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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

1b Three-digit plan number (PN) ▶ 009

1c Effective date of plan 01/01/1987

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)
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

P.O. BOX 15223
READING, PA 19612-5223

2b Employer Identification Number (EIN) 23-6262789

2c Plan Sponsor's telephone number 610-320-5500

2d Business code (see instructions) 484120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/21/2023	WILLIAM M. SHAPPELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] 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
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	9370
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)**	3634
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3684
b	Retired or separated participants receiving benefits	**6b**	821
c	Other retired or separated participants entitled to future benefits	**6c**	4303
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	8808
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	269
f	Total. Add lines **6d** and **6e**.	**6f**	9077
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	9077
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	10

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

2C

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

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).. . . . . [X] 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

NORTHERN TRUST CORPORATION

36-2723087

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

CORBIN CAPITAL PARTNERS, L.P.

30-0299433

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

GOLDENTREE ASSET MANAGEMENT

13-4118850

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

SIGULAR GUFF ADVISERS, LLC

13-3855629

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

SEI TRUST COMPANY

06-1271230

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

CAUSEWAY CAPITAL MANAGEMENT

95-4861680

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

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

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

WASHINGTON CAPITAL MANAGEMENT, INC.

91-1042342

(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	542527	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WESTFIELD CAPITAL MGMT CO LP

80-0175963

(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?
51 68 71	NONE	406191	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

LOOMIS SAYLES TRUST CO.

20-8080381

(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	395408	Yes [ ] No [X]	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)

SEGALL BRYANT & HAMILL

35-2679129

(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?
51	NONE	339644	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INTERCONTINENTAL R/E CORPORATION

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	337142	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WINTRUST BANK, NA

36-3873352

(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?
15 50	NONE	309094	Yes [ ] No [X]	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)

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	284572	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SIERRA INVESTMENT PARTNERS, INC.

68-0370668

(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	181949	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HAMILTON LANE ADVISORS, LLC

23-2962336

(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 [X] No [ ]	Yes [ ] No [X]	167063	Yes [ ] No [X]

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)

INVESTMENT PERFORMANCE SERVICES

58-2432390

(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	165000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIG, WILLIAMS & DAVIDSON

23-2416488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	127809	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CBIZ RPS

31-1582098

(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?
17 50	NONE	90269	Yes [ ] No [X]	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)

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	82246	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOSEPH J. SAMOLEWICZ

23-6262789

(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	77891	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHELLE L. HOUCK

23-6262789

(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	74283	Yes [ ] No [X]	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)

NORTHERN TRUST COMPANY

36-1561860

(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 72 51	NONE	63780	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

JUDITH A. GUIDARA

23-6262789

(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	60551	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASHLEY BORTZ

23-6262789

(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	60398	Yes [ ] No [X]	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)

MARTIN L. CULLEN

23-6262789

(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	59444	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JAMES STRICKER

23-6262789

(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	55755	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WEIDENHAMMER SYSTEMS CORP

23-2054990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	47316	Yes [ ] No [X]	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)

RUSTY KEMP

23-6262789

(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	44904	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROBERT GENSLINGER

23-6262789

(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	41237	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KYLE WELLER

23-6262789

(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	38053	Yes [ ] No [X]	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)

MORGAN LEWIS & BOCKIUS LLP

23-0891050

(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	36910	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LORI KEMMERER

23-6262789

(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	36754	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PETER SHIFFER

23-6262789

(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	36341	Yes [ ] No [X]	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)

LV PRINT CENTER

47-3489925

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	32206	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAMIEN WILD

23-6262789

(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	31017	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LISA M. CYLCEWSKI

23-6262789

(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	27865	Yes [ ] No [X]	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)

ESSEX TECHNOLOGY GROUP INC

22-3679815

(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?
15 50	NONE	25215	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FABRICANT & FABRICANT INC

13-1942233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	17240	Yes [ ] No [X]

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

WILLIAM BLAIR INVESTMENT MANAGEMENT

47-2614791

(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	10023	Yes [X] No [ ]	Yes [X] No [ ]	0	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)

DOYLE PRINTING & OFFSET CO.

52-0191325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	6157	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PACKET WATCH (WGM ASSOC. LLC DBA)

27-4637065

(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?
15 50	NONE	6021	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STEVENS & LEE PC

23-1886296

(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	5329	Yes [ ] No [X]	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
FABRICANT & FABRICANT INC	22 53	6583

(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.
MARKEL AMERICAN INS CO. 54-1398877	COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	44

(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.
FIDELITY & DEPOSIT CO 13-3046577	COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	242

(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.
SENECA INS. CO. 13-2941133	COMMISSIONS

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
FABRICANT & FABRICANT INC	22 53	95

(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.
AMERICAN CASUALTY CO. 38-2788825	COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	157

(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.
FEDERAL INSURANCE CO. 13-1963496	COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	141

(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.
CONTINENTAL CASUALTY 36-2114545	COMMISSIONS

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
FABRICANT & FABRICANT INC	22 53	1328

(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.
NORTH AMERICAN 36-2428931	COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	3950

(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.
HUDSON INS. CO. 13-5150451	COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	2765

(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.
RLI INS., CO 37-0915434	COMMISSIONS

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
FABRICANT & FABRICANT INC	22 53	1935
(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.	
FAIR AMERICAN INS. CO. 46-1213970	COMMISSIONS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	28 52	167063
(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.	
HL SECONDARY FEEDER FD VA-LP 83-1798760	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.	

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

B Three-digit plan number (PN) ▶ 009

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

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:	NT COLLECTIVE RUSSELL 1000 INDEX FU		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN	45-6138589-095	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	93342393		
a Name of MTIA, CCT, PSA, or 103-12 IE:	NT COLLECTIVE GOVERNMENT SHORT TERM		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN	45-6138589-068	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9942005		
a Name of MTIA, CCT, PSA, or 103-12 IE:	CAUSEWAY COLLECTIVE INVESTMENT TRUS		
b Name of sponsor of entity listed in (a):	SEI TRUST COMPANY		
c EIN-PN	83-2723947-128	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31903971		
a Name of MTIA, CCT, PSA, or 103-12 IE:	SIERRA FRANKLIN EAFE PLUS EQUITY TR		
b Name of sponsor of entity listed in (a):	FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH		
c EIN-PN	90-6149946-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	27621313		
a Name of MTIA, CCT, PSA, or 103-12 IE:	LOOMIS SAYLES HIGH YIELD CONSERVATI		
b Name of sponsor of entity listed in (a):	LOOMIS SAYLES TRUST COMPANY, LLC		
c EIN-PN	84-6391546-006	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	104483687		
a Name of MTIA, CCT, PSA, or 103-12 IE:	WASHINGTON CAPITAL JOINT MASTER TRU		
b Name of sponsor of entity listed in (a):	WASHINGTON CAPITAL MANAGEMENT, INC.		
c EIN-PN	91-1163419-001	**d** Entity code	E
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40858158		
a Name of MTIA, CCT, PSA, or 103-12 IE:	GOLDENTREE MULTI-SECTOR FUND OFFSHO		
b Name of sponsor of entity listed in (a):	GOLDENTREE ASSET MANAGEMENT		
c EIN-PN	98-1018819-002	**d** Entity code	E
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	84313425		

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

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

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	1033124	2014194
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	820659	899416
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2703660	1860422
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	542509	
(2) U.S. Government securities	1c(2)	43194940	29735789
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	10365022	6510053
(B) All other	1c(3)(B)	53758680	33495144
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	241867773	174679417
(5) Partnership/joint venture interests	1c(5)	246107244	254052044
(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)	383567261	267293369
(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)	156506567	125171583
(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)	8680537	31035668

		(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	310818	260158
f Total assets (add all amounts in lines 1a through 1e)	1f	1149458794	927007257
Liabilities			
g Benefit claims payable	1g	17538289	8829869
h Operating payables	1h	846089	638105
i Acquisition indebtedness	1i		
j Other liabilities	1j	674022	1878140
k Total liabilities (add all amounts in lines 1g through1j)	1k	19058400	11346114
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1130400394	915661143

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	10212548	
(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)		10212548
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8835	
(B) U.S. Government securities	2b(1)(B)	733718	
(C) Corporate debt instruments	2b(1)(C)	1437134	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	5616403	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7796090
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3022392	
(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)		3022392
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	172942653	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	185459522	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-12516869
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-26377516	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-26377516

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-69354318
(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)		1172814
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		71886
d Total income. Add all **income** amounts in column (b) and enter total	2d		-85972973
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	109696289	
(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)		109696289
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)	510778	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	2224094	
(4) Other	2i(4)	1296507	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4031379
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		113727668
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-199700641
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		15038610

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) [X] 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)** [X] 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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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?	4g	X		254052044
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?	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.)	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.)	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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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.	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)
CNTRL PA TMSTERS DEFINED BENEFIT PLAN	23-6262789	001

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 _____.

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

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): 23-6262789

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	606

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	10212548
b Enter the amount contributed by the employer to the plan for this plan year	6b	10212548
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	0

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

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):

---

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): _____

---

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): _____

---

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): _____

---

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): _____

---

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**	
b The corresponding number for the second preceding plan year	**15b**	

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**	
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**	

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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_____

CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

FINANCIAL STATEMENTS

DECEMBER 31, 2022

CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2022 AND 2021

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Novak Francella LLC | CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Central Pennsylvania Teamsters
Retirement Income Plan 1987

Opinion

We have audited the financial statements of the Central Pennsylvania Teamsters Retirement Income Plan 1987 (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 December 31, 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 December 31, 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 Central Pennsylvania Teamsters Retirement Income Plan 1987'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 thePlan'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 Schedules of Administrative Expenses, Schedule of Assets Held at End of Year, and Schedule of Reportable Transactions, 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
September 21, 2023

Central Pennsylvania Teamsters
Retirement Income Plan 1987

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

	2022	2021
Assets		
Investments - at fair value		
Common stock	$ 162,731,559	$ 225,701,223
Foreign stock	11,947,858	16,166,550
Common collective trust - STIF	9,942,005	23,676,150
United States Government and Government Agency obligations	29,735,789	43,194,940
Corporate obligations	31,201,826	48,027,561
Preferred corporate obligations	6,510,053	10,365,022
Municipal obligations	6,004,895	8,680,537
Limited partnership	36,464,499	41,084,922
Limited partnership - real estate	192,473,506	183,600,569
Limited partnership - private equity	25,114,039	21,421,753
Foreign obligations	-	4,655,707
Common collective trust - international equity	31,903,971	42,832,503
Common collective trust - equity	225,447,393	317,058,608
103-12 investment entities	125,171,583	156,506,567
Foreign hedged fund of funds	25,030,773	-
Non-government backed CMOs	40,006	59,439
Asset-backed securities	2,253,312	1,015,973
Short - term cash equivalents	-	542,509
Total investments	921,973,067	1,144,590,533
Receivables		
Accrued interest and dividends	1,343,762	1,761,157
Contributions	899,416	820,659
Due from related parties	139,231	-
Due from broker for sales of securities	-	101,029
Other	147	343,832
Total receivables	2,382,556	3,026,677

See accompanying notes to financial statements.

	2022	2021
PROPERTY AND EQUIPMENT		
Office equipment	$ 630,916	$ 621,046
Furniture and fixtures	191,801	191,801
Leasehold improvements	563,929	562,206
	1,386,646	1,375,053
Less: accumulated depreciation and amortization	(1,126,488)	(1,064,235)
Net property and equipment	260,158	310,818
OTHER ASSETS		
Prepaid benefits	352,206	327,453
Prepaid expenses	25,076	170,189
Total other assets	377,282	497,642
CASH	2,014,194	1,033,124
Total assets	927,007,257	1,149,458,794
LIABILITIES AND NET ASSETS		
LIABILITIES		
Due to related parties	-	301,502
Accrued administrative expenses	638,105	846,089
Due to broker for purchases of securities	30,308	-
Trustee to Trustee transfer to Defined Benefit Plan	1,847,832	372,520
Total liabilities	2,516,245	1,520,111
NET ASSETS AVAILABLE FOR BENEFITS	$ 924,491,012	$ 1,147,938,683

See accompanying notes to financial statements.

Central Pennsylvania Teamsters Retirement Income Plan 1987

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2022 and 2021

	2022	2021
Additions		
Investment income		
Net (depreciation) appreciation in fair value of investments	$ (107,283,260)	$ 153,447,620
Interest and dividends	6,255,642	9,116,437
Other investment income	4,770,211	1,041,657
	(96,257,407)	163,605,714
Less investment expenses	(2,224,643)	(2,695,303)
Investment (loss) income - net	(98,482,050)	160,910,411
Employer contributions	10,212,548	8,882,851
Other income	71,886	245,866
Total additions	(88,197,616)	170,039,128
Deductions		
Benefits paid directly to participants and beneficiaries	118,404,709	146,419,848
Trustee to Trustee transfer to Defined Benefit Plan	15,038,610	11,223,466
Administrative expenses	1,806,736	1,749,324
Total deductions	135,250,055	159,392,638
Net (decrease) increase	(223,447,671)	10,646,490
Net assets available for benefits		
Beginning of year	1,147,938,683	1,137,292,193
End of year	$ 924,491,012	$ 1,147,938,683

See accompanying notes to financial statements.

CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 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 stock, United States Government and Government Agency obligations, municipal obligations, the Common collective trust - STIF, preferred corporate obligations, corporate obligations, asset-backed securities, non-government back CMO's are carried at fair value as provided by the custodian, which generally represents quoted market value as of the last business day of the year. The foreign obligations, foreign stock, and mortgage - backed securities are carried at estimated fair value as provided by the custodian. The common collective trust - international equity and common collective trusts - equity are valued at their market value on the last business day of the year, as established by the trusts. The limited partnership is carried at estimated fair value as reported by the General Partner, and generally represents the basis for IRS purposes as reported on Schedule K-1. The limited partnership, limited partnership - real estate and limited partnership - private equity are carried at estimated fair value as provided by the Partnership. The 103-12 investment entities are carried at estimated fair value as provided by the sponsors of the investments. The foreign hedged funds of funds are valued at estimated fair value as reported by the management of the Funds. The short-term cash equivalent is carried at cost, which approximates fair value.

Purchases and sales are recorded on a trade-date basis. Interest and dividend income are recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Property and Equipment - Property and equipment are recorded at cost. Major additions are capitalized while replacements, maintenance and repairs, which do not improve or extend the useful lives of the respective assets are expensed currently. Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the related assets. Depreciation and amortization expense was $66,617 for the year ended December 31, 2022 and $46,340 for 2021.

Estimates - The presentation 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 when paid.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash Concentration - The Plan places its cash with a financial institution deemed to be credit worthy. Cash balances may at times exceed the FDIC insured deposit limit of $250,000 in a single bank.

Funding Policy and Revenue Recognition - The Plan is funded by contributions from participating employers under the terms of the 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.

NOTE 2. DESCRIPTION OF THE PLAN

General

The Central Pennsylvania Teamsters (CPT) Retirement Income Plan 1987 is a multiemployer defined contribution pension plan. The Plan covers all eligible employees of participating employers who were covered by collective bargaining agreements as well as certain other non-collectively bargained participants, usually local union employees, Plan employees and employees of related plans, for whom contributions were payable to the Plan. The Plan had ceased accepting employer contributions for hours of service after December 31, 2002, but began to accept contributions from certain employers again in 2020. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Plan Administration

The Administration of the Plan is the responsibility of a Board of Trustees comprised of Union Trustees and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Plan are managed by investment managers and maintained by a separate custodian. The Trustees have engaged the services of an independent investment consultant to make recommendations with respect to the investment of the Plan's assets, and to assist them with monitoring the performance of the Plan's investment managers.

Defined Contribution Plan

For contributions received after December 31, 2016, benefits under the Plan are one hundred percent vested after three years of vesting service (previously five years). In addition, all participants are one hundred percent vested in their accounts upon attainment of normal retirement age and are one hundred percent vested in their rollover accounts at all times.

Qualifying participants are eligible for Plan benefits upon retirement, death, or disability, in the form of an annuity, a lump-sum payment or a combination of each.

Participant Accounts

Contributions are credited when received to participant accounts that were established for each participant.

On a monthly basis, each participant account is allocated a share of the investment income and the Plan's expenses.

NOTE 2. DESCRIPTION OF THE PLAN (continued)

Forfeitures

Any nonvested participant will forfeit the balance in the account after five consecutive one-year breaks in service. Forfeitures are used first to pay administrative expenses of the Plan. To the extent any forfeitures remain, they are allocated among participant accounts pro rata. There were no forfeitures during 2022 or 2021.

Participants should refer to the Summary Plan Description for more complete information.

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.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter dated March 17, 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 provisions of Section 501(a). The Plan has been amended since receiving the tax determination letter. The Plan's Trustees and the Plan's legal 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 the 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. 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.

	Fair Value Measurements at December 31, 2022			
	Total	Level 1	Level 2	Level 3
Common stock	$ 162,731,559	$ 162,731,559	$ -	$ -
Foreign stock	11,947,858	11,947,858	-	-
United States Government and Government Agency obligations	29,735,789	29,735,789	-	-
Corporate obligations	31,201,826	-	31,201,826	-
Preferred corporate obligations	6,510,053	-	6,510,053	-
Municipal obligations	6,004,895	-	6,004,895	-
Non-government backed CMO's	40,006	-	40,006	-
Asset-backed securities	2,253,312	-	2,253,312	-
Common collective trust - STIF	9,942,005	9,942,005	-	-
Total assets in the fair value hierarchy	260,367,303	$ 214,357,211	$ 46,010,092	$ -
Investments measured at NAV*	661,605,764			
Total investments	$ 921,973,067			

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2021			
	Total	Level 1	Level 2	Level 3
Common stock	$ 225,701,223	$ 225,701,223	$ -	$ -
Foreign stock	16,166,550	16,166,550	-	-
United States Government and Government Agency obligations	43,194,940	23,729,331	19,465,609	-
Corporate obligations	48,027,561	-	48,027,561	-
Preferred corporate obligations	10,365,022	-	10,365,022	-
Foreign obligations	4,655,707	-	4,655,707	-
Municipal obligations	8,680,537	-	8,680,537	-
Non-government backed CMO's	59,439	-	59,439	-
Asset-backed securities	1,015,973	-	1,015,973	-
Short-term cash equivalents	542,509	542,509	-	-
Common collective trust - STIF	23,676,150	23,676,150	-	-
Total assets in the fair value hierarchy	382,085,611	$ 289,815,763	$ 92,269,848	$ -
Investments measured at NAV*	762,504,922			
Total investments	$ 1,144,590,533			

In accordance with ASC 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 this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement 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 December 31, 2022 and 2021 there were no transfers in or out of levels 1, 2, or 3.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments, redemption information, and redemption notice period are as follows at December 31, 2022:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships - real estate:				
Boyd Watterson GSA Fund LP	$ 110,762,793	$ -	Quarterly	60 days
Boyd Watterson State Government Fund LP	22,601,337	-	Quarterly	60 days
U.S. Real Estate Investment Fund	49,464,137		Quarterly	90 days
WA CAP SP Infrastructure Fund IV Feeder LLC	9,645,239	15,996,355	(Y)	(Y)
Common collective trust - international equity:				
CF Causeway International Value Equity	31,903,971	-	Daily	^
Common collective trusts - equity:				
CF Loomis Sayles High Yield Conservative Trust	104,483,687	-	Daily	3 days
CF Sierra Franklin EAFE Plus Equity Trust	27,621,313	-	Daily	3 days
Northern Trust Collective Russell 1000 Growth Index Fund Non-Lending	93,342,393	-	Daily	&
Foreign hedged fund of funds:				
GCM Grosvenor Opportunistic Credit Fund V, Ltd.	25,030,773	-	Quarterly	90 days
Limited partnership - private equity:				
Hamilton Lane Secondary Feeder Fund V - A LP	25,114,039	13,574,582	(X)	(X)
Limited partnership:				
Corbin ERISA Opportunity Fund	36,464,499	-	Quarterly	65 days
103-12 investment entities:				
CF Goldentree Multi-Sector Fund Offshore ERISA LTD	84,313,425	-	Quarterly	90 days
CF WA CAP JMT Real Estate Equity Fund	40,858,158	-	(Y)	(Y)
Total	$ 661,605,764	$ 29,570,937		

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments, redemption information, and redemption notice period are as follows at December 31, 2021:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships - real estate:				
Boyd Watterson GSA Fund LP	$ 105,762,620	$ -	Quarterly	60 days
Boyd Watterson State Government Fund LP	21,300,459	-	Quarterly	60 days
U.S. Real Estate Investment Fund	51,549,012	1,750,000	Quarterly	90 days
WA CAP SP Infrastructure Fund IV Feeder LLC	4,988,478	20,218,352	(Y)	(Y)
Common collective trust - international equity:				
CF Causeway International Value Equity	42,832,503	-	Daily	^
Common collective trusts - equity:				
CF Loomis Sayles High Yield Conservative Trust	146,697,475		Daily	3 days
CF Sierra Franklin EAFE Plus Equity Trust	41,438,463	-	Daily	3 days
Northern Trust Collective Russell 1000 Growth Index Fund Non-Lending	128,922,670	-	Daily	&
Limited partnership - private equity:				
Hamilton Lane Secondary Feeder Fund V - A LP	21,421,753	16,481,949	(X)	(X)
Limited partnership:				
Corbin ERISA Opportunity Fund	41,084,922	-	Quarterly	65 days
103-12 investment entities:				
CF Goldentree Multi-Sector Fund Offshore ERISA LTD	100,381,242	-	Quarterly	90 days
CF WA CAP JMT Real Estate Equity Fund	56,125,325	-	(Y)	(Y)
Total	$ 762,504,922	$ 38,450,301		

& - Requests for withdrawals must be received by 9:30 a.m. Central time on the valuation date to be effective.

^ - If redemption is greater than 20% of the plan's balance, 5 business days is required. Otherwise, trades can be accepted daily.

(X) - The Fund is a closed-end fund and redemptions are not permitted.

(Y) - The Fund acknowledges and understands that they shall not be entitled to make any withdrawals from the Fund. Investment Manager shall distribute cash received from the Underlying Fund less any amounts used by the Fund for payment of fees and expenses.

The objective of the Northern Trust Collective Russell 1000 Growth Index Fund Non-Lending is to approximate the risk and return characteristics of the Russell 1000 Growth Index. The Index is commonly used to represent the large cap segment of the U.S. equity market with a focus on the growth style of investing.

The objective of Corbin ERISA Opportunity Fund, LP is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of 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.

GCM Grosvenor Opportunistic Credit Fund V, Ltd. (the "Fund") was established as a Cayman Islands exempted company pursuant to the Companies Act (2013 Revision) of the Cayman Islands under the Memorandum and Articles of Association dated July 5, 2016. The Fund is registered under the Cayman Islands Mutual Funds Act. The Fund commenced operations on November 1, 2016. The Bank of New York Mellon acts as administrator (the "Administrator") to the Fund. Grosvenor Capital Management, L.P. (the "Investment Advisor" or "GCM Grosvenor") sponsored the formation of the Fund. The Investment Advisor is registered with the Securities and Exchange Commission as an investment adviser under the Investment Advisers Act of 1940. Substantially all of the assets of the Fund that are available for investment have been and shall be invested in GCM Grosvenor Opportunistic Credit Master Fund V, L.P. (the "Master Fund"), a Cayman Islands exempted limited partnership that has the same investment objective as the Fund. The performance of the Fund is directly affected by the performance of the Master Fund. The Investment Advisor is also the sponsor of the Master Fund and manages its portfolio, on a fully discretionary basis, through investing in "Portfolio Funds" and securities (as defined in the Master Fund's financial statements), which generally implement "non-traditional" or "alternative" investment strategies. The investment in the Master Fund is recorded at fair value and equals the Fund's pro rata interest in the partners' capital of the Master Fund.

The Intercontinental U.S. Real Estate Investment Fund is a limited liability company. The Fund's investment 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 investment and, to a lesser extent, on value-added investments. The Fund is an open-end, commingled real estate investment fund and is intended to have an indefinite term. The real estate investments of the Fund are stated at estimated fair value and are reviewed and adjusted quarterly. At least annually, an independent appraisal of the underlying real estate is performed and includes a complete property and market inspection. All appraisal reports are completed in accordance with currently published Uniform Standards of Professional Appraisal Practice, as promulgated by the Appraisal Foundation. In the quarters in which an investment is not independently appraised, the fair value is updated as appropriate by management for changes in prior cash flow estimates and market assumptions.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

The objective of the Boyd Watterson GSA LP and the Boyd Watterson State Government Fund, LP is to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The Boyd Watterson GSA LP and the Boyd Watterson State Government Fund, LP were formed to operate as perpetual life, open-end, commingled collective investment funds and intend to invest in real estate primarily leased to government agencies.

The objective of the Real Estate Equity Fund (the Fund) of the Washington Capital Joint Master Trust (the Trust) is to earn investment income and/or to realize real estate price appreciation through investments in a diversified portfolio of real estate. The Fund invests primarily in income-producing commercial real estate, either through direct ownership, partnership interests, or corporate shares or memberships with developers and/or other investors, or through participating equity oriented debt. The strategy of the Fund includes a focus in development opportunities.

The objective of the Causeway International Value Equity CIT is to seek long-term growth of capital income. The Fund seeks to achieve its investment objective by investing primarily in stocks of companies in developed countries located outside the U.S. There is no guarantee that the Fund will meet this investment objective. The primary performance benchmark for the Fund is the MSCI EAFE Index.

The Loomis Sayles High Yield Conservative Trust investment objective is total return and to outperform the Bloomberg Barclays Capital U.S. Corporate High Yield Index.

The investment objective of the Hamilton Lane Secondary Feeder Fund V-A LP, primarily through its interest in the Main Fund, is to acquire and hold a diversified portfolio of private equity investment funds, which may include venture capital, buyout, mezzanine, industry-focused and other private equity investment funds, acquired through secondary market transactions. The Fund, either directly or indirectly through its investment in the Main Fund, may make investments in newly formed private equity funds if deemed appropriate or necessary in connection with the Fund's secondary investment activities and may also acquire secondary direct investments.

The Sierra Franklin EAFE Plus Equity Trust seeks to achieve long-term capital appreciation through investment in equity securities of companies located outside of the U.S. Under normal market conditions, the Fund will invest predominantly in equity securities of mid- and large-capitalization companies located outside of the U.S., including developing and emerging market countries.

The Goldentree Multi-Sector Fund Offshore ERISA LTD principal investment objective 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 5. FAIR VALUE MEASUREMENTS (continued)

Northern Trust Collective Russell 1000 Growth Index Fund Non-Lending, Boyd Watterson State Government Fund LP, U.S. Real Estate Investment Fund, Washington Capital SP Infrastructure Fund IV Feeder LLC, CF Causeway International Value Equity, CF Loomis Sayles High Yield Conservative Trust, CF Sierra Franklin EAFE Plus Equity Trust, CF WA Cap JMT Real Estate Equity Fund, GCM Grosvenor Opportunity Fund, LP, Hamilton Lane Secondary Feeder Fund V - A LP, Corbin ERISA Opportunity Fund, and the Goldentree Multi-Sector Fund Offshore ERISA LTD are measured at fair value without adjustment by the Plan, based on the net asset value (NAV) or NAV equivalent as of December 31, 2022 and 2021, respectively.

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS

The Plan has three related parties which include the Central Pennsylvania Teamsters Defined Benefit Plan (Defined Benefit Plan), Central Pennsylvania Teamsters Health and Welfare Fund (the Health and Welfare Fund) and Teamsters Local Union No. 429 (the Union). The Plan has common Trustees and staff with these related entities. The Chairman of the Plan is also the President of the Union.

This Plan is the common paymaster of payroll related expenses and benefits for the Defined Benefit Plan and the Health and Welfare Fund. The Plan also shares the services of certain employees as well as certain equipment with the Defined Benefit Plan and the Health and Welfare Fund. Total reimbursements to the Plan were $4,685,021and $4,001,516, for the years ended December 31, 2022 and 2021, respectively.

As of December 31, 2022 and 2021, the Health and Welfare Fund owed the Plan $92,637 and $82, respectively, for common expenses paid by the Plan. As of December 31, 2022 and 2021, the Defined Benefit Plan owed the Plan $46,594 and $33, respectively, for common expenses paid by the Plan.

As of December 31, 2021, the Plan owed the Health and Welfare Fund $240,513 for the amount allocated to the Health and Welfare Fund for the employee retention credit received.

As of December 31, 2021, the Plan owed the Defined Benefit Plan $61,104 for the amount allocated to the Defined Benefit Plan for the employee retention credit received.

The Plan leases office space from the Union. The original lease agreement expired in July 2006. In accordance with the lease agreement, the term of the lease was extended for an additional five years through July 2011. In July 2012, the lease was extended for an additional five years with an option to extend for an additional five years. In July 2017, the lease was extended for an additional five years. The lease continues on an annual basis. The lease calls for annual increases equal to the percentage increase of the Consumer Price Index issued by the Bureau of Labor Statistics. The monthly rental payment was $3,709 from January 1, 2022 through June 30, 2022. The monthly rental payment was $4,037 from July 1, 2022 through December 31, 2022. The monthly rental payment was $4,526 from January 1, 2021 through June 30, 2021. The monthly rental payment was $4,740 from July 1, 2021 through December 31, 2021. The annual rent paid by the Plan was $46,484 and $55,597 for the years ended December 31, 2022 and 2021, respectively. The Plan also reimburses the Union for maintenance expenses and a portion of the real estate taxes.

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS (continued)

Certain plan investments are shares of short-term investments managed by Northern Trust. Northern Trust is a Trustee, 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 above transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 7. CREDITING POLICY

The Plan allocated and credited the amount of unpaid employer contributions to employees of defaulting employers.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS

Employees of the Central Pennsylvania Teamsters Health and Welfare Fund (the Health Fund), the Central Pennsylvania Teamsters Defined Benefit Plan (the Defined Benefit Plan), and the Central Pennsylvania Teamsters Retirement Income Plan 1987 (RIP 1987), together referred to as (the Benefit Funds), participate in two multiemployer defined benefit pension plans under the terms of participation agreements that cover its union-represented and non-collectively bargained employees. RIP 1987 remits the contributions to these multiemployer defined benefit pension plans for the shared employees on behalf of the Benefit Funds. The Health Fund and the Defined Benefit Plan reimburse RIP 1987 for their share of the contributions based on a cost allocation study. The Health Fund also remits contributions to these multiemployer defined benefit pension plans for the Benefit Fund employees who work entirely for the Health Fund. The risks of participating in these multiemployer defined benefit pension plans are different from single-employer plans 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 Benefit Funds choose to stop participating in any of its multiemployer defined benefit pension plans, the Benefit Funds may be required to pay those multiemployer defined benefit pension plans an amount based on the underfunded status of the multiemployer defined benefit pension plans, referred to as a withdrawal liability.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

The Benefits Funds' participation in these multiemployer defined benefit pension plans for the annual periods ended December 31, 2022 and 2021 is outlined in the table below. The zone status is based on information that the Benefit Funds received from each multiemployer defined benefit pension plan and is certified by each 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 Plans	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?	
Central Pennsylvania Teamsters Defined Benefit Plan	23-6262789	001	Green as of 01/01/22	No	Green as of 01/01/21	No	*
Teamsters Pension Trust Fund of Philadelphia and Vicinity	23-1511735	001	Green as of 01/01/22	No	Yellow as of 01/01/21	No	**

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

** The employees of the Benefit Funds participate in the Teamsters Pension Trust Fund of Philadelphia and Vicinity through a participation agreement between the Benefit Funds and the Teamsters Pension Trust Fund of Philadelphia and Vicinity. The participation agreement does not have an expiration date.

Legal Name of Pension Plans	Contributions paid by RIP 1987 directly to the Pension Plans		Contributions to the Pension Plans greater than 5% of total Pension Plan contributions (Plan year ending)		Employer Contribution Rates of the Pension Plans		Number of Employees Covered by the Pension Plans for which RIP 1987 contributes directly to the Pension Plans	
	12/31/2022	12/31/2021			12/31/2022	12/31/2021	12/31/2022	12/31/2021
Central Pennsylvania Teamsters Defined Benefit Plan	$ 711,403	$ 683,983	No, Plan year ending 12/31/22.	No, Plan year ending 12/31/21.	$2,679 per month	$2,538 per month	28 shared employees	28 shared employees
Teamsters Pension Trust Fund of Philadelphia and Vicinity	402,959	384,632	No, Plan year ending 12/31/22.	No, Plan year ending 12/31/21.	15% of gross wages	15% of gross wages	20 Health Fund employees and 28 shared employees	20 Health Fund employees and 28 shared employees
Total contributions to Pension Plans	$ 1,114,362	$ 1,068,615						

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

The Health Fund reimbursed RIP 1987 $335,234 and $331,506 during the years ended December 31, 2022 and 2021, respectively, for the Health Fund's allocated share of the pension contributions for shared employees participating in the Central Pennsylvania Teamsters Defined Benefit Plan.

The Defined Benefit Plan reimbursed RIP 1987 $227,772 and $219,231 during the years ended December 31, 2022 and 2021, respectively, for the Defined Benefit Plan's allocated share of the pension contributions for shared employees participating in the Central Pennsylvania Teamsters Defined Benefit Plan.

The Health Fund reimbursed RIP 1987 $269,800 and $254,871 during the years ended December 31, 2022 and 2021, respectively, for the Health Fund's allocated share of the pension contributions for shared employees participating in the Teamsters Pension Trust Fund of Philadelphia and Vicinity.

The Defined Benefit Plan reimbursed RIP 1987 $77,446 and $74,472 during the years ended December 31, 2022 and 2021, respectively, for the Defined Benefit Plan's allocated share of the pension contributions for shared employees participating in the Teamsters Pension Trust Fund of Philadelphia and Vicinity.

Legal Name of Pension Plans	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan by the Benefit Funds?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
Central Pennsylvania Teamsters Defined Benefit Plan	N/A, Green status as of 01/01/22	No	No	N/A
Teamsters Pension Trust Fund of Philadelphia and Vicinity	N/A, Green status as of 01/01/22	No	No	N/A

NOTE 9. MULTIEMPLOYER PLANS THAT PROVIDE POSTRETIREMENT BENEFITS OTHER THAN PENSIONS

The Benefit Funds contributed to two multiemployer defined benefit health and welfare plans that provided postretirement benefits for its union represented and non-collectively bargained employees during the years ended December 31, 2022 and 2021. Information about these health and welfare plans is below:

Legal Name of Plans providing postretirement benefits other than pension	Contributions paid by RIP 1987 directly to the Plans		Employer contribution rates of the Plans		Number of employees covered by Plans for which RIP 1987 contributes directly to the Plans	
	12/31/2022	12/31/2021	12/31/2022	12/31/2021	12/31/2022	12/31/2021
Central Pennsylvania Teamsters Health and Welfare Fund*	$ 1,112,024	$ 1,089,653	$984 to $2,774 per month	$967 to $2,729 per month	20 Health Fund employees and 28 shared employees	20 Health Fund employees and 28 shared employees
Teamsters Joint Council No. 53 Retiree Health and Welfare Fund**	241,775	230,779	9% of gross wages	9% of gross wages	20 Health Fund employees and 28 shared employees	20 Health Fund employees and 28 shared employees
Total contributions to Welfare Plans that provide post-retirement benefits	$ 1,353,799	$ 1,320,432				

The Health Fund reimbursed RIP 1987 $795,346 and $762,173 during the years ended December 31, 2022 and 2021, respectively, for the Health Fund's allocated share of the welfare contributions for shared employees participating in the Central Pennsylvania Teamsters Health and Welfare Fund.

The Defined Benefit Plan reimbursed RIP 1987 $190,501 and $192,039 during the years ended December 31, 2022 and 2021, respectively, for the Defined Benefit Plan's allocated share of the welfare contributions for shared employees participating in the Central Pennsylvania Teamsters Health and Welfare Fund.

The Health Fund reimbursed RIP 1987 $161,880 and $152,923 and during the years ended December 31, 2022 and 2021, respectively, for the Health Fund's allocated share of the welfare contributions for shared employees participating in the Teamsters Joint Council No. 53 Retiree Health and Welfare Fund.

The Defined Benefit Plan reimbursed RIP 1987 $46,468 and $44,683 during the years ended December 31, 2022 and 2021, respectively, for the Defined Benefit Plan's allocated share of the welfare contributions for shared employees participating in the Teamsters Joint Council No. 53 Retiree Health and Welfare Fund.

NOTE 9. MULTIEMPLOYER PLANS THAT PROVIDE POSTRETIREMENT BENEFITS OTHER THAN PENSIONS (continued)

*The Plan provides both active and post-retirement health benefits (medical, hospital, surgical, major medical, organ transplant, vision, and prescription drug), disability, death benefits, and accidental death and dismemberment benefits for eligible participants and their spouses, beneficiaries, and covered dependents.

** The Plan provides post-retirement medical, hospital, surgical, prescription, dental, and vision benefits for eligible participants and their spouses. Eligible participants must be receiving a pension and have reached age 55 with 10 years of service.

NOTE 10. DUE TO/FROM BROKER FOR THE PURCHASE/SALE OF SECURITIES

This represents the amounts due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

NOTE 11. TRUSTEE TO TRUSTEE TRANSFER TO DEFINED BENEFIT PLAN

Participants in the Plan and the Defined Benefit Plan, who are eligible for the Combined Minimum Monthly Benefit, can elect to transfer their account balance from the Plan into the Defined Benefit Plan in order to obtain a higher monthly benefit from the Defined Benefit Plan. During the years ended December 31, 2022 and 2021, the Plan transferred $15,038,610 and $11,223,466, respectively, into the Defined Benefit Plan.

As of December 31, 2022, and 2021, the Plan owed the Defined Benefit Plan $1,847,832 and $372,520, respectively, for the account balances that were not transferred at year end.

NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as reported on the financial statements as of December 31, 2022 and 2021 to the balances as reported on Form 5500:

	2022	2021
Net assets available for benefits per the financial statements	$ 924,491,012	$1,147,938,683
Less: amounts allocated to withdrawing participants	(8,829,869)	(17,538,289)
Net assets available for benefits per Form 5500	$ 915,661,143	$1,130,400,394

NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)

The following is a reconciliation of benefits paid to participants per the 2022 financial statements to Form 5500:

	Year Ended December 31, 2022
Benefits paid per the financial statements	$ 118,404,709
Less: amounts allocated to withdrawing participants at December 31, 2021	(17,538,289)
Add: amounts allocated to withdrawing participants at December 31, 2022	8,829,869
Benefits paid to participants per Form 5500	$ 109,696,289

Amounts allocated to withdrawing participants are recorded on Form 5500 for benefits claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date.

NOTE 13. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector 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.

NOTE 14. AMENDMENTS

In September 2021, the Plan was amended to reflect the required beginning date for participants who have not reached age 70 1/2 as of January 1, 2020, to April 1 of the calendar year following the calendar year in which the participant reaches age 72.

NOTE 15. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 21, 2023, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

Central Pennsylvania Teamsters Retirement Income Plan 1987

Schedules of Administrative Expenses

Years Ended December 31, 2022 and 2021

	2022	2021
Professional fees	$ 510,778	$ 466,454
Payroll wages	381,184	391,495
Trustee, fiduciary bond and insurance expense	169,231	176,035
CPT Pension benefits	149,030	133,878
CPT Health and Welfare benefits	126,176	135,442
Data processing expenses	70,222	69,432
Other pension and Health and Welfare benefits	89,140	88,462
Office expenses	83,500	75,955
Rent	48,433	57,954
Postage	30,040	26,810
Payroll taxes	30,198	31,146
Meetings, conferences and seminars	24,136	15,702
Repairs and maintenance	11,488	14,993
Telephone	12,897	16,545
Depreciation and amortization expense	66,617	46,340
Utilities	3,666	2,681
Total	$ 1,806,736	$ 1,749,324

CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2022

Form 5500 Schedule H, Item 4i

EIN: 23-6262789
Plan No. 009

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
			Common stock:				
	1st Indl Rlty Tr Inc		10,017			$ 518,924	$ 483,420
	AbbVie Inc		15,165			1,861,602	2,450,816
	Advanced Drain Sys Inc		7,840			525,577	642,645
	Allegiant Travel Co		2,736			597,899	186,021
	Alphabet Inc		7,894			971,528	700,435
	Alphabet Inc Cl A		13,054			1,377,992	1,151,754
	Alteryx Inc		7,630			540,838	386,612
	Amedisys Inc		2,400			547,904	200,496
	Amer Finl Group Inc		3,640			398,693	499,699
	Ameren Corp		11,733			1,002,609	1,043,298
	American Express		14,366			2,291,518	2,122,577
	Ameris Bancorp		7,863			414,650	370,662
	Apellis Pharmaceuticals Inc		5,060			282,051	261,653
	Ares Management LP		11,130			784,134	761,737
	Atkore Inc		5,820			461,202	660,104
	Avantor Inc		34,633			1,350,255	730,410
	Avery Dennison Corp		15,569			3,075,698	2,817,989
	Azek Co Cl A		11,944			222,312	242,702
	Badger Meter Inc		5,517			437,642	601,519
	Bank of America Corp		73,184			3,016,967	2,423,854
	Baxter Intl Inc		36,055			2,001,786	1,837,723
	Berkshire Hathaway Inc		10,891			3,145,226	3,364,230
	Berry Global Group Inc		10,702			657,951	646,722
	Bill Com Hldgs Inc		3,500			524,985	381,360
	Bio Rad Laboratories Inc		1,680			766,566	706,423
	Bio-Techne Corp		6,366			655,843	527,614
	Blackline Inc		4,095			405,137	275,471
	Blueprint Medicines		6,040			516,584	264,612
	Booking Holdings Inc		610			1,322,638	1,229,321
	Borg Water Inc		89,863			4,338,837	3,616,986
	Boston Scientific Corp		58,110			2,523,038	2,688,750
	BRP Inc		6,650			432,222	507,728
	BWX Technologies		4,445			280,665	258,166
	Cable One Inc		563			404,097	400,777
	Capri Holdings LTD		6,565			358,931	376,306
	Carlisle Companies Inc		3,618			744,330	852,582
	Carmax Inc		14,384			894,974	875,842
	Carter Inc		2,837			204,374	211,669
	Caseys Gen Stores		3,000			585,606	673,050
	Catalent Inc		16,340			1,337,828	735,463
	CCC Intelligent Solutions Hldgs		41,635			360,193	362,225
	Cheesecake Factory Inc		22,530			733,364	714,426
	Chemed Corp New		740			374,604	377,718
	Chevron Corp		12,035			1,316,429	2,160,162
	Chubb LTD		14,543			2,592,526	3,208,186

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		Common stock (continued):				
	Churchill Downs Inc		1,432			$ 273,471	$ 302,768
	Ciena Corp		11,686			597,130	595,752
	Cisco Systems Inc		24,459			1,310,404	1,165,227
	Citigroup Inc		72,185			4,810,847	3,264,928
	Coca-Cola Consolidated Inc		675			332,744	345,843
	Columbia Sportswear Co		4,454			300,680	390,081
	Comcast		97,354			5,255,957	3,404,469
	Compass Minerals Intl Inc		4,845			328,778	198,645
	Crane Co		8,061			758,298	809,727
	Cullen / Frost Bankers Inc		5,190			714,752	693,903
	Cummins Inc		9,574			2,343,063	2,319,684
	CVS Health Corp		29,550			2,596,345	2,753,765
	Deckers Outdoor Corp Com		2,260			654,790	902,102
	Devon Energy Corp		13,888			345,680	854,251
	Diamondback Energy Inc		13,255			1,185,631	1,813,019
	Dollar General Corp New		4,222			810,257	1,039,668
	Donaldson Inc		8,351			533,584	491,623
	Dupont De Nemours Inc		20,964			1,634,269	1,438,759
	DXC Technology Co		66,610			2,286,950	1,765,165
	Eagle Matls Inc		1,685			228,026	223,852
	Element Solution Inc		31,312			688,306	569,565
	EMCOR Group Inc		5,678			690,877	840,969
	Encompass Health Corp		4,535			232,115	271,178
	Encore Wire Corp		6,270			835,746	862,501
	Enersys		5,182			447,688	382,639
	Enpro Inds Inc		7,450			642,608	809,740
	Ensign Group Inc		3,851			355,850	364,343
	Entegris Inc		6,190			468,249	406,002
	Equity Commonwealth		16,514			460,405	412,355
	Expedia Group Inc		13,476			1,965,917	1,180,498
	F5 Inc		3,450			625,334	495,110
	Fate Therapeutics Inc		10,230			436,008	103,221
	Five Below Inc		5,440			832,581	962,173
	FMC Corp		5,880			616,000	733,824
	Fox Factory Hldg Corp		3,012			457,821	274,785
	General Electric Co		31,250			3,110,009	2,618,437
	Gentex Corp		21,118			324,954	330,458
	Glacier Bancorp Inc		14,071			680,189	695,389
	Globus Med Inc		9,096			654,867	675,560
	Graphic Packaging Hldg Co		40,789			831,706	907,555
	Hain Celestial Corp		18,847			748,338	304,944
	Halozyme Therapeutics		7,014			290,069	399,097
	Hancock Whitney Corp		11,577			568,117	560,211
	Harley Davidson		9,498			430,625	395,117
	Hasbro Inc		33,372			2,690,599	2,036,026
	Horizon Therapeutics		5,623			546,935	639,897
	HubSpot Inc		1,820			519,802	526,217
	Huntsman Corp		9,075			255,060	249,381
	Idex Corp		5,403			1,087,088	1,233,667
	Independence Rlty Tr Inc		25,070			585,098	422,680
	Inspire Med Sys Inc		2,150			442,555	541,542
	Insulet Corp		3,926			1,065,299	1,155,775
	Intel Corp		38,475			2,121,199	1,016,894
	Intl Flavors & Fragrances		12,095			1,712,711	1,268,040
	ITT Inc		5,114			494,482	414,745
	J & J Snack Food Corp		3,575			526,707	535,213
	Jack Henry & Assoc		2,106			352,479	369,729

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		Common stock (continued):				
	Jacobs Solutions Inc		5,420			$ 741,881	$ 650,779
	Juniper Networks Inc		15,230			489,416	486,751
	Karuna Therapeutics Inc		1,310			275,214	257,415
	KBR Inc		20,039			821,234	1,058,059
	Lakeland Finl Corp		2,296			150,977	167,539
	Lamb Weston Hldgs		7,687			552,298	686,910
	Lantheus Hldgs Inc		11,040			709,478	562,598
	Lincoln Elec Hldgs		4,200			445,305	606,858
	LKQ Corp		10,504			509,659	561,019
	Lockheed Martin Corp		4,406			1,655,563	2,143,475
	LPL Financial Hldgs		3,360			346,313	726,331
	MarkeTaxes Hldgs Inc		1,830			507,280	510,369
	Matador Res Co		3,823			217,757	218,829
	Materion Corp		6,670			501,751	583,692
	Maximum Inc		4,685			339,200	343,551
	Maxlinear Inc		11,750			728,269	398,912
	McKesson Corp		5,541			1,104,712	2,078,540
	Merck & Co. Inc		34,425			2,689,284	3,819,454
	Meta Platforms Inc		14,423			2,546,348	1,735,664
	Mongodb Inc Cl A		3,140			874,755	618,078
	Monolithic PWR Sys Inc		1,457			489,152	515,210
	Morningstar Inc		3,295			875,047	713,664
	National Vision Hldgs		17,610			791,758	682,564
	Neurocrine Biosciences		3,420			356,351	408,485
	Nordson Corp		2,179			476,321	517,992
	OKTA Inc Cl A		7,020			413,754	479,677
	Orthofix Med Inc		7,150			309,979	146,789
	Ovintiv Inc		15,840			744,676	803,246
	Paya Hldgs Inc		47,227			470,767	371,676
	Paylocity Hldg Corp		3,030			587,918	588,608
	Philip Morris Intl		14,520			1,422,686	1,469,569
	Phreesia Inc		8,236			484,657	266,517
	PNC Financial Services Group		11,584			2,208,761	1,829,577
	Procore Technologies Inc		11,010			588,440	519,452
	Prometheus Biosciences Inc		2,560			278,978	281,600
	Prudential Finl Inc		17,781			1,872,157	1,768,498
	Pub Service Enterprise Group		46,434			2,954,089	2,845,011
	Pure Storage Inc		27,271			555,212	729,772
	Ranpak Hldgs Corp Cl A		17,640			458,130	101,783
	Red Rock Resorts Inc Cl A		20,210			901,095	808,602
	Regal Rexnord Corp		3,949			524,733	473,801
	Renaissance Hldgs LTD		23,543			3,794,658	4,337,327
	Repligen Corp Com		2,600			471,201	440,206
	Ringcentral Inc Cl A		12,320			504,559	436,128
	Rocket Pharmaceuticals		22,390			569,583	438,172
	Saia Inc		3,760			772,247	788,397
	Sarepta Therapeutics Inc		5,000			559,656	647,900
	Schlumberger LTD		36,474			1,284,151	1,949,900
	Seacost Banking Corp		22,885			713,784	713,783
	Silicon Laboratories		4,604			673,796	624,625
	Smucker J M Co		6,948			923,642	1,100,980
	SS&C Technologies		43,589			3,211,712	2,269,243
	State Str Corp		20,412			1,473,938	1,583,359
	Sun Communities Inc		5,980			950,428	855,140
	Synaptics Inc		6,900			982,181	656,604
	Tapestry Inc		20,390			960,989	776,451
	Teledyne Technologies Inc		1,785			580,156	713,839

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
		Common stock (continued):					
	Tenable HDLGS		28,715			$ 1,423,052	$ 1,095,477
	Texas Roadhouse Inc		6,004			487,497	546,064
	Tradeweb Mkts Inc Cl A		3,435			235,814	223,035
	Transunion		9,210			745,111	522,667
	Tyler Technologies Inc		994			356,519	320,476
	Under Amour Inc		17,097			378,263	173,705
	United Therapeutics Corp Del		972			192,034	270,303
	United Health Group		4,333			1,828,303	2,297,270
	Universal Display Corp		3,014			442,747	325,632
	Universal Electrs Inc		5,151			268,056	107,192
	Vail Resorts Inc		2,251			484,676	536,526
	Veracyte Inc		9,022			361,074	214,092
	Victor Corp Com		2,410			144,339	129,537
	Visteon Corp		4,500			569,801	588,735
	Walt Disney Co		22,925			3,792,468	1,991,724
	Waste Connections Inc		8,911			1,095,405	1,181,242
	Watsco Inc		1,419			409,792	353,899
	Wesco Intl		6,240			805,693	781,248
	Western Alliance Bancorporation		4,565			348,887	271,891
	Willscott Mobile Mini HLDGS Corp		19,910			781,062	899,335
	Zurn Wtr Solutions		14,275			351,165	301,916
		Total common stock				173,154,572	162,731,559
		Foreign stock:					
	ADR Anheuser Busch		35,237			2,399,744	2,115,629
	ADR Ascendis Pharma A/S Sponsored		8,520			1,200,369	1,040,548
	ADR Endava Plc Ads		8,581			876,400	656,447
	ADR Nice LTD		2,180			532,026	419,214
	ADR WNS Hldgs LTD		9,993			761,068	799,340
	Canadian Natl Ry Co		12,345			1,367,669	1,467,574
	Genpact Limited Com		12,690			582,683	587,801
	Gildan Activewear Inc		18,590			676,923	509,365
	Icon Plc		5,130			972,121	996,503
	Royal Ditch Shell PLC		58,919			2,423,470	3,355,437
		Total foreign stock				11,792,473	11,947,858
		United States Government and Government Agency obligations:					
	FNMA		1,220,000	0.875 %	08/05/30	1,143,388	971,192
	FNMA DTD		325,000	6.625	11/15/30	402,019	382,068
	FNMA Tranche		500,000	0.375	08/25/25	496,881	451,341
	Federal Home Ln Mtg Corp Pool		2,575	6.000	03/01/38	2,665	2,676
	Federal Home Ln Mtg Corp Pool		4,072	6.000	01/01/38	4,312	4,241
	Federal Home Ln Mtg Corp Pool		126,957	3.000	10/01/29	131,789	122,339
	Federal Home Ln Mtg Corp Pool		867,278	2.500	09/01/31	907,117	812,863
	Federal Home Ln Mtg Corp Pool		530,254	4.500	09/01/27	539,037	527,625
	Federal Home Ln Mtg Corp Pool		1,128,746	4.500	10/01/37	1,126,813	1,122,154
	Federal Home Loan Mortgage Corp		652,114	4.000	06/01/37	666,685	636,861
	Federal Home Loan Mortgage Corp		550,602	4.000	10/01/37	550,216	537,724
	Federal Natl Mtg Assn Gtd Mtg Pool		63,486	4.500	09/01/41	68,257	62,817
	Federal Natl Mtg Assn Gtd Mtg Pool		55,177	3.500	08/01/31	57,910	54,198
	FHLMC Multiclass 3768		1,755	4.000	12/15/39	1,675	1,751
	FHLMC Multiclass FHR		112,296	4.500	08/15/40	121,140	109,944
	FHLMC Multiclass SER		2,241	4.000	11/15/40	2,113	2,236
	FHLMC Multiclass SER		39,958	1.500	06/15/41	38,618	37,283
	FHLMC Multiclass SR		9,461	3.000	10/15/39	9,775	9,396
	FNMA Pool		2,256	6.000	02/01/26	2,322	2,292

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		United States Government and Government Agency obligations (continued):				
	FNMA Pool		5,436	5.500 %	06/01/28	$ 5,338	$ 5,469
	FNMA Pool		2,146	5.500	02/01/24	2,164	2,168
	FNMA Pool		78,284	5.500	01/01/35	84,541	80,879
	FNMA Pool		7,382	6.000	12/01/36	8,078	7,705
	FNMA Pool		6,267	6.000	04/01/38	6,599	6,522
	FNMA Pool		4,348	6.000	02/01/39	4,747	4,542
	FNMA Pool		12,859	6.000	10/01/38	14,007	13,380
	FNMA Pool		250,706	4.330	08/01/32	259,755	238,828
	FNMA Pool		5,521	4.916	07/01/37	5,700	5,767
	FNMA Pool		395	6.000	02/01/37	408	402
	FNMA Pool		6,739	4.000	03/01/29	6,769	6,598
	FNMA Pool		13,237	6.000	08/01/37	14,349	13,697
	FNMA Pool		3,239	6.000	11/01/37	3,539	3,375
	FNMA Pool		4,185	6.000	11/01/37	4,434	4,326
	FNMA Pool		8,357	6.000	05/01/37	9,051	8,647
	FNMA Pool		2,792	6.000	04/01/39	2,916	2,911
	FNMA Pool		71,120	4.000	12/01/40	70,895	68,616
	FNMA Pool		124,379	4.000	10/01/42	130,137	119,467
	FNMA Pool		608,792	2.500	10/01/31	637,329	568,702
	FNMA Pool		385,965	3.500	07/01/37	388,588	369,529
	FNMA Pool		613,773	4.000	07/01/37	618,442	599,417
	FNMA Pool		412,609	5.000	10/01/37	415,284	415,153
	Federal Home Ln Mtg Corp Multiclass		622,500	3.430	01/25/27	659,144	598,265
	Federal Home Ln Mtg Corp		820,000	3.750	08/25/25	906,677	800,155
	FHLMC Multiclass Ser		390,000	3.303	07/25/24	380,220	380,550
	FHLMC Multiclass Tranche		331,000	3.413	12/25/26	373,397	317,911
	FHLMC Multiclass Tranche		445,000	2.995	12/25/25	437,073	425,771
	United States Treas DTD		765,000	1.625	09/30/26	791,882	700,842
	United States Treas DTD		1,125,000	2.250	11/15/25	1,208,376	1,065,806
	United States Treas DTD		1,035,000	2.375	08/15/24	1,091,120	999,018
	United States of Amer Treas Bond		795,000	3.125	11/15/28	779,011	759,846
	United States of Amer Treas Note		1,950,000	0.625	08/15/30	1,825,769	1,539,510
	United States Treasury		2,330,000	2.750	02/15/28	2,572,144	2,194,750
	United Sts Treas BDS		1,695,000	1.500	08/15/26	1,747,218	1,546,820
	United Sts Treas DTD		660,000	2.000	02/15/25	686,760	628,366
	United Sts Treas NTS		1,065,000	2.750	08/15/32	955,230	973,310
	United Sts Treas NTS DTD		1,465,000	2.000	11/15/26	1,560,314	1,356,326
	United States Treasury		1,810,000	2.250	11/15/27	1,942,553	1,670,786
	United Sts Treas NTS		1,835,000	1.125	02/15/31	1,786,751	1,500,328
	US Treasury N/B		1,230,000	1.250	08/15/31	1,173,955	1,000,768
	US Treasury N/B		1,120,000	1.500	02/15/30	1,145,238	956,987
	US Treasury N/B		2,110,000	2.375	05/15/29	2,281,811	1,922,573
		Total United States Government and Government Agency obligations				33,270,445	29,735,789
		Municipal obligations:					
	Columbia S C Wtrwrks & SWR SYS Rev		105,000	2.318	02/01/27	105,000	95,870
	Honolulu Hawaii City & Cnty Wastewtr Sys Rev		325,000	2.495	07/01/27	325,000	295,399
	Massachusetts St Wtr Res Auth		510,000	2.163	08/01/26	510,000	468,196
	Metro Wastewtr Reclamation Dist Colo Swrrev		235,000	2.713	04/01/31	235,000	198,438
	Municipal Elec Auth Ga		900,000	1.581	01/01/26	900,000	804,077
	New York St Urban Dev Corp Rev		220,000	3.270	03/15/28	215,234	203,409
	Oklahoma St Univ Agricultural Mechanical Rev		665,000	0.463	09/01/23	665,000	644,687
	Oregon Ed Dists Full Faith & CR Pension Obligs		750,000	0.592	06/30/24	750,000	706,700
	Pima Cnty Ariz Pledged Rev Obligs		590,000	0.520	05/01/24	590,000	556,705
	Prince Georges Cnty MD		70,000	1.186	09/15/26	70,000	61,258

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		Municipal obligations (continued):				
	Sioux Falls S D Sch Dist		400,000	0.564 %	08/01/24	$ 400,000	$ 376,040
	Texas St		165,000	2.704	04/01/31	165,000	142,058
	Texas St Univ Sys Fing Rev		745,000	2.351	03/15/26	788,486	695,040
	University Calif Revs		330,000	3.063	07/01/25	326,436	317,350
	University Mich Univ Revs		85,000	1.372	04/01/27	85,000	74,244
	Virginia St Res Auth Infrastructure Rev		410,000	2.530	11/01/28	410,000	365,424
		Total municipal obligations				6,540,156	6,004,895
		Corporate obligations:					
	Anheuser-Busch		660,000	4.750	01/23/29	777,624	652,985
	AstraZeneca Plc		440,000	0.300	05/26/23	437,237	432,203
	CDN Natl Ry Co		550,000	6.900	07/15/28	723,939	605,439
	CDN Pac Ry Co		710,000	4.450	03/15/23	756,415	709,035
	Nvent Finance		255,000	4.550	04/15/28	286,482	234,526
	Air Prods and Chems		565,000	1.850	05/15/27	583,118	502,842
	Allstate Corp		490,000	0.750	12/15/25	487,140	435,085
	Amazon Com Inc		800,000	3.150	08/22/27	848,903	753,444
	American Express		685,000	3.375	05/03/24	684,585	671,322
	Amern Wtr Cap Corp		315,000	3.400	03/01/25	344,890	305,318
	Analog Devices Inc		695,000	2.950	04/01/25	747,133	667,813
	Apple Inc		435,000	2.050	09/11/26	450,392	397,600
	Arizona Pub Svc Co		715,000	3.350	06/15/24	768,181	692,278
	AT&T Inc		680,000	2.300	06/01/27	655,950	605,974
	Automatic Data Processing Inc		610,000	1.700	05/15/28	613,556	530,518
	Avery Dennison		580,000	4.875	12/06/28	687,579	565,699
	Bank Amer Corp		585,000	3.824	01/20/28	653,679	546,440
	CBOE Global Mkts		550,000	1.625	12/15/30	519,702	428,307
	Cin Gas & Elec Co		486,000	6.900	06/01/25	593,337	505,820
	Cintas Corp		740,000	3.700	04/01/27	835,729	714,357
	CMS Energy Corp		720,000	3.875	03/01/24	767,661	704,469
	Contl Airls Inc		310,000	4.000	04/29/26	326,684	296,101
	Cummins Inc		370,000	0.750	09/01/25	367,177	333,909
	Delmarva Pwr & Lt		780,000	3.500	11/15/23	834,098	769,628
	Delta Air Lines		675,000	3.204	10/25/25	702,003	657,975
	Dicks Sporting Goods Inc		265,000	3.150	01/15/32	265,275	207,604
	Discovery		385,000	3.800	03/13/24	415,956	376,193
	Disney Walt Co		495,000	3.000	02/13/26	536,525	469,185
	Dominion Energy		400,000	2.250	08/15/31	401,420	319,420
	Emerson Elec Co Fixed		645,000	1.800	10/15/27	652,504	563,843
	Evergy Inc		800,000	2.450	09/15/24	840,671	759,940
	General Mtrs Finl Co Inc		660,000	1.250	01/08/26	652,873	581,811
	Georgia Pac Corp		520,000	7.375	12/01/25	634,716	554,873
	Grainger WW Inc		730,000	1.850	02/15/25	750,493	685,778
	Idex Corp		255,000	2.625	06/15/31	254,684	212,615
	Intel Corp Fixed		470,000	3.750	08/05/27	469,837	452,045
	John Deere Capital Corp		430,000	2.050	01/09/25	448,882	408,409
	JPMorgan Chas & Co		645,000	0.697	03/16/24	646,685	638,239
	KLA Corp		490,000	4.650	11/01/24	520,631	488,751
	Lowes Cos Inc		745,000	3.125	09/15/24	799,941	721,220
	Martin Marietta		665,000	4.250	07/02/24	707,715	656,329
	Moodys Corp		605,000	4.875	02/15/24	672,551	603,233
	National Rural Utils Coop Fin Corp		440,000	2.400	03/15/30	441,013	367,359
	O Reilly		295,000	3.900	06/01/29	280,493	275,334
	Oracle Corp		365,000	6.150	11/09/29	376,024	379,740
	Paccar Finl Corp		318,000	0.350	02/02/24	316,216	302,588
	PepsiCo Inc		640,000	2.750	03/19/30	678,553	567,201
	PG&E Recovery FDG LLC		716,862	1.460	07/15/33	716,854	624,282

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
		Corporate obligations (continued):					
	Phillips 66		215,000	3.900 %	03/15/28	$ 238,321	$ 203,260
	PUB Svc Elec Gas Fixed		750,000	3.050	11/15/24	805,636	725,135
	Public Service Colorado		373,000	2.900	05/15/25	387,900	355,579
	Public Service Colorado		275,000	4.100	06/01/32	276,141	259,635
	Republic Svcs Inc		631,000	4.750	05/15/23	682,741	629,865
	Roper Technologies		490,000	3.650	09/15/23	526,130	484,755
	T-Mobile USA		400,000	3.500	04/15/25	435,277	384,932
	Transcont Gas Pipe Line		285,000	4.000	03/15/28	323,151	267,792
	UN Pac RR Co		1,239,413	3.227	05/14/26	1,313,320	1,177,362
	Waste Management Inc Del		627,000	3.500	05/15/24	675,733	611,846
	Wells Fargo & Co		205	3.000	04/22/26	185,900	191,788
	WI Elec Pwr Co		750,000	3.100	06/01/25	807,295	716,674
	WI Energy Corp		250,000	6.200	04/01/33	305,381	258,124
		Total corporate obligations				34,896,632	31,201,826
		Preferred corporate obligations:					
	Abbott Labs		680,000	3.750	11/30/26	778,277	662,792
	Adobe Inc		410,000	2.150	02/01/27	423,860	373,648
	Caterpillar Ins		655,000	3.400	05/15/24	709,461	642,545
	Connecticut Light & Power Co		370,000	0.750	12/01/25	368,947	331,328
	Exxon Mobile Corp		651,000	2.440	08/16/29	660,203	570,566
	Hershey Company		670,000	3.200	08/21/25	738,175	645,841
	Hormel Foods Corp Fixed		395,000	0.650	01/03/24	395,196	372,110
	IL Tool Wks Inc		710,000	2.650	11/15/26	770,027	660,260
	Kimberly Clark Corp		700,000	3.950	11/01/28	799,909	675,927
	Progressive Corp		435,000	4.000	03/01/29	490,882	418,098
	UTD Parcel Svc		600,000	3.400	03/15/29	672,028	559,141
	Visa Inc		620,000	3.150	12/14/25	682,909	597,797
		Total preferred corporate obligations				7,489,874	6,510,053
		Common collective trust fund - international equity:					
	CF Causeway International Value Equity		2,771,848			34,021,235	31,903,971
		Common collective trust funds - equity:					
	CF Sierra Franklin EAFE Plus Equity Trust		1,298,604			42,500,000	27,621,313
	CF Loomis Sayles High Yield Conservative Trust		4,167,678			119,115,181	104,483,687
*	MFB NT Collective Russell 1000 Growth Index Fund		80,579			107,530,340	93,342,393
		Total common collective trust funds - equity				269,145,521	225,447,393
		Asset backed securities:					
	BA CR Card Tr		335,000	0.034	05/15/26	334,923	320,523
	Capital One Multi-Asset Execution		505,000	2.800	03/15/27	504,962	484,345
	Daimler Mexicos Sa De		350,000	5.070	09/16/24	349,575	349,696
	John Deere Owner Tr		46,500	3.730	06/16/25	464,032	460,619
	PVTPL CWABS		22,653	0.000	08/22/39	22,653	22,653
	Verizon Master Tr		660,000	0.990	04/20/28	659,904	615,476
		Total asset backed securities				2,336,049	2,253,312
		Non-Government backed C.M.O's:					
	CMO Citigroup Mtg Ln Tr		3,707	3.150	10/25/35	3,844	3,554
	CMO Citigroup Mtg Ln Tr		8,538	6.380	03/25/36	8,595	7,724
	CMO JPMorgan Mtg Tr		11,052	4.000	10/25/35	10,831	10,298
	CMO Sequoia Mtg Tr		24,716	3.310	07/20/37	20,863	18,430
		Total non-government backed C.M.O's				44,133	40,006

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
			Limited partnerships - real estate:				
	Boyd Watterson GSA Fund LP		103,005,555			$ 103,005,555	$ 110,762,793
	Boyd Watterson State Government Fund		20,550,015			20,550,016	22,601,337
	U.S. Real Estate Investment Fund		40,858,426			40,858,427	49,464,137
	Wacap Sp Infrastructure Fund IV Feeder LLC		8,954,730			8,954,730	9,645,239
			Total limited partnerships - real estate			173,368,728	192,473,506
			Limited partnership - private equity:				
	Hamilton Lane Secondary Feeder Fund V-A LP		19,128,903			19,128,904	25,114,039
			Limited partnership:				
	Corbin ERISA Opportunity Fund LP		34,500,000			34,500,000	36,464,499
			Foreign hedged fund of funds:				
	GCM Grosvenor Opportunistic Credit Fund V, Ltd.		25,000,000			25,000,000	25,030,773
			Common collective trust - STIF:				
*	NT Collective Govt Short-Term Fund		9,942,005			9,942,005	9,942,005
			103-12 investment entities:				
	CF Goldentree Multi-Sector Fund Offshore ERISA LTD		45,290			88,603,782	84,313,425
	CF WA CAP JMT Real Estate Equity Fund		417,319			33,474,534	40,858,158
			Total 103-12 investment entities			122,078,316	125,171,583
			Total investments			$ 956,709,043	$ 921,973,067

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

CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2022

Form 5500 Schedule H, Item 4j

EIN: 23-6262789
Plan No. 009

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset	(g) Net Gain (Loss) on Transaction
*	NT Collective Government Short Term Investment Fund	$ 269,625,755	N/A	N/A	$ 269,625,755	N/A
*	NT Collective Government Short Term Investment Fund	N/A	$ 283,359,900	$ 283,359,900	283,359,900	$ -

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

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS