

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

Part II	Basic Plan Information —enter all requested information
1a Name of plan TEAMSTERS LOCAL NO. 469 ANNUITY FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 05/01/1989
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) TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST 3400 ROUTE 35, SUITE 8 HAZLET, NJ 07730-1247	2b Employer Identification Number (EIN) 22-2980666 2c Plan Sponsor's telephone number 732-264-9000 2d Business code (see instructions) 484110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	MICHAEL BRODERICK
	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

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 501
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) 264
a(2) Total number of active participants at the end of the plan year		6a(2) 254
b Retired or separated participants receiving benefits		6b
c Other retired or separated participants entitled to future benefits.....		6c 228
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 482
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e
f Total. Add lines 6d and 6e		6f 482
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 482
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 31
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E		
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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 TEAMSTERS LOCAL NO. 469 ANNUITY FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST	D Employer Identification Number (EIN) 22-2980666	

Part I	Service Provider Information (see instructions)
--------	---

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CORBIN CAPITAL PARTNERS, LP
30-0299433

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

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

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

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

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

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

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

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

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

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

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

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

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

CHARTWELL INVESTMENT PARTNERS

36-4776242

(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	48099	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZENITH AMERICAN SOLUTIONS

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	47923	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	27083	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

O'SULLIVAN ASSOCIATES, INC

20-8199367

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	11200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INNOVATIVE SOFTWARE SOLUTIONS, INC.

23-2180279

(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	11029	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MSPC

22-2951202

(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	ACCT FOR LOCAL 469	9648	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

INVESTMENT PERFORMANCE SERVICES LLC

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	8650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 TEAMSTERS LOCAL NO. 469 ANNUITY FUND	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST	D Employer Identification Number (EIN) 22-2980666	

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: HARDMAN JOHNSTON INTL EQUITY GROUP		
b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS		
c EIN-PN 26-6493485-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2958535
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>TEAMSTERS LOCAL NO. 469 ANNUITY FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST</u>	D Employer Identification Number (EIN) <u>22-2980666</u>	

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	824506764008
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	306866246375
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	2206669233464
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	2203918154196
(2) U.S. Government securities		1c(2)	20201292781522
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	1673561513144685
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	45541014348624
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	38847622958535
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	87636716336694
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	31276167591511

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	5421	3938
f Total assets (add all amounts in lines 1a through 1e)	1f	44633274	38563552

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	70140	23339
i Acquisition indebtedness	1i		
j Other liabilities	1j	24369	27136
k Total liabilities (add all amounts in lines 1g through 1j)	1k	94509	50475

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	44538765	38513077
---	----	----------	----------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3159731	
(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)		3159731

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2087	
(B) U.S. Government securities	2b(1)(B)	55009	
(C) Corporate debt instruments	2b(1)(C)	626678	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		683774

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		

(3) Rents	2b(3)		
-----------------	-------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	15026022	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	15278073	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-252051

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	313895	
(B) Other	2b(5)(B)	-1687637	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1373742

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		-899144
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1476977
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-158409
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5627505	
(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)		5627505
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)	31384	
(2) Contract administrator fees	2i(2)	47923	
(3) Investment advisory and management fees	2i(3)	85955	
(4) Other	2i(4)	74512	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		239774
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5867279
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-6025688
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MSPC CERTIFIED PUBLIC ACCOUNTANTS

(2) EIN: 22-2951202

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☒ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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 TEAMSTERS LOCAL NO. 469 ANNUITY FUND		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST		D Employer Identification Number (EIN) 22-2980666
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 0
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): _____ 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
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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 _____

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Teamsters Local No. 469 Annuity Fund
Hazlet, New Jersey

Opinion

We have audited the financial statements of Teamsters Local No. 469 Annuity Fund, 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 Teamsters Local No. 469 Annuity Fund 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 Teamsters Local No. 469 Annuity Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Teamsters Local No. 469 Annuity Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 Teamsters Local No. 469 Annuity Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Teamsters Local No. 469 Annuity Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not required parts of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule 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.

A handwritten signature in black ink, appearing to read "MSPC", is positioned above the printed name of the firm.

MSPC

Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 10, 2023

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2022

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	(c) <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral,</u> <u>Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current</u> <u>Value</u>
Money Market Funds:				
	* First Am Govt Ob Fd Cl Z	154,196	\$ 154,196	\$ 154,196
Mutual Funds:				
	Northern Trust Collective S&P Index Fund		6,350,000	6,336,694
Corporate Bonds:				
	Adt Corp	275,000 4.13% 06/15/23	289,583	272,267
	Albertsons Cos Inc	175,000 3.25% 03/15/26	157,723	159,611
	Alcoa Inc	75,000 5.13% 10/01/24	80,672	74,163
	AMC Networks	88,000 5.00% 04/01/24	90,692	82,280
	AmeriGas Finance	270,000 5.63% 05/20/24	293,809	262,084
	Anheuser	110,000 3.50% 06/01/30	120,659	100,136
	Anthem Inc	1,000 3.65% 12/01/27	109,334	94,291
	Apple Inc	60,000 3.20% 05/13/25	63,805	57,971
	Arconic Corporation	100,000 6.00% 05/15/25	101,875	98,310
	Ares Capital	70,000 3.88% 01/15/26	73,704	64,152
	Ares Capital Corp	105,000 3.25% 07/15/25	108,419	96,618
	Arizona Pub Svc Co	75,000 2.20% 12/15/31	73,469	57,221
	AutoNation Inc	110,000 3.50% 11/15/24	114,605	105,571
	Ball Corp	55,000 4.00% 11/15/23	58,784	53,907
	Ball Corp	205,000 5.25% 07/01/25	228,640	202,325
	Bank of America Mt	60,000 3.68% 02/05/26	60,770	59,101
	Bank of America Mt	130,000 0.98% 09/25/25	128,415	119,649
	Bank of Nova Scotia	30,000 3.40% 02/11/24	31,514	29,503
	Boeing Co	35,000 1.43% 02/04/24	34,960	33,541
	Centene Corp	65,000 4.25% 12/15/27	59,638	60,961
	CenterPoint Energy	50,000 3.60% 03/02/23	49,954	49,975
	Charter Comm	230,000 4.91% 07/23/25	232,386	225,423
	Choice Hotels	80,000 3.70% 12/01/29	85,559	69,668
	Citigroup Inc	110,000 3.35% 04/24/25	115,109	106,665
	Comcast Corp	85,000 4.25% 10/15/30	98,367	81,315
	Comcast Corp	115,000 4.15% 10/15/28	130,676	110,279
	Crown Amer	267,000 4.75% 02/01/26	275,417	259,190
	CVS Health	90,000 3.25% 08/15/29	96,103	80,515
	Dcp Midstream	200,000 5.38% 07/15/25	221,250	198,140
	Disney Wal Co Sr	60,000 3.80% 03/22/30	67,526	55,921
	FMC Corp	45,000 3.45% 10/01/29	47,816	39,664
	Ford Motor Cred Co	275,000 4.06% 11/01/24	282,798	264,019
	Freeport McMoran Inc	265,000 3.88% 03/15/23	259,351	264,287
	General Motors Finl	10,000 1.70% 08/18/23	10,101	9,771
	General Motors Finl	40,000 5.65% 01/17/29	47,557	39,290
	Glp Capital LP Fin	220,000 5.25% 06/01/25	239,602	216,264
	Goldman Sachs Group	130,000 3.69% 06/05/28	140,574	120,787
	Goldman Sachs Group	150,000 0.67% 03/08/24	149,499	148,385
	Hca Inc	110,000 5.38% 02/01/25	118,157	109,867

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2022

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	(c) <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral,</u> <u>Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current</u> <u>Value</u>
	Healthpeak	70,000 2.88% 01/15/31	72,903	58,501
	Hillenbrand Inc	275,000 4.50% 09/15/26	308,983	265,458
	Hilton Worldwide Fin	275,000 4.88% 04/01/27	285,197	261,753
	Howmet Aerospace Inc	185,000 6.88% 05/01/25	212,929	189,841
	Icahn Enterprises	275,000 4.75% 09/15/24	288,550	263,656
	Intel Corp Sr Glbl	60,000 3.90% 03/25/30	68,305	56,182
	Intercontinental	35,000 4.60% 03/15/33	34,965	33,390
	Intl Track Systems	40,000 6.50% 02/15/25	40,100	40,244
	Istar Inc	260,000 4.75% 10/01/24	263,484	258,047
	Jbs USA Lux S A	90,000 5.13% 02/01/28	88,441	85,263
	JPMorgan Chase Co	55,000 3.56% 04/23/24	57,015	54,638
	JPMorgan Chase Co	75,000 4.45% 12/05/29	85,233	70,452
	JPMorgan Chase Co	95,000 2.60% 02/24/26	95,000	89,315
	Kinder Morgan Ener	30,000 4.25% 09/01/24	31,977	29,488
	Life Storage L P	65,000 2.20% 10/15/30	64,025	50,497
	Lincoln National	75,000 3.40% 01/15/31	80,929	62,035
	Magallanes Inc	100,000 3.76% 03/15/27	100,088	90,053
	Mercer Intl Inc	275,000 5.50% 01/15/26	283,129	260,477
	Merrill Lynch	65,000 4.05% 09/15/26	64,777	63,094
	Mgm Growth	285,000 5.63% 05/01/24	309,767	280,879
	Microsoft Corp	40,000 2.40% 08/08/26	41,699	37,298
	Morgan Stanley	130,000 0.73% 04/05/24	129,706	128,136
	Morgan Stanley	55,000 4.21% 04/20/28	53,827	52,310
	Morgan Stanley Mtn	85,000 2.19% 04/28/26	86,700	78,988
	Navient Corp	265,000 5.50% 01/25/23	278,328	264,547
	New Fortress Energy	35,000 6.75% 09/15/25	34,556	33,103
	Nvidia Corp	220,000 0.31% 06/15/23	218,925	215,622
	Oklahoma Gas	35,000 0.55% 05/26/23	34,833	34,377
	Oracle Corp	50,000 6.25% 11/09/32	49,916	52,331
	Owl Rock	80,000 3.40% 07/15/26	80,713	69,853
	Penske Automotive	275,000 3.50% 09/01/25	282,193	255,217
	Precision Castparts	35,000 3.25% 06/15/25	37,216	33,734
	QVC Inc	275,000 4.85% 04/01/24	287,301	254,375
	Rockwell Automation	75,000 3.50% 03/01/29	82,829	69,836
	Royal Bk of Mtn	190,000 0.50% 10/26/23	18,902	183,323
	Safehold Oper L P	75,000 2.85% 01/15/32	73,649	56,921
	Safehold Oper L P	95,000 2.80% 06/15/31	94,418	72,909
	SBA Communications	285,000 3.88% 02/15/27	296,066	257,500
	Schwab Charles	85,000 0.75% 03/18/24	84,421	80,781
	Seagate Hdd Cayman	60,000 4.88% 03/01/24	65,082	58,810
	Seagate Hdd Cayman	210,000 4.75% 06/01/23	224,078	208,824
	Sensata Technologies	80,000 5.00% 10/01/25	79,638	78,128
	Simon Property Group	35,000 3.50% 09/01/25	37,402	33,521
	Simon Property LP	125,000 2.45% 09/13/29	126,893	104,361
	Sirius XM	45,000 3.13% 09/01/26	40,613	39,957
	Slm Corp Sr	205,000 4.20% 10/29/25	216,466	187,567

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2022

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	(c) <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral,</u> <u>Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current</u> <u>Value</u>
	SLMAMTN	100,000 3.13% 11/02/26	98,875	85,045
	Springleaf Finance	80,000 5.63% 03/15/23	82,335	79,713
	Springleaf Finance	190,000 6.13% 03/15/24	199,592	183,781
	Sprint Corp	275,000 7.13% 06/15/24	309,528	280,374
	Stanley Black Decker	60,000 3.40% 03/01/26	63,994	57,220
	Starwood Property	280,000 4.75% 03/15/25	295,033	267,190
	Sunoco LP	270,000 6.00% 04/15/27	283,500	265,869
	Svb Financial Group	60,000 3.13% 06/05/30	63,265	49,667
	Thermo Fisher	55,000 1.22% 10/18/24	54,842	51,618
	Transdigm Inc	155,000 6.25% 03/15/26	151,794	152,859
	Truist Bank Mtn	80,000 2.25% 03/11/30	80,009	64,869
	Under Armour Inc	295,000 3.25% 06/15/26	307,289	262,435
	United Rentals	173,000 5.50% 05/15/27	177,389	170,786
	Verizon	80,000 2.55% 03/21/31	80,694	65,789
	Vici Properties	50,000 4.25% 12/01/26	46,154	46,646
	Virginia Elec Power	35,000 3.45% 02/15/24	36,567	34,375
	Virginia Elec Power	55,000 3.50% 03/15/27	59,473	51,977
	Walt Disney Company	65,000 3.38% 11/15/26	70,105	61,490
	Wells Fargo Co Mtn	80,000 1.65% 06/02/24	80,852	78,707
	Western Digital Corp	280,000 4.75% 02/15/26	306,230	263,682
	Western LP	280,000 3.10% 02/01/25	280,838	264,942
	Wyndham Worldwide	90,000 6.35% 10/01/25	98,978	88,430
	Wyndham Worldwide	180,000 3.90% 03/01/23	185,683	178,542
	Total Corporate Bonds		<u>14,254,058</u>	<u>13,144,685</u>
	U.S. Government Securities:			
	F F C B Deb	70,000 4.98% 07/20/32	70,000	68,410
	F F C B Deb	90,000 2.50% 03/15/27	90,000	83,145
	F F C B Deb	130,000 3.30% 03/23/32	130,000	116,754
	F F C B Deb	30,000 5.87% 10/24/29	30,000	30,152
	F F C B Deb	65,000 4.30% 05/17/32	65,000	62,238
	F H L B Deb	15,000 1.50% 11/23/26	15,000	13,461
	F H L B Deb	25,000 1.25% 12/20/24	25,000	23,371
	F H L B Deb	135,000 2.00% 01/27/32	135,000	112,905
	F H L B Deb	90,000 1.90% 02/17/27	90,000	81,340
	F H L B Deb	90,000 2.75% 03/25/27	90,000	83,965
	F H L B Deb	90,000 3.50% 04/26/27	90,000	85,551
	F H L B Deb	90,000 2.15% 03/14/25	89,979	85,129
	F N M A	70,000 4.13% 08/28/25	70,000	68,678
	U S Treasury	78,228 1.75% 01/15/28	90,947	78,174
	U S Treasury	255,000 1.13% 02/15/31	246,242	207,835
	U S Treasury	235,000 1.13% 08/31/28	228,441	200,650
	U S Treasury	285,000 0.38% 09/15/24	280,612	265,617
	U S Treasury	265,000 1.38% 11/15/31	237,057	215,686
	U S Treasury	20,000 2.75% 08/15/32	18,055	18,213

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2022

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	(c) <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral,</u> <u>Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current</u> <u>Value</u>
	U S Treasury	50,000 4.13% 09/30/27	50,818	50,188
	U S Treasury	70,000 2.00% 02/15/23	71,216	69,810
	U S Treasury	415,000 1.63% 09/30/26	422,273	379,692
	U S Treasury	395,000 2.63% 03/31/25	416,146	380,558
	Total U.S. Government Securities		<u>3,051,786</u>	<u>2,781,522</u>
	103-12 Investment Entity:			
	Hardman Johnston International		<u>2,343,917</u>	<u>2,958,535</u>
	Real Estate Funds:			
	Boyd Watterson GSA Fund, LP	3,425	3,442,890	4,179,802
	Boyd Watterson State Government Fd, LP	2,799	<u>3,250,000</u>	<u>3,411,709</u>
	Total Real Estate Funds		<u>6,692,890</u>	<u>7,591,511</u>
	Partnership/Joint Venture Interest:			
	Corbin ERISA Opportunity Fund		<u>3,750,000</u>	<u>4,348,624</u>
	Totals		<u>\$ 36,596,847</u>	<u>\$ 37,315,767</u>

* Represents a party-in-interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

See Independent Auditors' Report.

TEAMSTERS LOCAL NO. 469
ANNUITY FUND

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2022 AND 2021



An independent firm associated with
Moore Global Network Limited

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Index to Financial Statements

	<u>Pages</u>
Independent Auditors' Report	1-3
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021	4
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2022 and 2021	5
Notes to Financial Statements	6-14
Supplementary Information:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	16-19

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Teamsters Local No. 469 Annuity Fund
Hazlet, New Jersey

Opinion

We have audited the financial statements of Teamsters Local No. 469 Annuity Fund, 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 Teamsters Local No. 469 Annuity Fund 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 Teamsters Local No. 469 Annuity Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Teamsters Local No. 469 Annuity Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 Teamsters Local No. 469 Annuity Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Teamsters Local No. 469 Annuity Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not required parts of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule 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.

A handwritten signature in black ink, appearing to read "MSPC", is positioned above the printed name of the firm.

MSPC

Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 10, 2023

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND

Statements of Net Assets Available for Benefits

	<u>December 31,</u>	
	<u>2 0 2 2</u>	<u>2 0 2 1</u>
Assets:		
Investments at Fair Value:		
Money Market Funds	\$ 154,196	\$ 2,203,918
U.S. Government Securities	2,781,522	2,020,129
Corporate Bonds	13,144,685	16,735,615
Mutual Funds	6,336,694	8,763,671
103-12 Investment Entity	2,958,535	3,884,762
Real Estate Funds	7,591,511	3,127,616
Partnership/Joint Venture Interests	<u>4,348,624</u>	<u>4,554,101</u>
Total Investments at Fair Value	<u>37,315,767</u>	<u>41,289,812</u>
Receivables:		
Due from Broker for Securities Sold	9,830	1,975,000
Employers' Contributions	246,375	306,866
Accrued Interest and Dividends	167,237	173,414
Payroll Taxes Withheld Receivable	56,397	--
Due from Affiliates	<u>--</u>	<u>58,255</u>
Total Receivables	<u>479,839</u>	<u>2,513,535</u>
Property and Equipment:		
Office Furniture and Equipment	23,168	23,168
Less: Accumulated Depreciation	<u>19,230</u>	<u>17,747</u>
Total Property and Equipment - Net	<u>3,938</u>	<u>5,421</u>
Cash	<u>764,008</u>	<u>824,506</u>
Total Assets	<u>38,563,552</u>	<u>44,633,274</u>
Liabilities:		
Accounts Payable and Accrued Expenses	23,339	70,140
Payroll Taxes Withheld	--	24,369
Due to Affiliates	<u>27,136</u>	<u>--</u>
Total Liabilities	<u>50,475</u>	<u>94,509</u>
Net Assets Available for Benefits	<u>\$ 38,513,077</u>	<u>\$ 44,538,765</u>

See Accompanying Notes to Financial Statements.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND

Statements of Changes of Net Assets Available for Benefits

	<u>Years ended</u> <u>December 31,</u>	
	<u>2 0 2 2</u>	<u>2 0 2 1</u>
Additions to Net Assets Attributed to:		
Investment Income (Loss):		
Net (Depreciation) Appreciation in Fair Value of Investments	\$ (4,001,914)	\$ 2,480,710
Interest and Dividends	<u>683,774</u>	<u>653,419</u>
Totals	(3,318,140)	3,134,129
Less: Investment Expenses	<u>85,955</u>	<u>149,883</u>
Net Investment (Loss) Income	(3,404,095)	2,984,246
Employers' Contributions	<u>3,159,731</u>	<u>3,400,739</u>
Total (Deductions) Additions	<u>(244,364)</u>	<u>6,384,985</u>
Deductions from Net Assets Attributed to:		
Benefits Paid Directly to Participants	<u>5,627,505</u>	<u>1,002,952</u>
Administrative Expenses:		
Administrator's Fee	47,923	34,872
Payroll	16,893	11,893
Insurance Expense	16,049	15,004
Employees' Benefits Expense	15,206	13,130
Actuarial Fees	11,200	1,150
Computer Expenses	11,029	12,849
Legal Fees	10,536	9,202
Accounting Fees	9,648	12,006
Office Supplies and Expenses	7,424	8,888
Rent	4,640	3,248
Depreciation Expense	1,483	1,487
Payroll Tax Expense	1,352	952
Conferences and Meetings	<u>436</u>	<u>83</u>
Total Administrative Expenses	<u>153,819</u>	<u>124,764</u>
Total Deductions	<u>5,781,324</u>	<u>1,127,716</u>
Net (Decrease) Increase in Net Assets Available for Benefits	(6,025,688)	5,257,269
Net Assets Available for Benefits - Beginning of Years	<u>44,538,765</u>	<u>39,281,496</u>
Net Assets Available for Benefits - End of Years	<u>\$ 38,513,077</u>	<u>\$ 44,538,765</u>

See Accompanying Notes to Financial Statements.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(1) Description of Plan

The following brief description of the Teamsters Local No. 469 (the "Union") Annuity Fund (the "Plan") provides only general information. Participants should refer to the Plan document and Declaration of Trust and the Rules and Regulations for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer collectively bargained defined contribution plan covering Teamsters Local No. 469 members employed by contributing employers. The administration of the Plan is the responsibility of the Trustees, comprised of union and employer trustees. The Plan is maintained pursuant to a number of different collective bargaining agreements and/or participation agreements between the Union and various employers. The administration of the plan is the responsibility of a Board of Trustees, comprised of union and employer trustees. The investments of the Plan are managed by investment advisors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Funding Policy - Contributing employers are required to make contributions to the Plan on behalf of each participant in accordance with the various collective bargaining agreements in effect. Participants are not required to contribute to the Plan.

Vesting - A participant becomes fully vested with respect to his account when the value of the account equals or exceeds \$500; or when he becomes eligible to receive a pension from the Teamsters Local No. 469 Pension Plan; or when he completes five years of service.

A participant who is not vested forfeits the amount credited to his annuity account upon completion of five consecutive one year breaks in service.

Participant Accounts - The Plan provides for the creation of an individual account, on behalf of each participant, to which all employers' contributions are credited. As soon as practicable, after December 31st of each year, plan earnings and administrative expenses are allocated to each account as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested balance.

Payment of Benefits - Benefits are generally payable upon retirement, death, disability or termination. Election may be made by participants to receive either a lump sum payment, a partial lump sum payment, monthly installment payments for a period not to exceed 10 years, or a lifetime annuity. Partial lump sum payments are limited to two payments per calendar year.

(2) Summary of Significant Accounting Policies

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Adoption of New Accounting Standard - Effective January 1, 2022, the Plan adopted ASC 842, Leases. The new standard establishes a right of use (ROU) model that requires a lessee to record an ROU asset and a lease liability on the statement of net assets available for plan benefits for all leases with terms longer than 12 months. Leases are classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of changes in net assets available for plan benefits. Leases with a term of less than 12 months will not record a right of use asset and lease liability and the payments will be recognized into profit or loss on a straight-line basis over the lease term.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(2) Summary of Significant Accounting Policies (Continued)

Adoption of New Accounting Standard (Continued) - The Plan elected to adopt ASC 842, using the optional transition method that allows the Plan to initially apply the new leases standard at the adoption date and recognize a cumulative effect adjustment to the opening balance of [members equity] in the period of adoption. As a result, the Plan reporting for the comparative period presented in the financial statements is in accordance with ASC 840.

The Plan elected to adopt the package of practical expedients available under the transition guidance with the new standard. This package includes the following: relief from determination of lease contracts included in existing or expiring leases at the point of adoption, relief from having to reevaluate the classification of leases in effect at the point of adoption, and relief from reevaluation of existing leases that have initial direct costs associated with the execution of the lease contract. The Plan also elected to adopt the practical expedient to determine the lease term and assess any potential impairment of the right of use assets. The adoption of ASC 842 did not impact the years ended December 31, 2022 and 2021.

Use of Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information principally provided by the Plan's custodians.

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

Employers' Contributions and Related Receivables - Contributions receivable are reported at their outstanding balances net of an estimated reserve for doubtful accounts and are primarily composed of balances due from employers. The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers for covered employees are payable to the plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. The Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of December 31, 2022 and 2021, the Plan did not record any allowance for employers' contributions receivable.

The Board of Trustees has established a program to review participating employer records in order to determine compliance with contribution provisions of the collective bargaining agreement. As a result of this program, previously unreported contributions are identified related to current and prior fiscal years. However, due to the collection efforts required by the Plan, including litigation, the ultimate realization of any additional contribution receivable cannot be reasonably estimated until the collection process is completed. Accordingly, the Plan primarily recognizes these previously unreported contributions in the fiscal year in which the settlement proceeds are received.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(2) Summary of Significant Accounting Policies (Continued)

Property and Equipment - Property and equipment is recorded at cost. Depreciation is provided using the straight-line method over the estimated useful lives of the assets as follows.

Useful Lives in Years

Office Furniture and Equipment

5

Repairs and maintenance are expensed as incurred. Expenditures that increase the value or productive capacity of assets are capitalized. When other assets are retired, sold, or otherwise disposed of, the asset's carrying amount and related accumulated depreciation are removed from the accounts and any gain or loss is included in changes in net assets available for benefits.

Long-Lived Asset Impairment - The Plan reviews the carrying value of fixed assets for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than the carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends, and prospects, as well as the effects of obsolescence and other economic factors. For the years ended December 31, 2022 and 2021, the Plan recorded no impairment charges against the carrying value of other assets employed in operations.

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

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related ERISA plans. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plan. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events - The Plan has evaluated subsequent events through October 10, 2023, the date the financial statements were available to be issued.

(3) 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 under ASC 820 are described as follows:

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

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(3) Fair Value Measurements (Continued)

Level 2 - Inputs to the valuation methodology include:

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

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

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

Money Market Funds: Valued at amortized cost which approximates fair value.

U.S. Government Securities: U.S. Government securities classified as Level 1 are valued based upon quoted market prices reported on the active market on which they are traded. U.S. government securities classified as Level 2 are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

103-12 Investment Entity: Valued at the Plans portion of pension assets from more than one unaffiliated pension plan employer. The Net Asset Value ("NAV") of the common collective trust (CCT) is the basis on which units of participation are issued or redeemed for participating pension plans in the CCT.

Real Estate Funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end. The NAV, as provided by the general partners, is used as a practical expedient to estimate fair value. The NAV is based on the value of all assets of the real estate funds, less its liabilities.

Partnership/Joint Venture Interests: Valued at the net asset value ("NAV") of shares held by the Plan at year end. The NAV, as provided by the general partners, is used as a practical expedient to estimate fair value. The NAV is based on the value of all assets of the Partnerships, less its liabilities.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(3) Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets fair value as of December 31, 2022 and 2021:

	Assets at Fair Value as of December 31, 2022			Total
	Level 1	Level 2	Level 3	
Money Market Funds	\$ 154,196	\$ --	\$ --	\$ 154,196
U.S. Government Securities	--	2,781,522	--	2,781,522
Mutual Funds	6,336,694	--	--	6,336,694
Corporate Bonds	--	13,144,685	--	13,144,685
<u>Total Assets in the Fair Value Hierarchy</u>	<u>\$ 6,490,890</u>	<u>\$ 15,926,207</u>	<u>\$ --</u>	<u>22,417,097</u>
Investments Measured at Net Asset Value*				<u>14,898,670</u>
<u>Total Assets at Fair Value</u>				<u>\$ 37,315,767</u>

	Assets at Fair Value as of December 31, 2021			Total
	Level 1	Level 2	Level 3	
Money Market Funds	\$ 2,203,918	\$ --	\$ --	\$ 2,203,918
U.S. Government Securities	--	2,020,129	--	2,020,129
Mutual Funds	8,763,671	--	--	8,763,671
Corporate Bonds	--	16,735,615	--	16,735,615
<u>Total Assets in the Fair Value Hierarchy</u>	<u>\$ 10,967,589</u>	<u>\$ 18,755,744</u>	<u>\$ --</u>	<u>29,723,333</u>
Investments Measured at Net Asset Value*				<u>11,566,479</u>
<u>Total Assets at Fair Value</u>				<u>\$ 41,289,812</u>

* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) 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 line items presented in the statement of net assets available for benefits.

Transfers Between Levels - 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.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(3) Fair Value Measurements (Continued)

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

December 31, 2022				
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
103-12 Investment Entity:				
Hardman Johnston International Equity Group Trust (e)	\$ 2,958,535	None	Monthly	10 days
Real Estate Funds:				
Boyd Watterson GSA Fund LP (c)	4,179,802	None	Quarterly	60 days
Boyd Watterson State Government Fund LP (g)	3,411,709	None	Quarterly	60 days
Partnership/Joint Venture Interests				
Corbin ERISA Opportunity Fund, L.P. (f)	<u>4,348,624</u>	None	Quarterly	65 days
<u>Total</u>	<u>\$ 14,898,670</u>			

December 31, 2021				
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
103-12 Investment Entity:				
Hardman Johnston International Equity Group Trust (e)	\$ 3,884,762	None	Monthly	10 days
Real Estate Funds:				
Boyd Watterson GSA Fund LP (c)	2,186,429	None	Quarterly	60 days
Boyd Watterson State Government Fund LP (g)	941,187	None	Quarterly	60 days
Partnership/Joint Venture Interests				
Corbin ERISA Opportunity Fund, L.P. (f)	<u>4,554,101</u>	None	Quarterly	65 days
<u>Total</u>	<u>\$ 11,566,479</u>			

(a) The Wells Fargo Stable Value Fund A is established, operated, and maintained for the collective investment and reinvestment of monies contributed thereto by Wells Fargo Bank, N.A. (the Trustee and Manager) as advised by Galliard Capital Management, Inc. for retirement plans qualified under Section 401(a) and tax-exempt under Section 501(a) of the Internal Revenue Code (IRC) of 1986, as amended. The Fund seeks to provide investors with a moderate level of stable income without principal volatility. The Fund has invested all of its assets in Wells Fargo Stable Return Fund G, a collective trust fund sponsored by Wells Fargo Bank, N.A. The Wells Fargo Stable Return Fund G invests in investment contracts and security-backed contracts.

(b) PRIDEX 500 is a separate account established and made available as an investment option under the Variable Income Annuity, a group variable annuity insurance contract issued by the Prudential Insurance Company of America. The Fund's investment objective seeks to provide investment results that approximate the performance of U.S. equity markets, as represented by the Standard & Poor's 500 (S&P 500) Composite Index. The Fund invests substantially all of its assets in the stocks that make up the S&P 500 Index, holding each stock in approximately the same proportion as its weighting in the Index.

(c) Boyd Watterson GSA Fund, L.P. and Subsidiary (the "Fund"), a Delaware limited partnership, was formed on August 16, 2013 to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The Fund was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration ("GSA") or other federal government agencies.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(3) Fair Value Measurements (Continued)

(d) The American Core Realty Fund, LP ("Fund") was formed as a limited liability company and was converted to a limited partnership organized in the State of Delaware effective as of January 1, 2015. American Realty Advisors ("ARA") serves as the Fund's Manager. The Fund's investment strategy is to invest in primarily core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

Requests for redemptions of units in the Fund may be made at any time and are effective at the end of the calendar quarter in which the request is received by ARA. The units that are subject to a redemption notice may be redeemed in installments as funds become available for such purpose and the redemption price will be the value per unit determined based on ARA's estimate of fair value of the Fund's net assets as computed under generally accepted accounting principles at such time that each payment is made. Although ARA is required to use reasonable efforts to cause the Fund to pay the redemption price as soon as practicable after the effective date of the request, redemptions are subject to the availability of cash flow arising from investment transactions, sales and other Fund operations occurring in the normal course of business. ARA is not required to liquidate or encumber assets or defer investments in order to make redemptions.

(e) Hardman Johnston International Equity Group Trust (the "Fund") is the initial investment fund of a tax exempt group trust organized in 2008. The Fund was established to permit qualified retirement plans and certain governmental plans to commingle their assets for investment purposes. The Fund seeks long-term capital appreciation by investing primarily in equity securities of issuers located outside the United States and primarily in mid to large capitalization companies.

(f) Corbin ERISA Opportunity Fund, L.P. (the "Fund") is a Delaware limited partnership formed in August 2015 that operates as a private investment fund. The Fund's investment objective 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 will have exposure to other assets, instruments, and markets.

(g) Boyd Watterson State Government Fund, L.P. and Subsidiary (the "Fund"), a Delaware limited partnership, was formed on August 8, 2017 to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The Fund was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to state governments.

(4) Related Party and Party-In-Interest Transactions

The Plan leases office space on a month-to-month basis from Teamsters Local No. 469 Pension Fund together with Teamsters Local No. 469 Welfare Fund. The rent is based on a square footage of 232 multiple by a rate of \$20 and \$14, as of December 31, 2022 and 2021 respectively. The rent expense incurred by the Plan amounted to \$4,640 and \$3,248 for the years ended December 31, 2022 and 2021, respectively.

Certain administrative expenses incurred by Teamsters Local No. 469 Welfare Fund are allocated throughout the year to the other affiliated funds of Teamsters Local Union No. 469. The Plan's share amounted to \$109,671 and \$86,497 for the years ended December 31, 2022 and 2021, respectively.

Certain building related expenses incurred by Teamsters Local No. 469 Pension Fund are allocated to the other affiliated funds of Teamsters Local Union No. 469. The Plan's share amounted to \$82 and \$503 for the years ended December 31, 2022 and 2021, respectively.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(4) Related Party and Party-In-Interest Transactions (Continued)

During the years ended December 31, 2022 and 2021, the Plan was owed or (owes) the following funds:

	December 31,	
	2022	2021
Teamsters Local No. 469 Welfare Fund	\$ (26,291)	\$ 40,206
Teamsters Local No. 469 Pension Fund	(845)	18,049
<u>Totals</u>	<u>\$ (27,136)</u>	<u>\$ 58,255</u>

During the years ended December 31, 2022 and 2021, the Plan received \$61,682 and \$66,970, respectively, in employer contributions from the Teamsters Local Union No. 469, and \$10,136 and \$10,098, respectively, from Teamsters Local 469 Welfare Fund.

The Plan's investments in money market funds are managed by an affiliate of US Bank, the Plan's custodian. As such, transactions in the money market funds qualify as exempt party-in-interest transactions.

(5) Commitments and Contingencies

During the year ended December 31, 2021, the Plan entered into an agreement with Zenith American Solutions, Inc. ("Zenith"). Under the terms of the agreement, Zenith will provide implementation, benefit processing, record keeping, and financial administrative services to the Plan. The Plan is charged a monthly administration fee which is determined on an annual basis. The agreement was for a term of four months, initially effective November 1, 2021, and renews automatically on a month-to-month basis subsequent to its initial term, unless terminated by either party. As of December 31, 2022, the Plan has terminated the relationship with Zenith and hired Fabian & Bryn. Total administration fees paid for the years ended December 31, 2022 and 2021 were \$47,923 and \$34,872.

(6) Multiemployer Pension Plan

The Plan contributes to a multiemployer defined benefit pension plan, Teamsters Local 469 Pension Fund. The following table outlines the Plan's participation in this plan for the years ended December 31, 2021 and 2020 and sets forth calendar year contributions into the plan. The "EIN/Pension Plan Number" column provides the Employer Identification Number ("EIN") and the three-digit plan number. The most recent Pension Protection Act zone status available in 2022 and 2021 relates to the plan's two most recent fiscal year-ends. The zone status is based on information received from the plan's administrator and is certified by the plan's actuary. Among other factors, plans certified in the red zone are generally less than 65% funded, plans certified in the orange zone are both less than 80% funded and have an accumulated funding deficiency or are expected to have a deficiency in any of the next six plan years, plans certified in the yellow zone are less than 80% funded, and plans certified in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates whether a financial improvement plan ("FIP") for yellow/orange zone plans, or a rehabilitation plan ("RP") for red zone plans, is either pending or has been implemented. As of December 31, 2021, the fund had implemented a FIP. The Plan did not provide more than 5% of the contributions by all contributing employers to this fund. There is no collective bargaining agreement associated with the Plan's participation in this fund.

Pension Fund	EIN/Pension Plan Number	Pension Protection Act Zone Status		FIP/RP Status Pending/ Implemented	Contributions		Surcharge Imposed
		2022	2021		2022	2021	
Teamsters Local 469 Pension Fund (1)	22-6172237/001	Deep Red	Deep Red	Implemented	\$ 4,596	\$ 3,371	No

(1) The contributions represent the Plan's allocated share of the total contributions made on behalf of its employees.

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

Notes to Financial Statements

(7) Other Multiemployer Benefit Plans

The Plan also contributes to Teamsters Local 469 Welfare Fund, a multiemployer plan that provides health and welfare benefits to active participants, and to the Teamsters Local 469 Annuity Fund, a defined contribution multiemployer plan that provides retirement benefits to participants. Contributions to these other multiemployer plans for the years ended December 31, 2022 and 2021 amounted to \$10,610 and \$9,759, respectively.

(8) Tax Status

The Plan obtained its latest determination letter on November 20, 2015, in which the IRS states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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 Internal Revenue Service.

(9) Plan Termination

If the Plan is terminated, or is partially terminated, the rights of all affected participants to their Annuity Accounts as of the date of such termination, to the extent funded as of such date, are non-forfeitable. If this Plan is terminated for any reason, the assets then remaining in the Plan, after necessary administrative expenses have been provided for will be set aside by the Trustees for the purpose of paying benefits in the following order:

- A. Benefits will be paid to Participants who have already commenced to receive benefits to the extent that the annuity account credit balances to which they are entitled have not previously been provided; and,
- B. The credit balance in each participant's annuity account will be paid to him as soon as practicable; and,
- C. Any balance thereafter remaining will be distributed among the Participants in proportion to the credit balances in each participant's annuity account at the date of termination.

No part of the Plan will revert to any Employer or to the Union.

(10) Significant Participating Employer

In the years ended December 31, 2022 and 2021, contributions from one employer represented 28% and 22% of total employers' contributions, respectively. In the event this employer was to suspend contributions, the Plan would retain the risk of meeting its current obligations until the appropriate adjustments were made.

(11) Risks and Uncertainties

Investment Risk - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

.

SUPPLEMENTARY INFORMATION

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2022

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	(c) <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral,</u> <u>Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current</u> <u>Value</u>
Money Market Funds:				
	* First Am Govt Ob Fd Cl Z	154,196	\$ 154,196	\$ 154,196
Mutual Funds:				
	Northern Trust Collective S&P Index Fund		6,350,000	6,336,694
Corporate Bonds:				
	Adt Corp	275,000 4.13% 06/15/23	289,583	272,267
	Albertsons Cos Inc	175,000 3.25% 03/15/26	157,723	159,611
	Alcoa Inc	75,000 5.13% 10/01/24	80,672	74,163
	AMC Networks	88,000 5.00% 04/01/24	90,692	82,280
	AmeriGas Finance	270,000 5.63% 05/20/24	293,809	262,084
	Anheuser	110,000 3.50% 06/01/30	120,659	100,136
	Anthem Inc	1,000 3.65% 12/01/27	109,334	94,291
	Apple Inc	60,000 3.20% 05/13/25	63,805	57,971
	Arconic Corporation	100,000 6.00% 05/15/25	101,875	98,310
	Ares Capital	70,000 3.88% 01/15/26	73,704	64,152
	Ares Capital Corp	105,000 3.25% 07/15/25	108,419	96,618
	Arizona Pub Svc Co	75,000 2.20% 12/15/31	73,469	57,221
	AutoNation Inc	110,000 3.50% 11/15/24	114,605	105,571
	Ball Corp	55,000 4.00% 11/15/23	58,784	53,907
	Ball Corp	205,000 5.25% 07/01/25	228,640	202,325
	Bank of America Mt	60,000 3.68% 02/05/26	60,770	59,101
	Bank of America Mt	130,000 0.98% 09/25/25	128,415	119,649
	Bank of Nova Scotia	30,000 3.40% 02/11/24	31,514	29,503
	Boeing Co	35,000 1.43% 02/04/24	34,960	33,541
	Centene Corp	65,000 4.25% 12/15/27	59,638	60,961
	CenterPoint Energy	50,000 3.60% 03/02/23	49,954	49,975
	Charter Comm	230,000 4.91% 07/23/25	232,386	225,423
	Choice Hotels	80,000 3.70% 12/01/29	85,559	69,668
	Citigroup Inc	110,000 3.35% 04/24/25	115,109	106,665
	Comcast Corp	85,000 4.25% 10/15/30	98,367	81,315
	Comcast Corp	115,000 4.15% 10/15/28	130,676	110,279
	Crown Amer	267,000 4.75% 02/01/26	275,417	259,190
	CVS Health	90,000 3.25% 08/15/29	96,103	80,515
	Dcp Midstream	200,000 5.38% 07/15/25	221,250	198,140
	Disney Wal Co Sr	60,000 3.80% 03/22/30	67,526	55,921
	FMC Corp	45,000 3.45% 10/01/29	47,816	39,664
	Ford Motor Cred Co	275,000 4.06% 11/01/24	282,798	264,019
	Freeport McMoran Inc	265,000 3.88% 03/15/23	259,351	264,287
	General Motors Finl	10,000 1.70% 08/18/23	10,101	9,771
	General Motors Finl	40,000 5.65% 01/17/29	47,557	39,290
	Glp Capital LP Fin	220,000 5.25% 06/01/25	239,602	216,264
	Goldman Sachs Group	130,000 3.69% 06/05/28	140,574	120,787
	Goldman Sachs Group	150,000 0.67% 03/08/24	149,499	148,385
	Hca Inc	110,000 5.38% 02/01/25	118,157	109,867

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2022

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	(c) <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral,</u> <u>Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current</u> <u>Value</u>
	Healthpeak	70,000 2.88% 01/15/31	72,903	58,501
	Hillenbrand Inc	275,000 4.50% 09/15/26	308,983	265,458
	Hilton Worldwide Fin	275,000 4.88% 04/01/27	285,197	261,753
	Howmet Aerospace Inc	185,000 6.88% 05/01/25	212,929	189,841
	Icahn Enterprises	275,000 4.75% 09/15/24	288,550	263,656
	Intel Corp Sr Glbl	60,000 3.90% 03/25/30	68,305	56,182
	Intercontinental	35,000 4.60% 03/15/33	34,965	33,390
	Intl Track Systems	40,000 6.50% 02/15/25	40,100	40,244
	Istar Inc	260,000 4.75% 10/01/24	263,484	258,047
	Jbs USA Lux S A	90,000 5.13% 02/01/28	88,441	85,263
	JPMorgan Chase Co	55,000 3.56% 04/23/24	57,015	54,638
	JPMorgan Chase Co	75,000 4.45% 12/05/29	85,233	70,452
	JPMorgan Chase Co	95,000 2.60% 02/24/26	95,000	89,315
	Kinder Morgan Ener	30,000 4.25% 09/01/24	31,977	29,488
	Life Storage L P	65,000 2.20% 10/15/30	64,025	50,497
	Lincoln National	75,000 3.40% 01/15/31	80,929	62,035
	Magallanes Inc	100,000 3.76% 03/15/27	100,088	90,053
	Mercer Intl Inc	275,000 5.50% 01/15/26	283,129	260,477
	Merrill Lynch	65,000 4.05% 09/15/26	64,777	63,094
	Mgm Growth	285,000 5.63% 05/01/24	309,767	280,879
	Microsoft Corp	40,000 2.40% 08/08/26	41,699	37,298
	Morgan Stanley	130,000 0.73% 04/05/24	129,706	128,136
	Morgan Stanley	55,000 4.21% 04/20/28	53,827	52,310
	Morgan Stanley Mtn	85,000 2.19% 04/28/26	86,700	78,988
	Navient Corp	265,000 5.50% 01/25/23	278,328	264,547
	New Fortress Energy	35,000 6.75% 09/15/25	34,556	33,103
	Nvidia Corp	220,000 0.31% 06/15/23	218,925	215,622
	Oklahoma Gas	35,000 0.55% 05/26/23	34,833	34,377
	Oracle Corp	50,000 6.25% 11/09/32	49,916	52,331
	Owl Rock	80,000 3.40% 07/15/26	80,713	69,853
	Penske Automotive	275,000 3.50% 09/01/25	282,193	255,217
	Precision Castparts	35,000 3.25% 06/15/25	37,216	33,734
	QVC Inc	275,000 4.85% 04/01/24	287,301	254,375
	Rockwell Automation	75,000 3.50% 03/01/29	82,829	69,836
	Royal Bk of Mtn	190,000 0.50% 10/26/23	18,902	183,323
	Safehold Oper L P	75,000 2.85% 01/15/32	73,649	56,921
	Safehold Oper L P	95,000 2.80% 06/15/31	94,418	72,909
	SBA Communications	285,000 3.88% 02/15/27	296,066	257,500
	Schwab Charles	85,000 0.75% 03/18/24	84,421	80,781
	Seagate Hdd Cayman	60,000 4.88% 03/01/24	65,082	58,810
	Seagate Hdd Cayman	210,000 4.75% 06/01/23	224,078	208,824
	Sensata Technologies	80,000 5.00% 10/01/25	79,638	78,128
	Simon Property Group	35,000 3.50% 09/01/25	37,402	33,521
	Simon Property LP	125,000 2.45% 09/13/29	126,893	104,361
	Sirius XM	45,000 3.13% 09/01/26	40,613	39,957
	Slm Corp Sr	205,000 4.20% 10/29/25	216,466	187,567

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2022

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	(c) <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral,</u> <u>Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	SLMAMTN	100,000 3.13% 11/02/26	98,875	85,045
	Springleaf Finance	80,000 5.63% 03/15/23	82,335	79,713
	Springleaf Finance	190,000 6.13% 03/15/24	199,592	183,781
	Sprint Corp	275,000 7.13% 06/15/24	309,528	280,374
	Stanley Black Decker	60,000 3.40% 03/01/26	63,994	57,220
	Starwood Property	280,000 4.75% 03/15/25	295,033	267,190
	Sunoco LP	270,000 6.00% 04/15/27	283,500	265,869
	Svb Financial Group	60,000 3.13% 06/05/30	63,265	49,667
	Thermo Fisher	55,000 1.22% 10/18/24	54,842	51,618
	Transdigm Inc	155,000 6.25% 03/15/26	151,794	152,859
	Truist Bank Mtn	80,000 2.25% 03/11/30	80,009	64,869
	Under Armour Inc	295,000 3.25% 06/15/26	307,289	262,435
	United Rentals	173,000 5.50% 05/15/27	177,389	170,786
	Verizon	80,000 2.55% 03/21/31	80,694	65,789
	Vici Properties	50,000 4.25% 12/01/26	46,154	46,646
	Virginia Elec Power	35,000 3.45% 02/15/24	36,567	34,375
	Virginia Elec Power	55,000 3.50% 03/15/27	59,473	51,977
	Walt Disney Company	65,000 3.38% 11/15/26	70,105	61,490
	Wells Fargo Co Mtn	80,000 1.65% 06/02/24	80,852	78,707
	Western Digital Corp	280,000 4.75% 02/15/26	306,230	263,682
	Western LP	280,000 3.10% 02/01/25	280,838	264,942
	Wyndham Worldwide	90,000 6.35% 10/01/25	98,978	88,430
	Wyndham Worldwide	180,000 3.90% 03/01/23	185,683	178,542
	Total Corporate Bonds		<u>14,254,058</u>	<u>13,144,685</u>
U.S. Government Securities:				
	F F C B Deb	70,000 4.98% 07/20/32	70,000	68,410
	F F C B Deb	90,000 2.50% 03/15/27	90,000	83,145
	F F C B Deb	130,000 3.30% 03/23/32	130,000	116,754
	F F C B Deb	30,000 5.87% 10/24/29	30,000	30,152
	F F C B Deb	65,000 4.30% 05/17/32	65,000	62,238
	F H L B Deb	15,000 1.50% 11/23/26	15,000	13,461
	F H L B Deb	25,000 1.25% 12/20/24	25,000	23,371
	F H L B Deb	135,000 2.00% 01/27/32	135,000	112,905
	F H L B Deb	90,000 1.90% 02/17/27	90,000	81,340
	F H L B Deb	90,000 2.75% 03/25/27	90,000	83,965
	F H L B Deb	90,000 3.50% 04/26/27	90,000	85,551
	F H L B Deb	90,000 2.15% 03/14/25	89,979	85,129
	F N M A	70,000 4.13% 08/28/25	70,000	68,678
	U S Treasury	78,228 1.75% 01/15/28	90,947	78,174
	U S Treasury	255,000 1.13% 02/15/31	246,242	207,835
	U S Treasury	235,000 1.13% 08/31/28	228,441	200,650
	U S Treasury	285,000 0.38% 09/15/24	280,612	265,617
	U S Treasury	265,000 1.38% 11/15/31	237,057	215,686
	U S Treasury	20,000 2.75% 08/15/32	18,055	18,213

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2022

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) <u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	(c) <u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral,</u> <u>Par, or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current</u> <u>Value</u>
	U S Treasury	50,000 4.13% 09/30/27	50,818	50,188
	U S Treasury	70,000 2.00% 02/15/23	71,216	69,810
	U S Treasury	415,000 1.63% 09/30/26	422,273	379,692
	U S Treasury	395,000 2.63% 03/31/25	416,146	380,558
	Total U.S. Government Securities		<u>3,051,786</u>	<u>2,781,522</u>
	103-12 Investment Entity:			
	Hardman Johnston International		<u>2,343,917</u>	<u>2,958,535</u>
	Real Estate Funds:			
	Boyd Watterson GSA Fund, LP	3,425	3,442,890	4,179,802
	Boyd Watterson State Government Fd, LP	2,799	<u>3,250,000</u>	<u>3,411,709</u>
	Total Real Estate Funds		<u>6,692,890</u>	<u>7,591,511</u>
	Partnership/Joint Venture Interest:			
	Corbin ERISA Opportunity Fund		<u>3,750,000</u>	<u>4,348,624</u>
	Totals		<u>\$ 36,596,847</u>	<u>\$ 37,315,767</u>

* Represents a party-in-interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

See Independent Auditors' Report.

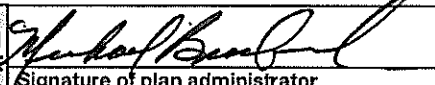
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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. 1510-0110 1510-0089 2022 This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.) ☐ a single-employer plan ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here ☒ D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____ E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information - enter all requested information											
1a Name of plan TEAMSTERS LOCAL NO. 469 ANNUITY FUND 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) TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TR 3400 ROUTE 35, SUITE 8 HAZLET NJ 07730-1247	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;">001</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">05/01/1989</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">22-2980666</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">(732) 264-9000</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">484110</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan	05/01/1989	2b Employer Identification Number (EIN)	22-2980666	2c Plan Sponsor's telephone number	(732) 264-9000	2d Business code (see instructions)	484110
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan	05/01/1989										
2b Employer Identification Number (EIN)	22-2980666										
2c Plan Sponsor's telephone number	(732) 264-9000										
2d Business code (see instructions)	484110										

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

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

SIGN HERE		10/12/23	MICHAEL BRODERICK
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	
a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 501
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) 264
a (2) Total number of active participants at the end of the plan year	6a(2) 254
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c 228
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 482
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f 482
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 482
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 31
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E	

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)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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	b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information - Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ A (Insurance Information)
	(4) ☒ C (Service Provider Information)
	(5) ☒ D (DFE/Participating Plan Information)
	(6) ☐ G (Financial Transaction Schedules)