$2,710,470 was offset by an allowance recognized during the year ended September 30, 2021 totaling \$677,618. During the years ended September 30, 2022 and 2021, the Plan received withdrawal liability principal and interest payments totaling \$55,269 and \$55,347, respectively. As of September 30, 2022, the remaining balance owed totaled \$2,636,959 and the allowance totaled \$677,618.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN

Employees of the Teamsters Local 830 Pension Plan (the Pension Plan), the Teamsters Local 830 Health and Welfare Fund (the Health Fund), the Teamsters Local 830 Retirement Savings Plan (the Savings Plan), together referred to as the Teamsters Local 830 Benefit Funds, participate in a multiemployer defined benefit pension plan under the terms of a participation agreement that cover its non-collectively bargained employees. The common expenses of the Teamsters Local 830 Benefit Funds are initially paid by the Pension Plan and are reimbursed by the related funds based on a cost allocation study. The Pension Plan remits the contributions to this multiemployer defined benefit pension plan for the shared employees on behalf of the Teamsters Local 830 Benefit Funds. The Health Fund and the Savings Plan reimburse the Pension Plan for their share of the contributions based on a cost allocation study. The risks of participating in the multiemployer defined benefit pension plan is different from a single-employer plan in the following aspects:

- a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.
- c. If the Plan chooses to stop participating in the multiemployer defined benefit pension plan, the Plan may be required to pay the multiemployer defined benefit pension plan an amount based on the underfunded status of the multiemployer defined benefit pension plan, referred to as a withdrawal liability.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

The Teamsters Local 830 Benefits Funds' participation in this multiemployer defined benefit pension plan for the annual periods ended September 30, 2022 and 2021 is outlined in the table below. The zone status is based on information that the Teamsters Local 830 Benefit Funds received from the multiemployer defined benefit pension plan and is certified by the multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
Teamsters Local 830 Pension Plan	23-1990755	001	Green as of 10/1/2022	No	Green as of 10/1/2021	No	*

*The employees of the Teamsters Local 830 Benefit Funds participate in the Teamsters Local 830 Pension Plan through a participation agreement between the Teamsters Local 830 Benefit Funds and the Teamsters Local 830 Pension Plan. The participation agreement does not have an expiration date.

Legal Name of Pension Plan	Contribution to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan Contributions (Plan year ending)		Employer Contribution Rates		Number of Employees Covered by Plan	
	9/30/2022	9/30/2021			9/30/2022	9/30/2021	9/30/2022	9/30/2021
Teamsters Local 830 Pension Plan	\$ 92,811	\$ 89,757	No, Plan year ending 9/30/2022.	No, Plan year ending 9/30/2021.	\$146.50 per week	\$143.50 per week	12	12

Legal Name of Pension Plans	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plans by the Plan?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
Teamsters Local 830 Pension Plan	N/A, Green zone	No	No	N/A

NOTE 9. RELATED PARTY TRANSACTIONS

The Plan has five related organizations which include Teamsters Local 830 Health and Welfare Fund (the Health Fund), the Teamsters Local 830 Retirement Savings Plan (the Retirement Savings Plan), the Teamsters Local 830 Scholarship Fund (the Scholarship Fund), the Teamsters Local 830 Legal Fund (the Legal Fund) (which is part of the Health Fund), and Teamsters Local Union No. 830 (the Union). These organizations are related by common trustees or officers.

NOTE 9. RELATED PARTY TRANSACTIONS (continued)

The Pension Plan shares its office facilities, office personnel, equipment and certain other expenses with the Health Fund, the Retirement Savings Plan, the Scholarship Fund, and the Legal Fund. The expenses are initially paid by the Pension Plan.

The related organizations reimburse the Pension Plan the following month for their share of the allocable expenses. The Scholarship Fund reimburses the Pension Plan \$1,250 each quarter for its share of allocable expenses. The operating expenses are allocated in accordance with an independent cost allocation study as follows:

Pension Plan	31 %
Health Fund	44
Retirement Savings Plan	21
Legal Fund	4

During the years ended September 30, 2022 and 2021, the expenses reimbursed to the Pension Plan from the related organizations totaled:

	2022	2021
Health Fund	\$ 791,763	\$ 639,548
Retirement Savings Plan	377,887	305,239
Legal Fund	71,978	58,141
Scholarship Fund	5,000	5,000
Total	<u>\$ 1,246,628</u>	<u>\$ 1,007,928</u>

At September 30, 2022 and 2021, the amounts owed to the Pension Plan for unreimbursed operating expenses totaled:

	2022	2021
Health Fund	\$ 102,543	\$ 50,685
Retirement Savings Plan	48,821	24,191
Legal Fund	9,299	4,608
Scholarship Fund	2,500	-
Total	<u>\$ 163,163</u>	<u>\$ 79,484</u>

The Plan leases office space from Teamsters Local Union No. 830 under the terms of an operating lease which expires in December 2022. The monthly rental payments totaled \$55,786 for the year ended September 30, 2022 and \$54,998 for the year ended September 30, 2021. The rent is allocated to the other related organizations in accordance with the percentages noted above.

The Plan reimbursed the Union for janitorial and maintenance personnel and utilities totaling \$30,771 for the year ended September 30, 2022 and \$28,538 for the year ended September 30, 2021. The Union reimbursed the Plan for metered postage, computer services, and for the use of an image scanner totaling \$16,682 and \$17,144 for the years ended September 30, 2022 and 2021, respectively.

NOTE 9. RELATED PARTY TRANSACTIONS (continued)

The employees of the Pension Plan participate in the Retirement Savings Plan. During the years ended September 30, 2022 and 2021, the Pension Plan contributed \$31,738 and \$30,048, respectively. The Plan allocates these payments among the other related organizations in accordance with the percentages noted above.

Certain plan investments are shares of mutual funds managed by Principal. Principal is the custodian, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedules of assets held at end of year and reportable transactions. The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rates of ERISA.

NOTE 10. RISKS AND UNCERTAINTIES

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

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

NOTE 11. SUBSEQUENT EVENTS

The Board of Trustees and management have evaluated subsequent events through May 23, 2023, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

TEAMSTERS LOCAL 830 PENSION PLAN

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED SEPTEMBER 30, 2022 AND 2021

	2022	2021
Personnel costs		
Salaries	\$ 290,106	\$ 294,203
Employee benefits	102,374	42,588
Payroll taxes	10,007	21,461
Professional fees		
Actuarial	58,400	68,119
Accounting, audit, payroll compliance reviews and government filings	49,813	47,199
Legal	48,813	89,745
Payroll processing fees	1,487	1,383
Office and data processing		
Office supplies and expense	16,815	13,432
Printing and postage	14,381	14,561
Computer services and software	45,207	9,921
Equipment rental and maintenance	3,469	2,864
Occupancy		
Rent	17,294	17,049
Maintenance and repairs	17,645	22,537
Utilities	5,035	4,933
Insurance		
Pension Benefit Guaranty Corporation	72,633	72,150
Other	13,348	10,271
Other		
Conferences, meetings, and travel	8,251	3,662
Dues and subscriptions	-	250
Medical examination and participant search fees	1,518	3,676
Total administrative expenses	<u>\$ 776,596</u>	<u>\$ 740,004</u>

TEAMSTERS LOCAL 830 PENSION FUND

SCHEDULE OF ASSETS HELD AT END OF YEAR

SEPTEMBER 30, 2022

Form 5500, Schedule H, Line 4i

EIN No: 23-1990755

Plan No: 001

(a)	(b)	(c)			(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Date		
		Common stock:				
	3M Co	456			\$ 75,154	\$ 50,388
	AbbVie Inc	943			104,655	126,560
	Accenture PLC	935			257,531	240,576
	Acuity Brands (Holding CO) Inc RR	331			43,508	52,123
	Adobe Inc	548			146,513	150,810
	AECOM	3,134			204,929	214,272
	Affiliated Managers Group, Inc Com	1,453			183,796	162,518
	AGCO Corp COM	495			49,608	47,604
	Agilent Technologies Inc	1,599			68,016	194,358
	AGNC Investment Corp	13,266			158,324	111,363
	Agree Realty Corp Com	2,758			191,899	186,386
	Air Lease Corp	3,090			126,743	95,821
	Albany Intl Corp New CL A	980			63,284	77,253
	Allegion PLC	1,229			168,151	110,217
	Allegro Microsystems Inc	2,388			54,643	52,178
	Allison Transmission Holdings	1,505			58,404	50,809
	Ally Financial Inc	3,223			107,249	89,696
	Alpha Metallurgical Resources	630			89,257	86,209
	Alphabet Inc Cl A	3,688			113,729	352,757
	Alphabet Inc Cl C	2,567			48,382	246,817
	Alto Ingredients Inc	11,081			70,641	40,335
	Amazon Com Inc Com	5,353			308,390	604,889
	Amcor PLC	1,774			22,527	19,035
	Amdocs Limited	5,007			305,446	301,592
	American Axle & MFG Hldgs Inc	8,046			53,567	54,954
	American Equity Invt Life Hldg Co	2,785			105,355	103,853
	Ameriprise Finl Inc	357			72,722	89,946
	AmerisourceBergen Corp	895			89,313	121,120
	Amgen Inc	544			124,997	122,618
	AMN Healthcare services Inc	3,112			324,899	329,748
	Amphenol Corp Cl A	10,308			300,556	690,224
	Apple Inc	6,395			227,168	883,789
	Aramark	4,538			170,555	141,586
	Archer Daniels Midland Co	262			13,152	21,078
	Arconic Corp	2,374			63,875	40,453
	Arista Networks Inc	2,333			281,894	263,372
	Arrow Electrs Inc	2,599			306,324	239,601
	Autoliv Inc	687			59,385	45,775
	AutoNation Inc	1,289			129,171	131,310
	AutoZone Inc	70			106,392	149,935
	Avis Budget Group	664			104,508	98,577
	Axcelis Technologies Inc	2,027			142,080	122,755
	Baker Hughes Co	3,413			80,331	71,536
	Balchem Corp Class B	410			61,404	49,848
	Bank OZK	2,241			91,338	88,654
	BankUnited Inc	1,293			54,269	44,182
	Beacon Roofing Supply Inc	2,260			123,089	123,667

(a)	(b)	(c)			(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		<u>Common stock (continued):</u>				
	Berry Plastics Group Inc		415		\$ 22,544	\$ 19,310
	BJ's Wholesale Club Holdings		1,848		145,114	134,553
	Blackbaud Inc		874		67,907	38,508
	Block H&R Inc		3,372		116,373	143,445
	Bloomin' Brands Inc		2,513		47,991	46,063
	Booz Allen Hamilton Holding CL A		1,228		108,286	113,406
	Borg Warner Inc		7,998		297,850	251,137
	Box Inc		7,840		201,499	191,218
	Boyd Gaming Corp Com		2,732		146,152	130,180
	BP PLC		2,726		70,150	77,827
	Bristol Myers Squibb Co		1,791		120,939	127,322
	Broadcom Inc		1,328		132,335	589,645
	Brookfield Infrastructure		1,464		65,394	59,585
	Brunswick Corp		1,957		156,498	128,086
	Burlington Stores Inc		886		184,432	99,135
	Cactus Inc		2,352		91,598	90,387
	Cadence Design Systems Inc		1,131		135,735	184,839
	Capital One Financial Corp		1,024		148,410	94,382
	Carlisle Cos Inc		176		26,357	49,352
	Cars.com Inc		3,348		62,760	38,502
	CDW Corp/De		2,006		263,258	313,096
	Celanese Corp		203		25,793	18,339
	Centene Corp Del		1,583		133,031	123,173
	Century Alum Co Com		6,524		80,965	33,021
	Charles River Laboratories		508		120,026	99,974
	Chemours Co/The		640		26,020	15,776
	Chevron Corp		549		61,322	78,875
	Cigna Corp		456		105,234	126,526
	Cintas Corp		838		93,672	325,303
	Citigroup Inc		2,151		121,561	89,632
	Citizens Financial Group Inc		2,622		96,234	90,092
	CNX Resources Core		4,933		73,854	76,609
	Cognizant Tech Solutions CRP Com		5,539		310,194	318,160
	Coinbase Global Inc		1,393		191,737	89,835
	Comerica Inc		1,267		99,257	90,084
	Commercial Metals Co		565		23,789	20,046
	CommScope Holding Co Inc		9,661		65,835	88,978
	Commvault Systems Inc		1,021		67,976	54,154
	Compass Diversified Holdings		2,398		56,412	43,308
	ConocoPhillips		778		37,723	79,621
	Constellation Brands Inc		975		145,935	223,938
	Copart Inc Com		1,798		143,831	191,307
	Corcept Therapeutics Inc		4,535		108,465	116,278
	Crane Holdings Co		551		40,010	48,235
	Cummins Inc		258		57,305	52,506
	Cushman & Wakefield PLC		4,148		89,780	47,495
	Cutera Inc		1,481		72,827	67,534
	CVS Health Corporation		1,369		140,752	130,562
	Delek US Holdings Inc		5,898		180,324	160,072
	Denbury Inc		2,252		161,265	194,258
	Dicks Sporting Goods Inc		5,086		297,270	532,199
	Dillard's Inc CL A		469		121,614	127,924
	Diodes Inc		1,015		110,550	65,884
	Discover Financial Services		1,047		91,905	95,193
	Dover Corp Com		434		54,388	50,596
	Dow Inc		476		28,025	20,911
	Dril-Quip Inc		1,545		52,169	30,158
	Dropbox Inc		10,267		257,142	212,732
	DTE Energy Co Com		504		63,804	57,985

(a)	(b)	(c)			(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		<u>Common stock (continued):</u>				
	Dynavax Technologies Corp	12,224			\$ 138,332	\$ 127,619
	Eagle Matls Inc	1,068			125,563	114,468
	Eastman Chem Co Com	275			27,379	19,539
	Eastman Kodak Co	12,553			123,868	57,618
	Edison Intl Com	954			65,434	53,977
	Electronic Arts Inc	2,034			149,656	235,354
	Elevance Health Inc	275			105,562	124,916
	ELME Communities REIT	2,215			52,340	38,895
	EMCOR Group Inc Com	469			41,772	54,160
	Emerson Electric Co	660			50,913	48,325
	Epam Systems Inc	742			105,150	268,745
	Equitable Holdings Inc	3,730			98,722	98,286
	Equity Lifestyle PPTYS Inc	3,321			239,697	208,692
	ESAB Corp	2,093			95,810	69,822
	Estee Lauder Companies Inc	1,835			121,178	396,177
	Evergy Inc	975			57,375	57,915
	Exlservice Holdings Inc	669			83,136	98,584
	Exponent Inc	1,083			101,481	94,947
	Fastenal Co	7,002			269,531	322,372
	First Interstate Bancsystem In	2,984			120,442	120,404
	Flagstar Bancorp Inc	1,808			73,331	60,387
	Fleetcor Technologies Inc	917			224,016	161,548
	Fluor Corp New	4,460			122,161	111,009
	FNF Group	2,801			119,463	101,396
	Formfactor Inc	1,992			77,390	49,900
	Fortinet Inc	3,710			219,273	182,272
	Franklin BSP Realty Trust Inc REIT	6,803			101,678	73,268
	Franklin Resources Inc	4,290			108,104	92,321
	Fulton Fin Core	3,096			54,047	48,917
	Gartner Inc	669			158,409	185,106
	General Mills Inc	1,791			108,379	137,209
	Genpact LTD	2,012			94,343	88,065
	Gentex Corp	2,019			66,057	48,133
	Genuine Parts Co	358			43,212	53,457
	Genworth Financial Inc	15,515			57,080	54,303
	Goldman Sachs Group Inc	308			123,289	90,259
	Harmony Biosciences Holdings I	1,874			88,387	82,999
	Hartford Financial Services Group	1,508			97,172	93,406
	HCA Holdings Inc	616			132,958	113,215
	Healthcare Svcs Group Inc	2,659			49,144	32,147
	Hertz Global Holdings Inc.	9,874			209,470	160,749
	Hologic Inc Com	1,846			135,916	119,104
	Home Depot Inc	582			43,421	160,597
	Humana Inc	265			106,096	128,575
	Huntsman Corp	857			22,909	21,031
	Hyatt Hotels Corp	1,809			151,002	146,457
	Ingredion Inc	273			21,908	21,982
	Insperty Inc	1,380			143,465	140,884
	International Paper Co	563			25,690	17,847
	Intuit Com	467			201,596	180,878
	IPG Photonics Corp	871			96,314	73,469
	Iqvia Holdings Inc	881			114,676	159,584
	Ironwood Pharmaceuticals Inc	8,770			100,583	90,587
	Jabil Inc	3,983			217,492	229,859
	Jacobs Solutions Inc	441			49,674	47,844
	Jazz Pharmaceuticals PLC	889			132,323	118,495
	Jefferies Financial Group In	5,160			167,964	152,220
	JM Smucker Co	939			119,305	129,028
	KBR Inc	4,940			245,589	213,507

(a)	(b)	(c)			(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		<u>Common stock (continued):</u>				
	Keycorp New	5,819			\$ 99,036	\$ 93,220
	Keysight Technologies Inc	1,206			150,009	189,776
	KLA Corp	1,742			278,345	527,181
	Knight-Swift Transportation	1,054			47,033	51,572
	Knowles Corp	4,145			88,395	50,445
	Korn Ferry	1,115			53,903	52,349
	Kosmos Energy LTD	12,215			75,033	63,152
	Kraft Heinz CO/THE	3,699			126,987	123,362
	Kroger Co	2,812			113,303	123,025
	Laboratory CRP of AMER HLDGS	587			129,105	120,223
	Landstar Sys Inc Com	1,314			178,389	189,702
	Lear Corp	2,159			294,068	258,411
	Lincoln Natl Corp Ind	2,134			111,354	93,704
	Lithia Motors Inc CL A Com	1,761			540,847	377,823
	Louisiana PAC Corp	428			28,439	21,909
	Lowes Cos Inc	705			121,245	132,406
	LPL Financial Holdings Inc	1,226			240,304	267,856
	LSB INDS Inc	3,633			56,126	52,198
	Lululemon Athletica Inc	506			95,102	141,457
	Lyondellbasell Indu-CL A	284			24,454	21,380
	Macom Technology Solutions H	1,015			75,772	52,567
	Marathon Oil Corp	3,201			25,360	72,279
	Marriott International Inc Class A	1,364			206,319	191,151
	Marriott Vacations Inc Worldwide C	1,583			227,152	192,904
	Masco Corp	1,070			55,263	49,958
	Mastercard Inc	2,180			136,629	619,861
	Mattel Inc	6,636			150,194	125,686
	McKesson Corp	386			73,069	131,190
	Meta Platforms Inc CL A	1,732			180,387	234,998
	Mettler-Toledo Intl Inc	335			94,370	363,180
	Middleby Corp	1,620			237,860	207,635
	Molina Healthcare Inc	382			120,730	125,999
	Monster Beverage Corp	2,067			61,591	179,746
	MSA Safety Inc	419			51,484	45,788
	Murphy Oil Corp	2,602			54,716	91,512
	Murphy USA Inc	512			124,826	140,754
	National Retail PPTYS Inc	2,943			140,447	117,308
	NCR Corporation Com	4,006			152,014	76,154
	Netapp Inc	2,854			246,820	176,520
	Netflix Inc	1,544			145,372	363,519
	Neurocrine Biosciences	546			57,239	57,991
	New York CMNTY Bancorp Inc	10,828			115,490	92,363
	Nexstar Media Group Inc Common Stock	728			109,918	121,467
	Nike Inc CL B	1,823			97,993	151,528
	Nordson Corp	951			103,418	201,869
	Nov Inc	11,800			175,466	190,924
	Nucor Corp	190			11,863	20,328
	OLD Dominion Freight Lines Inc	1,265			347,920	314,694
	OLD Natl Bancorp	7,469			134,030	123,014
	On Semiconductor Corp	2,942			116,815	183,375
	OneMain Holdings Inc	2,919			160,902	86,169
	Oshkosh Corporation	687			71,299	48,289
	Ovintiv Inc	2,461			40,854	113,206
	Owens Corning Inc	272			18,371	21,382
	Oxford Inds Inc	1,139			91,722	102,259
	Packaging Corp of America	172			23,005	19,314
	Par Pacific Holdings Inc.	3,270			67,010	53,661
	Parker Hannifin Corp	202			32,590	48,947
	Patterson-UTI Energy Inc	5,264			78,650	61,484

(a)	(b)	(c)			(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		<u>Common stock (continued):</u>				
	Paychex Inc	1,572			\$ 177,811	\$ 176,394
	Paycom Software Inc	951			119,163	313,820
	PDC Energy Inc	1,348			93,990	77,901
	PennyMac Mortgage Investment Trust	6,408			95,839	75,486
	Perrigo Co PLC	6,220			275,432	221,805
	Pinnacle West Cap Corp	859			66,439	55,414
	Pool Corporation	326			87,008	103,736
	Portland Gen Elec Co	1,257			56,749	54,629
	PPL Corporation	2,280			67,241	57,798
	Premier Inc	2,775			107,641	94,184
	Primerica Inc	707			89,897	87,279
	Public SVC Enterprise Group Inc	991			59,588	55,724
	Pulte Grp Inc	4,129			166,235	154,838
	Qualcomm Inc	1,514			215,114	171,362
	Qualys Inc	1,207			159,940	168,244
	Quest Diagnostics Inc	1,059			128,843	129,929
	Rambus Inc Del Com	5,136			156,050	130,557
	Regency Centers Core	2,119			141,238	114,108
	Reliance Stl & Alum Co Com	126			15,199	21,976
	Renaissancere Holdings Com	1,159			169,209	162,712
	Retail Opportunity Investments Corp	3,478			65,436	47,857
	RH	289			92,644	71,114
	Royal Dutch Shell PLC	1,622			67,863	80,711
	Schein Henry Inc	4,855			369,467	319,313
	SeaWorld Entertainment Inc	2,583			155,941	117,552
	Sempra Energy	373			62,975	55,928
	Service Properties Trust	7,864			118,414	40,814
	Sherwin Williams Co	1,039			50,902	212,735
	SLM Corp	6,909			134,565	96,656
	SM Energy Co	7,684			230,596	288,995
	Smart Global Holdings Inc	2,205			53,851	34,993
	Snap on Inc	247			47,567	49,733
	Sonoco Prods Co	2,294			133,304	130,139
	Sprouts Farmers Markets LLC	7,792			208,271	216,228
	Starbucks Corp Com	3,274			67,761	275,867
	Steel Dynamics Inc Com	285			10,833	20,221
	Summit Materials Inc	3,209			90,718	76,888
	Synchrony Financial	3,080			106,367	86,825
	Synovus Financial Corp	2,613			103,851	98,014
	Te Connectivity LTD	1,540			188,183	169,954
	Tenet Healthcare Corporation	2,177			141,590	112,290
	Terex Corp New	1,651			46,476	49,101
	Texas Cap Bankshares	846			51,634	49,939
	Texas Instruments Inc	1,174			213,176	181,712
	Textron Inc	3,612			147,621	210,435
	Tidewater Inc	2,467			60,441	53,534
	Timken Co	826			68,368	48,767
	T-Mobile US Inc	457			57,562	61,316
	Toro Co	2,030			169,015	175,554
	Totalenergies Se	1,633			81,113	77,363
	Tractor Supply Co Com	730			123,798	135,692
	Trade Desk Inc/The	3,729			104,477	222,808
	Trimble Inc	2,019			55,806	109,571
	Tronox Holdings PLC	5,337			48,473	65,378
	Tyson Foods Inc CL A DEL	1,753			141,177	115,575
	U.S. Physical Therapy Inc	497			35,967	37,782
	UFP Industries Inc	303			24,686	21,864
	Ulta Beauty Inc	323			123,660	129,584
	United Rental Inc Com	959			133,341	259,045

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date			
		<u>Common stock (continued):</u>					
	United STS STL Corp New	1,100			\$ 25,458	\$ 19,932	
	United Therapeutics Corp Del	596			87,040	124,790	
	UNIVAR Solutions Inc	2,057			64,921	46,776	
	UNUM Group	2,746			98,152	106,545	
	US Silica Holdings Inc	7,123			105,125	77,997	
	Valvoline Inc	781			17,992	19,791	
	Verizon Communications	1,606			77,075	60,980	
	Viavi Solutions Inc	8,437			144,699	110,103	
	Virtu Financial Inc	5,202			162,030	108,046	
	Vishay Intertechnology Inc	3,462			89,384	61,589	
	Vistra Corp	14,988			312,328	314,748	
	Voya Financial Inc	1,690			102,328	102,245	
	Washington Federal Inc	1,574			57,247	47,189	
	Waters Corp	903			75,648	243,386	
	Wesco Intl Inc	1,779			150,749	212,377	
	Western Alliance Bancorporation	1,754			128,454	115,308	
	Westlake Chem Corp	235			19,394	20,417	
	Williams Sonoma Inc	4,204			341,074	495,441	
	Xerox Holdings Corp	9,985			215,895	130,604	
	Yelp Inc	2,694			92,617	91,354	
	Zebra Technologies Corp CL A	272			148,039	71,226	
	Zoetis Inc	1,668			102,645	247,348	
		Total common stock			35,844,545	40,069,286	
		<u>Corporate obligations:</u>					
	Abercrombie & Fitch	Bond	60,000	8.750 % 07/15/25	66,600	58,500	
	Air Canada	Bond	97,680	5.000 12/15/23	98,168	94,977	
	Allegheny Technologies	Bond	50,000	5.125 10/01/31	48,938	40,847	
	Allegheny Technologies	Bond	30,000	5.875 12/01/27	35,088	31,862	
	Allison Transmission	Bond	93,000	5.875 06/01/29	98,354	84,165	
	AMC Networks Inc	Bond	75,000	5.000 04/01/24	75,821	71,560	
	AMC Networks Inc	Bond	30,000	4.250 02/15/29	29,970	22,181	
	American Airline	Bond	66,000	3.950 07/11/30	57,585	53,538	
	American Airline	Bond	30,000	5.750 04/20/29	30,000	26,175	
	AmeriGas Finance LLC	Bond	53,000	5.625 05/20/24	65,226	60,169	
	AMN Healthcare	Bond	79,000	4.625 10/01/27	79,812	70,869	
	Asbury Automotive Group	Bond	77,000	4.750 03/01/30	74,939	60,135	
	Avis Budget	Bond	75,000	5.375 03/01/29	77,993	61,586	
	Beazer Homes USA	Bond	85,000	5.875 10/15/27	89,038	65,663	
	Boyne USA Inc	Bond	43,000	4.750 05/15/29	43,000	36,022	
	Brinker International	Bond	10,000	3.875 05/15/23	99,474	98,245	
	Buckeye Partners LP	Bond	99,000	4.125 12/01/27	96,557	82,704	
	Carnival Corp	Bond	95,000	7.200 10/01/23	99,021	92,644	
	Carpenter Technology	Bond	35,000	7.625 03/15/30	35,000	33,698	
	Carpenter Technology	Bond	93,000	6.375 07/15/28	99,032	86,248	
	CCO Hldgs LLC/CA	Bond	95,000	4.500 05/01/32	84,075	72,454	
	Cedar Fair/Can/Magnu	Bond	90,000	6.500 10/01/28	95,850	83,250	
	Century Link Inc	Bond	127,000	7.650 03/15/42	138,493	85,949	
	Cheniere Energy Part	Bond	50,000	4.500 10/01/29	52,563	44,020	
	Cinemark USA Inc	Bond	115,000	8.750 05/01/25	119,246	116,259	
	Cogent Communication	Bond	58,000	7.000 06/15/27	57,704	54,547	
	Colt Merger Sub	Bond	87,000	5.750 07/01/25	90,730	83,946	
	Crestwood Mid Partne	Bond	85,000	5.750 04/01/25	87,285	80,658	
	Dana Inc	Bond	85,000	5.625 06/15/28	89,052	70,138	
	Davita Inc	Bond	113,000	4.625 06/01/30	115,292	87,434	
	Dish DBS Corp	Bond	60,000	5.875 11/15/24	63,436	53,550	
	Encompass Health Cor	Bond	79,000	4.500 02/01/28	83,218	67,663	
	Endeavor Energy	Bond	83,000	5.750 01/30/28	87,486	78,943	
	Ford Motor Company	Bond	35,000	9.625 04/22/30	48,215	38,883	

(a)	(b)	(c)	(d)	(e)						
Identity of issue, borrower, lessor, or similar party		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Current Value						
		Type	Shares/ Principal	Interest Rate	Maturity Date	Cost				
		Corporate obligations (continued):								
Frontier Communication		Bond	98,000	5.000	% 05/01/28	\$ 99,095	\$ 84,104			
G-III Apparel		Bond	100,000	7.785	08/15/25	109,500	90,750			
Global Part/GLP Fina		Bond	70,000	6.875	01/15/29	74,389	63,000			
Goodyear Tire & Rubb		Bond	80,000	7.000	03/15/28	91,700	79,795			
Graham Holdings		Bond	51,000	5.750	06/01/26	52,409	49,454			
Gray Television		Bond	82,000	5.875	07/15/26	86,046	75,645			
Great Lakes Dred		Bond	50,000	5.250	06/01/29	51,551	38,530			
Griffon Corporation		Bond	75,000	5.750	03/01/28	76,784	64,500			
H&W Equipment		Bond	80,000	3.875	12/15/28	79,301	62,800			
Hawaiian Brand		Bond	75,000	5.750	01/20/26	73,875	66,149			
HealthSouth Corp		Bond	50,000	5.750	09/15/25	51,757	49,563			
Herc Holdings Inc		Bond	52,000	5.500	07/15/27	54,491	46,800			
Hess Midstream		Bond	80,000	5.125	06/15/28	82,600	70,051			
Holly NRG Prtnr		Bond	95,000	5.000	02/01/28	97,557	83,694			
Hospitality Properties		Bond	123,000	4.500	02/01/31	123,409	102,741			
Howard Hughes Co		Bond	105,000	4.375	03/15/25	106,119	75,423			
Hughes Satellite Sys		Bond	79,000	6.625	04/15/29	86,690	71,692			
Icahn Enterprises		Bond	87,000	4.750	08/01/26	88,755	81,394			
IHeartCommunications		Bond	65,000	8.375	09/15/24	67,438	54,660			
JetBlue 2020-1 Class		Bond	102,063	7.750	05/01/27	118,204	97,850			
L Brands Inc		Bond	70,000	5.250	11/15/28	73,675	60,654			
Lamar Media Corp		Bond	68,000	4.875	02/01/28	72,332	60,611			
Lions Gate Capit		Bond	75,000	5.500	01/15/29	75,000	55,875			
Live Nation		Bond	120,000	4.750	10/15/27	124,650	104,182			
LPL Holdings		Bond	50,000	4.000	03/15/29	50,090	42,884			
Magnolia Oil & Gas		Bond	89,000	6.000	04/01/29	89,048	85,295			
Marriott Ownership		Bond	80,000	4.750	08/01/26	81,784	66,714			
Matador Resources Co		Bond	74,000	5.875	01/15/28	75,164	71,386			
MGM Resorts Intl		Bond	75,000	4.750	09/15/26	77,962	62,764			
Mozart Debt		Bond	70,000	1.786	10/15/28	60,550	56,118			
MPT Operating Partnership		Bond	91,000	5.000	03/15/30	96,057	78,647			
Murphy Oil Corp		Bond	75,000	4.750	08/15/25	78,908	66,375			
Murphy Oil Corp		Bond	31,000	5.750	10/15/27	31,978	29,894			
Navient Corp		Bond	95,000	5.875	09/15/29	102,333	90,018			
Oceaneering Intl Inc		Bond	70,000	4.650	10/25/24	66,150	63,852			
OutFront Media		Bond	78,000	4.625	11/15/24	76,040	60,773			
Parkland Corporation		Bond	100,000	4.500	10/01/29	99,405	80,732			
Patterson - UTI Energy		Bond	88,000	3.950	01/15/27	78,320	72,167			
PDC Energy Inc		Bond	40,000	6.125	02/01/28	40,675	39,367			
Penn National Gaming		Bond	92,000	5.625	09/15/24	93,743	81,354			
Precision Drilling		Bond	85,000	6.875	01/15/29	87,975	75,047			
Provident FDG		Bond	63,000	6.375	06/15/25	64,500	57,251			
Rent a Car		Bond	40,000	6.375	02/15/29	42,132	31,200			
RLJ Lodging		Bond	30,000	4.000	09/15/29	30,000	23,501			
RR Donnelley & Sons		Bond	183,000	6.500	11/15/23	187,276	181,628			
Ryman Hospitality PR		Bond	90,000	4.750	10/15/27	86,414	78,300			
Sally Holdings/Sally		Bond	70,000	5.625	12/01/25	72,120	66,352			
Southwestern Energy		Bond	91,000	5.700	01/23/25	97,959	89,098			
Speedway Mot		Bond	96,000	4.875	11/01/27	95,999	83,464			
Spirit AeroSystems		Bond	76,000	7.500	04/15/25	77,530	71,609			
Springleaf Finance		Bond	80,000	7.125	03/15/26	87,077	72,112			
SS&C Technologies		Bond	92,000	5.500	09/30/27	96,704	83,922			
Starwood Property		Bond	73,000	4.750	03/15/25	76,578	66,346			
Sunoco LP/Finance Co		Bond	15,000	4.500	04/30/30	15,000	12,263			
Sunoco LP/Finance Co		Bond	65,000	4.500						

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date			
		<u>Corporate obligations (continued):</u>					
	Titan International	Bond	121,000	7.000 %	04/30/28	\$ 126,397	\$ 109,785
	Tri Pointe Group Inc	Bond	68,000	5.250	06/01/27	78,837	58,800
	United Air 2019-2 B	Bond	176,788	3.500	05/01/28	172,368	146,398
	United Continental	Bond	45,000	4.875	01/15/25	45,929	41,919
	United Rentals North	Bond	75,000	4.000	07/15/30	78,750	61,957
	Vici Properties	Bond	132,000	4.500	09/01/26	128,459	120,546
	VR AAdvantage Loyal	Bond	120,000	4.750	04/20/28	120,718	116,580
	VR Air Lease Corp	Bond	55,000	4.125	12/15/69	41,675	37,742
	VR CSC Holdings	Bond	36,587	2.658	04/15/27	36,513	34,323
	VR Presidio LLC	Bond	53,900	4.500	01/15/27	53,765	52,283
	VR Resolute Investments	Bond	88,516	4.750	04/30/24	87,079	78,108
	Wyndham Worldwide Co	Bond	97,000	4.500	04/01/27	106,333	87,411
		Total corporate obligations				8,406,887	7,259,045
		<u>Foreign obligation:</u>					
	Vermilion Energy Inc	Bond	90,000	6.875	05/01/30	87,300	82,800
		<u>103-12 investment entity - international equity:</u>					
	Hardman Johnston International Equity Group Trust		564,313			10,127,666	16,493,656
		<u>Common collective trust - equity:</u>					
	BNYM Mellon AFL-CIO SL Stock Index Fund		685,476			6,895,887	8,013,213
		<u>Limited partnership - fixed income:</u>					
	US Core Fixed Income Fund		292,202			3,483,339	3,081,706
		<u>Limited partnership - global tactical asset allocation:</u>					
	First Eagle Global Value Fund, LP		1,596			2,308,683	4,199,536
		<u>Limited partnerships - real estate:</u>					
	American Core Realty Fund, LP		41			4,714,498	6,550,048
	Boyd Watterson GSA Fund, LP		5,352			5,604,368	6,602,320
	Boyd Watterson State Government Fund, LP		12,653			14,352,753	15,432,196
	U.S. Real Estate Investment Fund, LLC		12,753			16,151,194	20,705,350
		Total limited partnerships - real estate				40,822,813	49,289,914
		<u>Limited partnerships - private equity:</u>					
	Portfolio Advisors Secondary Fund III (Offshore), LP		4,083,152			4,083,152	5,889,959
	Portfolio Advisors Secondary Fund IV (Offshore), LP		4,260,980			4,260,980	5,347,893
		Total limited partnerships - private equity				8,344,132	11,237,852
		<u>Hedge funds of funds - multistrategy:</u>					
	Entrust Capital Diversified Fund Class X, Series 12/31/2017		2,453			245,315	210,477
	Entrust Capital Diversified Fund Class X, Series 3/31/2018		2,500			250,039	215,961
		Total hedge funds of funds - multistrategy				495,354	426,438
		<u>Hedge funds of funds - opportunistic:</u>					
	Corbin ERISA Opportunity Fund, LP		7,875,000			7,875,000	9,519,663
	EnTrustPermal Special Opportunities Fund IV, Ltd.		3,586			3,732,073	3,371,887
	GoldenTree Multi-Sector Fund Offshore ERISA, Ltd.		4,871			9,500,000	8,687,966
		Total hedge funds of funds - opportunistic				21,107,073	21,579,516

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate	Date		
		<u>Money market mutual funds:</u>					
*	Allspring Government Money Market Fund		719,564			\$ 719,564	\$ 719,564
*	Allspring Treasury Plus Money Market Fund		1,239,096			1,239,096	1,239,096
			Total money market mutual funds			<u>1,958,660</u>	<u>1,958,660</u>
			<u>Interest bearing cash:</u>				
*	Lending Club Bank		213,817			213,817	213,817
*	Principal Bank		953			953	953
			Total interest bearing cash			<u>214,770</u>	<u>214,770</u>
			Total investments			<u>\$ 140,097,109</u>	<u>\$ 163,906,392</u>

* A party-in-interest as defined by ERISA.

TEAMSTERS LOCAL 830 PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2022

Form 5500, Schedule H, Line 4j

EIN No: 23-1990755

Plan No: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
*	Allspring Government Money Market Fund	\$ 12,261,892	N/A	\$ 12,261,892	\$ 12,261,892	N/A
*	Allspring Government Money Market Fund	N/A	\$ 14,126,169	14,126,169	14,126,169	\$ -
*	Allspring Treasury Plus Money Market Fund	10,181,843	N/A	10,181,843	10,181,843	N/A
*	Allspring Treasury Plus Money Market Fund	N/A	9,408,514	9,408,514	9,408,514	-

* A party-in-interest as defined by ERISA.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2021 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Principal Plan Provisions

Effective Date and Plan Year

October 1, 1963. The plan year is the twelve month period ending on September 30.

Employee Participation

A person whose employer makes contributions to the Plan pursuant to a written agreement between the Teamsters Local Union No. 830 affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America (the Union) and his employer. Plan participation begins on the first day of the second calendar month after one hour of service in covered employment.

New employees of the following employers are not eligible to participate in the Plan:

Muller, Inc. (1390)
Origlio Beverage, Inc. (2930)
Penn Distributors, Inc. (3060)

Normal Retirement Benefits

Qualifications: Attainment of later of age 62 (or 65, depending on employer) or fifth (5th) anniversary of the date of participation commencement in the Plan.

Amount: Monthly benefit equal to the applicable monthly benefit level times each year of Credited Service up to 35 years. Effective January 1, 2012, the service limit of 35 years is eliminated for those employees who end their covered employment on or after January 1, 2012. In addition, benefits earned after January 1, 2012 are based on the highest benefit multiplier in effect for that calendar year. The monthly benefit level is based on the rate for which contributions are being made on the employees' behalf.

Early Retirement Benefits

Qualifications: Attainment of age 50 and completion of at least 5 years of vesting service.

Amount: Normal retirement pension accrued to date of early retirement, reduced by 6% for each year by which the early retirement date precedes the normal retirement date.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2021 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Principal Plan Provisions
(continued)

Benefit and Contribution Levels:

During the plan year ending 9/30/2021, employers contribute and accrue benefits at the following levels:

Employer	Rate	Accrual Rate
American Bd. Co. (1110)	\$148.26	\$115.00
Aramark (1040)	\$114.90	\$87.75
Banko Beverage (1134)	\$86.50	\$69.75
Bunzl Philadelphia (2570)	\$162.40	\$123.75
Muller, Inc. (1390)	\$129.00	\$99.25
Origlio Bev., Inc. (2930)	\$129.00	\$99.25
Penn Distributors, Inc. (3060)	\$129.00	\$99.25
Route Messengers of PA (4150)	\$33.96	\$25.75
Teamsters Local 830 Fund (2470)	\$140.50	\$109.00
Teamsters Local 830 Union (2480)	\$162.40	\$123.75
Thomas Jefferson Univ. Hosp. (2220)	\$102.35	\$77.00

Termination Benefits (Vesting)

Qualifications: Completion of at least 5 years of vesting service at the time of termination of covered employment.

Amount: Accrued benefit payable at age 62 (or 65, depending on employer). A participant who completed 5 years of Credited Service at termination may elect to have his vested monthly pension paid beginning on the first day of any month which follows his 50th birthday. In this case, the pension will be actuarially reduced.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2021 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Principal Plan Provisions
(continued)

Disability Benefits

Qualifications: Must terminate employment due to total and permanent disability and have at least 5 years of Credited Service.

Amount: Normal retirement pension accrued to date of disability, commencing on the first day of the month following the 180th day of continuous total and permanent disability with reduction for those with less than 10 years of Credited Service the same as under Early Retirement. For those with 10 or more years of Credited Service, the benefit is unreduced.

Pre-Retirement Spouse's Benefit

Qualifications: An active participant who has 5 or more years of Vesting Service and is married to an eligible surviving spouse or a married terminated employee eligible for a vested deferred benefit who has not yet commenced pension payments.

Amount: The eligible spouse will receive a monthly benefit equal to 50% of the normal retirement pension computed as of the date of death and further reduced as if the employee had elected the continuation to the spouse under the Joint and 50% Survivor annuity option. This is assumed to commence on the first day of the month following the month of the employee's death or the month the employee would have attained the earliest retirement age, if later, and will be payable during the surviving spouse's lifetime.

Post-Retirement Death Benefit

Qualifications: Receiving a pension at the time of death.

Amount: If the participant had been collecting a benefit in the form of a single life annuity with 60 monthly payments guaranteed, and dies before the first 60 monthly payments have been made, the beneficiary will receive the remaining monthly payments. If the participant was receiving a 50% or 75% Joint and Survivor annuity, the surviving spouse will receive the appropriate percentage of the monthly benefit the participant had been receiving.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2021 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Principal Plan Provisions
(continued)

Form of Benefit Payment

If a participant is married at the time of retirement, the pension will be paid in the form of an actuarially reduced Joint and Survivor monthly annuity with payments continuing to the spouse for life at 50% or 75% of the amount being paid to the participant.

If a participant is unmarried at the time of retirement, or the Spouse waives the right to a Joint and Survivor Annuity, the pension will be paid in the form of a single life annuity with 60 monthly payments guaranteed.

Changes Since Previous Valuation

The following employers had changes in their contribution rates compared to what was reflected in last year's valuation.

Employer	Last Year's Rate	Current
American Bd. Co. (1110)	\$145.35	\$148.26
Aramark (1040)	\$112.90	\$114.90
Bunzl Philadelphia (2570)	\$159.40	\$162.40
Route Messengers of PA (4150)	\$33.29	\$33.96
Teamsters Local 830 Union (2480)	\$159.40	\$162.40
Thomas Jefferson Univ. Hosp. (2220)	\$100.34	\$102.35

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Teamster Local 830 Pension Plan
 EIN: 23-1990755 PN: 001
 Attachment to the 2021 Form 5500 Schedule MB

Schedule MB, line 8b(2) - Schedule of Active Participant Data

	Attained	Years of Credited Service										Total
	Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Number
Average Age: 2021: 48.96 2020: 48.76	Under 25	0	6	0	0	0	0	0	0	0	0	6
	25-29	0	11	4	1	0	0	0	0	0	0	16
Average Service: 2020: 18.14 2019: 17.69	30-34	0	3	13	8	1	0	0	0	0	0	25
	35-39	0	2	12	20	16	1	0	0	0	0	51
# of Males: 409	40-44	0	9	18	12	15	15	1	0	0	0	70
	45-49	0	2	12	10	7	10	7	0	0	0	48
# of Females: 21	50-54	0	3	8	7	13	14	9	8	1	0	63
	55-59	0	2	3	2	9	8	8	29	7	2	70
	60-64	0	1	8	3	4	7	4	9	11	16	63
	65-69	0	0	1	3	2	2	0	0	2	8	18
	70 & Over	0	0	0	0	0	0	0	0	0	0	0
	Total	0	39	79	66	67	57	29	46	21	26	430

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2021 Form 5500 Schedule MB

Schedule MB, line 3 - Withdrawal Liability Amounts

Date	Withdrawal Liability Payment
10/2021	\$13,524.00
11/2021	\$13,524.00
12/2021	\$13,524.00
1/2022	\$13,524.00
2/2022	\$13,524.00
3/2022	\$13,524.00
4/2022	\$13,524.00
5/2022	\$13,524.00
6/2022	\$13,524.00
6/2022	\$12,693.68
7/2022	\$13,524.00
7/2022	\$14,191.82
8/2022	\$13,524.00
8/2022	\$14,191.82
9/2022	\$13,524.00
9/2022	\$14,191.82

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2021 Form 5500 Schedule MB

Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases

	<u>Date Established</u>	<u>Initial Amount</u>	<u>Initial Amortization Period (Years)</u>	<u>Outstanding Balance</u>	<u>Remaining Amortization Period (Years)*</u>	<u>Amortization Payment as of Beginning of Year</u>
	(1)	(2)	(3)	(4)	(5)	(6)
A. Charges						
1. Plan Amendment	10/1/1979	767,796	45	83,237	4.000	29,775
2. Plan Amendment	10/1/1987	2,614,090	35	69,800	2.000	69,800
3. Plan Amendment	10/1/1988	1,129,832	35	76,265	3.000	39,511
4. Plan Amendment	10/1/1989	797,611	35	92,215	4.000	32,986
5. Plan Amendment	10/1/1990	571,327	35	95,502	5.000	26,524
6. Plan Amendment	10/1/1991	2,194,646	35	482,394	6.000	110,912
7. Plan Amendment	10/1/1992	435,098	35	118,404	7.000	23,465
8. Plan Amendment	10/1/1993	2,521,141	35	815,009	8.000	143,139
9. Plan Amendment	10/1/1994	401,250	35	149,536	9.000	23,749
10. Plan Amendment	10/1/1995	317,810	35	133,475	10.000	19,465
11. Assumption Change	10/1/1995	1,132,876	35	475,715	10.000	69,373
12. Plan Amendment	10/1/1996	309,583	35	143,988	11.000	19,514
13. Assumption Change	10/1/1997	1,225,980	35	622,648	12.000	79,176
14. Plan Amendment	10/1/1997	1,821,633	35	925,165	12.000	117,644
15. Plan Amendment	10/1/1998	790,133	35	433,247	13.000	52,102
16. Plan Amendment	10/1/1999	2,093,813	35	1,227,975	14.000	140,577
17. Plan Amendment	10/1/2000	6,378,439	35	3,969,792	15.000	435,006
18. Plan Amendment	10/1/2001	1,278,085	35	838,571	16.000	88,372
19. Plan Amendment	10/1/2002	1,234,791	35	849,245	17.000	86,419
20. Actuarial Loss	10/1/2002	6,488,218	20	231,795	2.000	231,795
21. Plan Amendment	10/1/2003	2,616,553	35	1,877,188	18.000	185,100
22. Actuarial Loss	10/1/2003	3,799,163	20	343,110	3.000	177,756
23. Plan Amendment	10/1/2004	4,067,940	35	3,031,457	19.000	290,538
24. Assumption Change	10/1/2004	693,401	35	516,716	19.000	49,523
25. Actuarial Loss	10/1/2004	1,190,300	20	184,126	4.000	65,864
26. Plan Amendment	10/1/2005	1,445,873	35	1,115,050	20.000	104,152
27. Plan Amendment	10/1/2006	9,914,313	35	7,886,811	21.000	719,660
28. Actuarial Loss	10/1/2006	4,815,563	20	1,416,219	6.000	325,618
29. Actuarial Loss	10/1/2007	998,033	35	363,392	22.000	72,017
30. Plan Amendment	10/1/2007	3,038,321	20	2,485,976	7.000	222,071
31. Plan Amendment	10/1/2008	766,924	20	331,714	8.000	58,258
32. Actuarial Loss	10/1/2008	4,751,137	20	2,054,969	8.000	360,911
33. Actuarial Loss	10/1/2009	6,111,676	20	3,047,328	9.000	483,964
34. Plan Amendment	10/1/2009	666,027	20	332,087	9.000	52,741
35. Actuarial Loss	10/1/2010	8,124,616	20	4,565,541	10.000	665,792
36. Actuarial Loss	10/1/2011	708,758	20	441,047	11.000	59,771
37. Plan Amendment	10/1/2011	1,482	20	925	11.000	125
38. Plan Amendment	10/1/2012	532,316	20	361,720	12.000	45,996
39. Actuarial Loss	10/1/2012	1,271,616	20	864,090	12.000	109,878
40. Actuarial Loss	10/1/2013	804,858	20	590,477	13.000	71,010
41. Assumption Change	10/1/2013	5,071,175	20	3,720,432	13.000	447,413
42. Assumption Change	10/1/2014	1,403,187	20	1,101,060	14.000	126,048
43. Actuarial Loss	10/1/2019	195,868	15	180,308	14.000	20,641
44. Assumption Change	10/1/2021	291,253	15	291,253	15.000	30,693
Total				<u>\$ 48,936,974</u>		<u>\$ 6,584,844</u>

*Reflects application of 5-year automatic extension of certain amortization charges effective October 1, 2015.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2021 Form 5500 Schedule MB

Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases
(continued)

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)	Amortization Payment as of Beginning of Year
	(1)	(2)	(3)	(4)	(5)	(6)
B. Credits						
1. Assumption Change	10/1/1995	671,016	29	149,193	3.000	53,368
2. Plan Amendment	10/1/1997	92,327	30	36,692	6.000	7,272
3. Actuarial Gain	10/1/2014	3,870,111	15	2,568,041	8.000	407,846
4. Assumption Change	10/1/2015	2,401,500	15	1,735,436	9.000	253,078
5. Actuarial Gain	10/1/2015	1,402,253	15	1,013,335	9.000	147,775
6. Actuarial Gain	10/1/2016	2,601,537	15	2,022,988	10.000	274,159
7. Assumption Change	10/1/2016	2,218,998	15	1,725,519	10.000	233,845
8. Plan Amendment	10/1/2017	3,189,035	15	2,642,894	11.000	336,072
9. Assumption Change	10/1/2017	2,371,260	15	1,965,167	11.000	249,892
10. Actuarial Gain	10/1/2017	1,645,964	15	1,364,084	11.000	173,458
11. Assumption Change	10/1/2018	634,681	15	556,176	12.000	66,885
12. Actuarial Gain	10/1/2018	810,674	15	710,399	12.000	85,431
13. Assumption Change	10/1/2019	621,657	15	572,270	13.000	65,513
14. Assumption Change	10/1/2020	509,400	15	489,897	14.000	53,682
15. Actuarial Gain	10/1/2020	2,367,753	15	2,277,098	14.000	249,522
16. Actuarial Gain	10/1/2021	5,716,695	15	5,716,695	15.000	602,445
Total				\$ 25,545,884		\$ 3,260,243
C. Net (A - B)				\$ 23,391,090		\$ 3,324,601
D. Balance Test						
1. Credit balance / (funding deficiency)				\$ 25,480,821		
2. Balance test: [C - D(1)]				\$ (2,089,731)		
3. Unfunded accrued liability				\$ (2,089,731)		

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2021 Form 5500 Schedule MB

Schedule MB, line 11 - Justification for Change in Actuarial Assumptions

The following are the actuarial assumption changes as of October 1, 2020:

The current liability interest rate was changed from 2.55% to 2.28%, in compliance with IRS regulations. Additionally, the RPA current liability mortality table was changed to the 2021 Static Mortality Table under IRS Notice 2019-67.

The mortality improvement scale was updated from MP-2020 to MP-2021 in order to better reflect demographic trends.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2021 Form 5500 Schedule MB

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods

Interest Rates

Funding Interest Rate 7.50% per year, compounded annually.
RPA Current Liability 2.28% per year, compounded annually.

Mortality

Healthy The RP-2006 Blue Collar Mortality Table, with mortality improvements projected with SOA Scale MP-2021 on a generational basis. An adjustment factor of 1.10 was applied to the healthy male annuitant rates.

Disabled The RP-2006 Mortality Table for disabled retirees, with mortality improvements projected with Scale MP-2021 on a generational basis.

RPA Current Liability IRS 2021 Mortality Table, as prescribed.

Withdrawal Rates

Rates of termination (for reasons other than death, disability, or retirement) are assumed to vary according to length of service during a member's first 4 years. For participants with 5 or more years of service, the rate of termination is assumed to vary by age, with illustrative rates as follows:

Age	Select Rates based on Service					Ultimate Rates
	0	1	2	3	4	
25	18.5%	18.5%	18.5%	18.5%	15.0%	13.7%
30	18.5%	18.5%	18.5%	18.5%	15.0%	10.9%
35	18.5%	18.5%	18.5%	18.5%	15.0%	8.5%
40	18.5%	18.5%	18.5%	18.5%	15.0%	6.6%
45	18.5%	18.5%	18.5%	18.5%	15.0%	5.1%
50	18.5%	18.5%	18.5%	18.5%	15.0%	3.9%
55	18.5%	18.5%	18.5%	18.5%	15.0%	2.9%
60	18.5%	18.5%	18.5%	18.5%	15.0%	2.1%
65	18.5%	18.5%	18.5%	18.5%	15.0%	1.3%
70	18.5%	18.5%	18.5%	18.5%	15.0%	0.6%

This assumption was chosen by the Plan's prior actuary, and will be reviewed by CBIZ once adequate history has been compiled

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2021 Form 5500 Schedule MB

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods

(continued)

Disability Rates

Rates of disability were based on the sex-distinct disability incidence outlined in the Social Security Administration's Actuarial Note Number 2014.6. This assumption was based on a review of published disability tables and the demographics and industry of the Plan. Illustrative rates are shown below:

Age	Male Percentage	Female Percentage
25	0.22%	0.16%
30	0.21%	0.19%
35	0.28%	0.31%
40	0.39%	0.42%
45	0.52%	0.56%
50	0.79%	0.83%
55	1.25%	1.19%
60	1.85%	1.53%
65	1.31%	1.09%

Retirement Rates

Active and terminated vested participants are assumed to retire in accordance with the rates in the table below:

Age	Rate of Retirement
50-59	5.50%
60	10.00%
61	20.00%
62	30.00%
63-69	22.50%
70+	100.00%

Expenses

An amount equal to the core expenses (excluding investment expenses) paid in the preceding Plan Year, rounded up to the next \$10,000, added to the Normal Cost. (\$750,000 for 2021, expense loading of 41.3%)

Spouses (marital status)

75% of male participants and 50% of female participants not currently collecting benefits are assumed to be married, with male spouses assumed to be three years older and female spouses assumed to be three years younger than the participant.

Service Credit

For purposes of projecting future benefit accruals, it is assumed that each active participant will earn a full year of benefit service.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2021 Form 5500 Schedule MB

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods

(continued)

Form of Payment:	All who retire are assumed to receive an immediate life annuity with 5 years certain.
Vested Terminated Members Beyond Their Normal Retirement Age:	Benefits for Vested Terminated members who are past their Normal Retirement Date are actuarially increased through age 71. Those members beyond age 71 have a one-time retroactive benefit valued, with 7.0% interest, as of the valuation date for payments due beyond age 71. Liabilities for three Vested Terminated members beyond age 85 are excluded from the valuation.
Data	Data is received from the Fund Office. Retirees and beneficiaries are those who were in receipt of a payment as of the valuation date. Actives are those who were listed as being employed by a Contributing Employer on the valuation date. Terminated Vested members are those with at least 5 years of Vesting Service who were neither in receipt of a pension or actively employed.
Actuarial Valuation Method	Unit Credit cost method.
Asset Valuation Method	Recognition of gains and losses above or below the assumed rate of return over a 5-year period, adjusted, if necessary, to remain within a corridor of 80% to 120% of the market value of plan assets.
Changes since the Prior Valuation	The current liability interest rate was changed from 2.55% to 2.28%, in compliance with IRS regulations. Additionally, the PRA current liability mortality table was changed to the 2021 Static Mortality Table under IRS Notice 2019-67. The mortality improvement scale was updated from MP-2020 to MP-2021 in order to better reflect demographic trends.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2021 Form 5500 Schedule MB

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods

(continued)

Rationale for Selection of Significant Actuarial Assumptions

Interest Rate	The interest rate assumption used for funding purposes is based on current and future market expectations, and professional judgment. In setting the long-term investment return assumption, the Plan's Investment Consultant provided future investment expectations based on the Plan's asset allocation.
Mortality	The mortality assumption is based on historical and current demographic data and professional judgment. Periodically, we perform experience studies where we compare actual to expected experience.
Retirement from Active and Terminated Vested Status	The retirement age decrements for active and terminated vested participants are based on observations of recent and historical retirements and in consideration of plan design, and the actuary's experience with plans of a similar size, workforce composition, and geography.
Withdrawal	The withdrawal table was selected by the prior actuary. Once CBIZ has adequate data to perform an experience study, the table will either be confirmed or substituted with a more appropriate table.
Plan Expenses	Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust, with consideration of PBGC premiums and other expenditures expected to be paid in this Plan Year.
Marital Status	The current assumption has been selected based on the actuary's experience with plans of a similar size, plan design, and workforce composition.
Disability	Because the Plan does not have enough data to do a fully credible experience analysis with respect to disability during active employment, the current assumption has been selected based on observations of recent disabilities, the actuary's experience with plans of a similar size, plan design, workforce composition and geography.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2021 Form 5500 Schedule MB

Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Expected Annual Benefit Payments
2021	\$13,642,596
2022	\$13,580,088
2023	\$14,120,491
2024	\$14,594,859
2025	\$14,971,729
2026	\$15,168,467
2027	\$15,251,536
2028	\$15,275,162
2029	\$15,248,290
2030	\$15,154,565

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2021 Form 5500 Schedule MB

*Schedule MB, line 8e - Difference in Minimum Required Contribution
due to Extension of Amortization Bases*

**CALCULATION OF MINIMUM REQUIRED CONTRIBUTION
FOR PLAN YEAR ENDING SEPTEMBER 30, 2022**
(with extension)

1. Regular Minimum Contribution	
a. Normal cost	\$ 2,566,684
b. Net amortization charges	3,324,601
c. Interest on (a) and (b)	441,847
d. Total, but not less than zero	<u>\$ 6,333,132</u>
2. Full funding limitation	\$ 117,378,991
3. Minimum required contribution before recognition of credit balance if deposited on or after September 30, 2022: lesser of (1d) or (2)	\$ 6,333,132

**CALCULATION OF MINIMUM REQUIRED CONTRIBUTION
FOR PLAN YEAR ENDING SEPTEMBER 30, 2022**
(without extension)

4. Regular Minimum Contribution	
a. Normal cost	\$ 2,566,684
b. Net amortization charges	3,366,083
Total payments owed for Charge Bases	6,626,326
Total payments owed for Credit Bases	3,260,243
c. Interest on (a) and (b)	444,958
d. Total, but not less than zero	<u>\$ 6,377,725</u>
5. Full funding limitation	\$ 117,378,991
6. Minimum required contribution before recognition of credit balance if deposited on or after September 30, 2019: lesser of (1d) or (2)	\$ 6,377,725
7. Difference in Minimum Required Contribution due to Extension of Amortization Bases: [6] - [3], not less than zero*	\$ 44,593

* This does not reflect the use of the Credit Balance. There was no Minimum Required Contribution when reflecting the Credit Balance [\$25,480,821], regardless of whether the Amortization Base extensions were considered.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning **10/01/2021** and ending **09/30/2022**

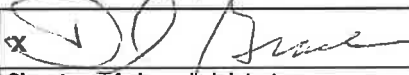
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ 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 TEAMSTERS LOCAL 830 PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 10/01/1963
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) TEAMSTERS LOCAL 830 PENSION PLAN 12298 TOWNSEND ROAD PHILADELPHIA PA 19154	2b Employer Identification Number (EIN) 23-1990755 2c Plan Sponsor's telephone number 215-969-1012 2d Business code (see instructions) 484110

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 ☒ 	6/26/23	DANIEL GRACE - UNION TRUSTEE
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE ☒ 	6/26/23	DOMINIC ORIGLIO - EMPLOYER TRUSTEE
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

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

Form 5500 (2021)
v. 210624

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:**4b** EIN**4d** PN**a** Sponsor's name**c** Plan Name**5** Total number of participants at the beginning of the plan year**5** 2,382**6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).**a (1)** Total number of active participants at the beginning of the plan year**6a(1)** 468**a (2)** Total number of active participants at the end of the plan year**6a(2)** 425**b** Retired or separated participants receiving benefits**6b** 1,014**c** Other retired or separated participants entitled to future benefits**6c** 593**d** Subtotal. Add lines 6a(2), 6b, and 6c**6d** 2,032**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e** 322**f** Total. Add lines 6d and 6e**6f** 2,354**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g****h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested**6h** 9**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7** 10**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**1B****b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**4L****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

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

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information - Small Plan)
 (3) ☐ **A** (Insurance Information)
 (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021**This Form is Open to Public
Inspection**

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan TEAMSTERS LOCAL 830 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF I.B.T.C.W.H. OF AMERICA BEER	D Employer Identification Number (EIN) 23-1990755

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 10 Day 01 Year 2021**b** Assets

(1) Current value of assets.....	1b(1)	192,638,129
(2) Actuarial value of assets for funding standard account.....	1b(2)	175,833,905
c (1) Accrued liability for plan using immediate gain methods.....	1c(1)	173,744,174

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases.....	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method.....	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	173,744,174

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	325,412,853
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	4,679,803
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	13,653,703
(3) Expected plan disbursements for the plan year.....	1d(3)	13,653,703

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	BRYAN MCCORMICK <i>BMM</i>	7/10/2023
	Signature of actuary	Date
BRYAN MCCORMICK	Type or print name of actuary	2307345
		Most recent enrollment number
CBIZ	Firm name	215-587-0700
		Telephone number (including area code)
1845 WALNUT STREET, 10TH FLOOR	Address of the firm	
PHILADELPHIA PA 19103		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule MB (Form 5500) 2021
v. 201209

a Current value of assets (see instructions)

2a	192,638,129
----	-------------

(1) Number of participants	(2) Current liability
----------------------------	-----------------------

(1) For retired participants and beneficiaries receiving payment.....

1,330	162,198,433
-------	-------------

(2) For terminated vested participants

592	65,704,382
-----	------------

(3) For active participants:

(a) Non-vested benefits.....

268,333

(b) Vested benefits.....

97,241,705

(c) Total active.....

97,510,038

(4) Total

2,352 | 325,412,853

C If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage

2c	59.19%
----	--------

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/01/2022	3,883,098	0			
04/01/2022	217,557	0			
10/01/2022	225,162	0			
			Totals ►	3(b)	4,325,817
					3(c)

(d) Total withdrawal liability amounts included in line 3(b) total

3(d)	217,557
------	---------

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))

4a	101.2 %
----	---------

b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5

4b	N
----	---

C Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date

4e	
----	--

f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.
If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐

4f	
----	--

a	☐ Attained age normal	b	☐ Entry age normal	c	☒ Accrued benefit (unit credit)	d	☐ Aggregate
e	☐ Frozen initial liability	f	☐ Individual level premium	g	☐ Individual aggregate	h	☐ Shortfall
i	☐ Other (specify):						

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?	☐ Yes ☒ No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?	☐ Yes ☐ No	
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.28 %
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	7P
(2) Females	6c(2)	7FP
d Valuation liability interest rate	6d	7.50 %
e Expense loading	6e	41.3 % ☐ N/A ☒ N/A
f Salary scale	6f	☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	10.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	22.3 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	- 5,716,695	- 602,445
4	291,253	30,693

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	2,566,684
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	48,936,974
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	686,365
e Total charges. Add lines 9a through 9d.....	9e	9,837,893
Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	25,480,821
g Employer contributions. Total from column (b) of line 3.....	9g	4,325,817
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	25,545,884
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	2,306,996

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	27,904,607
(2) "RPA '94" override (90% current liability FFL)	9j(2)	117,378,991
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	35,373,877
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	25,535,984
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....☒ Yes ☐ No