

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
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
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 830 PENSION PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 10/01/1963
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TEAMSTERS LOCAL 830 PENSION PLAN 12298 TOWNSEND ROAD PHILADELPHIA, PA 19154	2b	Employer Identification Number (EIN) 23-1990755
		2c	Plan Sponsor's telephone number 215-969-1012
		2d	Business code (see instructions) 484110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/27/2024	DANIEL GRACE - UNION TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/26/2024	DOMINIC ORIGLIO - EMPLOYER TRUSTEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="text-align: right;">2354</td> </tr> </table>	5	2354																		
5	2354																					
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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a(1)</td> <td style="text-align: right;">425</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">408</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">1015</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">564</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">1987</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">331</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">2318</td> </tr> <tr> <td style="text-align: center;">6g</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: right;">7</td> </tr> </table>			6a(1)	425	6a(2)	408	6b	1015	6c	564	6d	1987	6e	331	6f	2318	6g		6h	7
6a(1)	425																					
6a(2)	408																					
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6c	564																					
6d	1987																					
6e	331																					
6f	2318																					
6g																						
6h	7																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td style="text-align: right;">10</td> </tr> </table>	7	10																		
7	10																					
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B																						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4L																						
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																					
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																						
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)																					

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

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

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

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

1a Enter the valuation date: Month 10 Day 01 Year 2022	
b Assets	
(1) Current value of assets	1b(1) 164392555
(2) Actuarial value of assets for funding standard account	1b(2) 178533016
c (1) Accrued liability for plan using immediate gain methods	1c(1) 175490944
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 175490944
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 321001813
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 4267234
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 14472864
(3) Expected plan disbursements for the plan year	1d(3) 14472864

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

SIGN HERE	06/03/2024
Signature of actuary	Date
BRYAN MCCORMICK	23-07345
Type or print name of actuary	Most recent enrollment number
CBIZ	215-587-0700
Firm name	Telephone number (including area code)
1845 WALNUT ST, 10TH FLOOR, PHILADELPHIA, PA 19103	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	164392555
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	1349	168710989
(2) For terminated vested participants	578	66595362
(3) For active participants:		
(a) Non-vested benefits		320165
(b) Vested benefits		85375297
(c) Total active	406	85695462
(4) Total	2333	321001813
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	51.21 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/01/2023	3743689				
04/01/2023	332590				
10/01/2022	257912	0			
Totals ▶			3(b)	4334191	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 332590

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	101.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		☐
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.38 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	7P
(2) Females	6c(2)	7FP
d Valuation liability interest rate	6d	7.50 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	5.13 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-10.3 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	780000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	922437	97210

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2449244

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers.....
- (3) Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	46450979	6380458
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 662228**e** Total charges. Add lines 9a through 9d.....**9e** 9491930**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 25535984**g** Employer contributions. Total from column (b) of line 3.....**9g** 4334191**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	23957067	3260242

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 2310233**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit.....

9j(1)	42014889	
9j(2)	110459927	
9j(3)	0	

k (1) Waived funding deficiency.....**9k(1)** 0

(2) Other credits.....

9k(2) 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 35440650**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 25948720**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the 2022 plan year
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
- (a) Reconciliation outstanding balance as of valuation date.....
- (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1) 0**9o(2)(a)** 0**9o(2)(b)** 0**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
A Name of plan TEAMSTERS LOCAL 830 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LOCAL 830 PENSION PLAN	D Employer Identification Number (EIN) 23-1990755	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIRST EAGLE INVESTMENT MNGMT, LLC
57-1156902

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BNY MELLON
25-6078093

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ENTRUST GLOBAL PARTNERS OFFSHORE LP
90-0644478

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

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

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

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

BOYD WATERSON ASSETS MANAGEMENT LLC

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	266270	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERCONTINENTAL R/E CORP.

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	176768	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PORTFOLIO ADVISORS, LLC

06-1487853

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 72	NONE	172374	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

HARDMAN JOHNSTON GLOBL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	150580	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT PERFORMANCE SERVICES

58-1645832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	90490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAMUEL J. KENISH

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	87770	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)

WEDGE CAPITAL MANAGEMENT

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	73625	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	68074	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT LAKES ADVISORS LLC

80-0292839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	67132	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	62256	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOGAN CAPITAL MANAGEMENT INC

23-2744570

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	53663	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLE LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	50557	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)

CBIZ

22-2769024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	45950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ENTRUST GLOBAL PARTNERS LLC

13-4021839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	41150	Yes ☐ No ☒

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

JENNIFER SCHMELTZER

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39918	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 62 72	NONE	39565	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

ARISTOTLE CREDIT PARTNERS LLC

23-1415471

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	39565	Yes ☐ No ☒

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

CLEARY JOSEM & TRIGIANI LLP

23-2657967

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	35714	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)

AGNES BREEN

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34582	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRANDON KENISH

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34394	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY C. JONIEC

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33211	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DONNA DI FRANCESCO

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32951	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATRICIA PERRONE

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26994	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GABRIEL DEL GAISO

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26893	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)

COZEN O'CONNOR

23-1732832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	18000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTENSON INVESTMENT PARTNERS LLC

20-0798041

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61 72	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	17975	Yes ☐ No ☒

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

WELLS CAPITAL MANAGEMENT INC

95-3692822

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	6628	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
ENTRUST GLOBAL PARTNERS LLC	28 51	40985
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ENTRUSTPERMAL SPECIAL OPP FD 90-0644478	INVESTMENT MANAGEMENT FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ENTRUST GLOBAL PARTNERS LLC	28 51	165
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ENTRUST CAPITAL DIVERSIFIED 375 PARK AVE, 24TH FLR NEW YORK, NY 10152	INVESTMENT MANAGEMENT FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHRISTENSON INVESTMENT PARTNERS LLC	61 72	17975
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOGAN CAPITAL MANAGEMENT INC 23-2744570	REFERRAL FEE	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ARISTOTLE CREDIT PARTNERS LLC	28 52	39565
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMALGAMATED BANK OF CHICAGO 36-0721895	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
	For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	

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

Part I	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 INTERNATIONAL EQUI			
b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS LLC			
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) 19795306	
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON AFL-CIO STOCK INDEX FUN			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-340	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8790535	
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS INTERMEDIATE FIXED INCOME TR			
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY			
c EIN-PN 20-8080381-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11619614	
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 10/01/2022 and ending 09/30/2023		
A Name of plan TEAMSTERS LOCAL 830 PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LOCAL 830 PENSION PLAN	D Employer Identification Number (EIN) 23-1990755	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	225162257912
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	38373405393278
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	21734304276682
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	73418456691699
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	4006928633076560
(5) Partnership/joint venture interests		1c(5)	6780900856535146
(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)	801321320410149
(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)	1649365619795306
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	2200595422790614

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	167968894	169227346

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	223688	193884
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	223688	193884

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	167745206	169033462
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4134103	
(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)		4134103
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	127896	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	439463	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1737316	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2304675
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	591518	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3144	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		594662
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	81947354	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	77631694	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		4315660
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-225991	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-225991

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1546365
(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)		3640242
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		16309716
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12969112	
(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)		12969112
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)	151710	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1307717	
(4) Other	2i(4)	592921	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2052348
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15021460
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1288256
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **NOVAK FRANCELLA,LLC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		79325760
4g	X		79325760
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 504598.

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 10/01/2022 and ending 09/30/2023		
A Name of plan TEAMSTERS LOCAL 830 PENSION PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LOCAL 830 PENSION PLAN		D Employer Identification Number (EIN) 23-1990755
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 23-1990755		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 39
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 **MULLER INC**

b EIN **23-1491334**

c Dollar amount contributed by employer **697395**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **01** Year **2024**

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) **137.70**

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

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

b EIN **23-2829095**

c Dollar amount contributed by employer **522230**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **02** Day **04** Year **2024**

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) **105.42**

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

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

b EIN **23-1541334**

c Dollar amount contributed by employer **1125591**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **01** Year **2024**

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) **137.70**

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

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

b EIN **23-1397236**

c Dollar amount contributed by employer **941315**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **01** Year **2024**

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) **137.70**

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

a Name of contributing employer **BUNZL DISTRIBUTION**

b EIN **13-1884179**

c Dollar amount contributed by employer **244588**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **03** Year **2024**

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) **174.40**

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

a Name of contributing employer **ARAMARK**

b EIN **95-2051630**

c Dollar amount contributed by employer **153159**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **02** Day **05** Year **2024**

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) **120.90**

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

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 **BANKO BEVERAGE**

b EIN **23-1649848**

c Dollar amount contributed by employer **164088**

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 **05** Day **01** Year **2024**

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) **96.00**

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

a Name of contributing employer **TEAMSTERS LOCAL 830 FUNDS**

b EIN **23-1990755**

c Dollar amount contributed by employer **77009**

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 **01** Day **01** Year **2024**

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) **149.50**

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

a Name of contributing employer **TEAMSTERS LOCAL 830 UNION**

b EIN **23-0725246**

c Dollar amount contributed by employer **69438**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **02** Year **2024**

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) **174.40**

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

a Name of contributing employer **ROUTE MESSENGERS OF PA**

b EIN **23-2798117**

c Dollar amount contributed by employer **4002**

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 **01** Day **01** Year **2024**

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) **43.96**

(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	0.99
b	The corresponding number for the second preceding plan year.....	15b	1.00
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: 41.3 % Investment-Grade Debt: 6.4 % High-Yield Debt: 0.0 % Real Estate: 30.1 % Other: 22.2 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

TEAMSTERS LOCAL 830 PENSION PLAN

FINANCIAL STATEMENTS

SEPTEMBER 30, 2023

TEAMSTERS LOCAL 830 PENSION PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

SEPTEMBER 30, 2023 AND 2022

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of the Teamsters Local 830 Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

Bala Cynwyd, Pennsylvania
February 15, 2024

TEAMSTERS LOCAL 830 PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2023 AND 2022

ASSETS	2023	2022
INVESTMENTS - at fair value		
Common stock	\$ 33,076,560	\$ 40,069,286
Corporate obligations	6,606,541	7,259,045
Foreign obligation	85,158	82,800
103-12 investment entity - international equity	19,795,306	16,493,656
Common collective trust - equity	8,790,535	8,013,213
Common collective trust - fixed income	11,619,614	-
Limited partnership - fixed income	-	3,081,706
Limited partnership - international equity	5,002,602	-
Limited partnership - global tactical asset allocation	-	4,199,536
Limited partnerships - real estate	40,062,636	49,289,914
Limited partnerships - private equity	11,469,908	11,237,852
Hedge funds of funds - multistrategy	29,877	426,438
Hedge funds of funds - opportunistic	22,760,737	21,579,516
Money market mutual funds	3,345,834	1,958,660
Interest bearing cash	930,848	214,770
Total investments	<u>163,576,156</u>	<u>163,906,392</u>
RECEIVABLES		
Employer contributions	257,912	225,162
Withdrawal liability - net of allowance	3,152,563	3,352,651
Due from related parties	128,034	163,163
Accrued interest and dividends	144,366	154,964
Pending investment trades receivable	1,963,400	150,000
Total receivables	<u>5,646,275</u>	<u>4,045,940</u>
PREPAID EXPENSES	<u>4,915</u>	<u>16,562</u>
Total assets	<u>169,227,346</u>	<u>167,968,894</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	<u>193,884</u>	<u>223,688</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 169,033,462</u>	<u>\$ 167,745,206</u>

TEAMSTERS LOCAL 830 PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2023 AND 2022

	2023	2022
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 9,276,276	\$ (21,116,240)
Interest and dividends	2,835,892	3,047,719
Other investment income	63,445	7,046
	12,175,613	(18,061,475)
Less: investment expenses	(1,307,717)	(1,405,902)
Investment income (loss) - net	10,867,896	(19,467,377)
Employer contributions	4,001,601	4,108,260
Withdrawal liability contributions and interest	132,502	102,177
Total additions	15,001,999	(15,256,940)
DEDUCTIONS		
Benefits		
Monthly retirement benefits	12,930,112	12,302,418
Death	39,000	25,000
Total benefits	12,969,112	12,327,418
Administrative expenses	744,631	776,596
Total deductions	13,713,743	13,104,014
NET INCREASE (DECREASE)	1,288,256	(28,360,954)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	167,745,206	196,106,160
End of year	\$ 169,033,462	\$ 167,745,206

See accompanying notes to financial statements.

TEAMSTER LOCAL 830 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2023 AND 2022

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

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

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

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

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

NOTE 2. DESCRIPTION OF PLAN

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

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

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

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

NOTE 3. PRIORITIES UPON TERMINATION

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

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

NOTE 4. TAX STATUS

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

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

NOTE 5. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of October 1, 2022. Information in the report included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants and beneficiaries	
currently receiving benefits	\$ 108,597,330
Other participants	65,579,776
	<u>174,177,106</u>
Nonvested benefits	1,313,838
	<u>1,313,838</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 175,490,944</u>

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended September 30, 2022 were as follows:

Actuarial present value of accumulated plan	
benefits at beginning of year	<u>\$ 173,744,174</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial gains and losses	1,505,653
Interest due to decrease in discount period	12,568,535
Benefits paid	<u>(12,327,418)</u>
Net increase	<u>1,746,770</u>
Actuarial present value of accumulated plan	
benefits at end of year	<u>\$ 175,490,944</u>

NOTE 5. ACTUARIAL INFORMATION (continued)

The actuarial valuation was made using the projected unit credit cost method. Some of the more significant actuarial assumptions used in the valuation as of October 1, 2022 were as follows:

Funding interest rate:	7.50% per year, compounded annually.
Current liability interest rate:	2.38% per year, compounded annually for RPA '94.
Administrative expenses:	An amount equal to the core expenses (excluding investment expenses) paid in the preceding Plan Year, rounded up to the next \$10,000, added to the Normal Cost. (\$780,000 for 2022, expense loading of 46.7%).
Health mortality:	The RP-2006 Mortality Table, with mortality improvements projected with Scale MP-2021 on a generational basis. An adjustment factor of 1.10 was applied to the healthy male annuitant rates.
Disability mortality:	The RP- 2006 Mortality Table for disabled retirees, with mortality improvements projected with Scale MP-2021 on a generational basis.
Current liability mortality:	IRS 2022 Mortality Table, as prescribed.

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

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

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

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

NOTE 5. ACTUARIAL INFORMATION (continued)

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

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

1. The current liability interest rate was changed from 2.28% to 2.38%, in compliance with IRS regulations. Additionally, the RPA current liability mortality table was changed to the 2022 Static Mortality Table under IRS Notice 2019-67.

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

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

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

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

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

NOTE 5. ACTUARIAL INFORMATION (continued)

Since information on the actuarial present value of accumulated plan benefits as of September 30, 2023 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of September 30, 2023 and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended September 30, 2023. The complete financial status is presented as of September 30, 2022.

The actuary reported that the Plan has met minimum funding standards as of September 30, 2023.

Under the Pension Protection Act of 2006, the Plan is required to provide an actuarial certification as to its funded status. As of October 1, 2023, the Plan is neither in endangered status nor critical status.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

Level 2 – Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Fair Value Measurements at September 30, 2023				
	Total	Level 1	Level 2	Level 3
Common stock	\$ 33,076,560	\$ 33,076,560	\$ -	\$ -
Corporate obligations	6,606,541	-	6,606,541	-
Foreign obligation	85,158	-	85,158	-
Money market mutual funds	3,345,834	3,345,834	-	-
Interest bearing cash	930,848	930,848	-	-
Total assets in the fair value hierarchy	44,044,941	\$ 37,353,242	\$ 6,691,699	\$ -
Investments measured at net asset value (a)	119,531,215			
Total investments at fair value	\$ 163,576,156			

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

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

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

For the years ended September 30, 2023 and 2022, there were no transfers in or out of levels 1, 2, or 3.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments and redemption information are as follows at September 30, 2023 and 2022:

	2023 Fair Value	2022 Fair Value	2023 Unfunded Commitments	2022 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
103-12 investment entity - international equity:						
Hardman Johnston International						
Equity Group Trust	\$ 19,795,306	\$ 16,493,656	\$ -	\$ -	Monthly	10 Business Days
Common collective trust - equity:						
BNYM Mellon AFL-CIO SL						
Stock Index Fund	8,790,535	8,013,213	-	-	Daily	1 Day
Common collective trust - fixed income:						
NHIT: Intermediate Duration						
Fixed Income Trust	11,619,614	-	-	-	Daily	3 Business Days
Limited partnership - fixed income:						
US Core Fixed Income Fund	-	3,081,706	-	-	Daily	1 Day
Limited partnership - global tactical						
asset allocation:						
First Eagle Global Value Fund, LP	-	4,199,536	-	-	Monthly	5 Business Days
Limited partnership - international equity						
First Eagle International						
Value Fund, LP	5,002,602	-	-	-	Monthly	5 Business Days
Limited partnership - real estate:						
American Core Realty Fund, LP	4,956,394	6,550,048	-	-	*Quarterly	*10 Business Days
Boyd Watterson GSA Fund, LP	5,304,628	6,602,320	-	-	+Quarterly	+60 Days
Boyd Watterson State						
Government Fund, LP	12,990,448	15,432,196	-	-	+Quarterly	+60 Days
US Real Estate Investment Fund, LLC	16,811,166	20,705,350	-	-	@Quarterly	@90 Days
Limited partnerships - private equity:						
Portfolio Advisors Secondary						
Fund III (Offshore), LP	6,357,693	5,347,893	563,318	563,318	(a)	(a)
Portfolio Advisors Secondary						
Fund IV (Offshore), LP	5,112,215	5,889,959	1,036,431	1,964,240	(a)	(a)
Hedge funds of funds - multistrategy:						
EnTrust Capital Diversified Fund						
Class X, Series 3/31/2018	15,305	215,961	-	-	(b)	(b)
EnTrust Capital Diversified Fund						
Class X, Series 12/31/2017	14,572	210,477	-	-	(b)	(b)
Hedge funds of funds opportunistic:						
Corbin ERISA Opportunity Fund, LP	9,779,117	9,519,663	-	-	#Quarterly	65 Days
EnTrustPermal Special						
Opportunities Fund, IB, Ltd.	3,221,676	3,371,887	-	-	(c)	(c)
GoldenTree Multi-Sector Fund Offshore						
ERISA, Ltd.	9,759,944	8,687,966	-	-	Quarterly	90 Days
	<u>\$ 119,531,215</u>	<u>\$ 114,321,831</u>	<u>\$ 1,599,749</u>	<u>\$ 2,527,558</u>		

* - Requests for redemptions of units in the Fund may be made at any time, with 10 business day's notification by submitting a Redemption Notice form signed by a representative of the Plan and are effective at the end of the calendar quarter in which the request is received by American Realty Advisors (ARA). The units that are subject to a redemption notice may be redeemed in full or in installments on a pro-rata basis as funds become available for such purpose and the redemption price will be the value per unit based on ARA's estimate of the fair value of the Fund's net assets as computed under generally accepted accounting principles at such time that each payment is made. Although ARA is required to use reasonable efforts to cause the Fund to pay the redemption price as soon as practicable after the effective date of the request, redemptions are subject to the

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

availability of cash flow arising from investment transactions, sales and other Fund operations occurring in the normal course of business. ARA is not required to liquidate or encumber assets or defer investments in order to satisfy redemption requests. In 2023, ARA put up a redemption gate on all redemption requests.

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

@ - Requests for redemptions of units in the Fund may be made at any time later of (i) the first anniversary of the Initial Closing and (ii) the date upon which the Net Asset Value first exceeds \$200 million (the period then ending, the "Redemption Lockout Period"), and subject to Article 7, a Member may elect to have the Company redeem some or all of its Interests by providing the Manager with written notice to such effect (a "Redemption Notice") in a form acceptable to the Manager at least 90 days prior to a calendar quarter end; provided, in any case, that there is not an Unfunded Capital Commitment with respect to such Member. Unless such notice period is waived by the Manager, redemption requests will be effective as of the first calendar quarter end upon or after the expiration of the 90-day notice period (the "Redemption Effective Date") (Interests subject to a valid Redemption Notice shall, upon the Redemption Effective Date, become "Redemption Interests"). In 2023, the US Real Estate Investment Fund, LLC put up a redemption gate on all redemption requests.

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

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

- Quarterly with a 25% gate.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

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

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

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

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

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

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

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

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

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

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

NOTE 7. WITHDRAWAL LIABILITY

In October 2018, an employer withdrew from the Plan and was assessed a withdrawal liability that required 240 monthly payments of \$2,170. This employer incurred partial withdrawals in prior years that previously required monthly payments of \$1,561. Through September 30, 2023, the Plan received withdrawal liability principal and interest payments totaling \$18,734. During the year ended September 30, 2019, the employer stopped making the required payments to the Plan. Due to the default, the remaining balance owed as of September 30, 2023 and 2022 totaled approximately \$813,318. An allowance for the full amount has been recorded as of September 30, 2023 and 2022, as the amount is not considered collectible.

In 2019, an employer withdrew from the Plan and was assessed a withdrawal liability that required 240 monthly payments of \$13,524 starting in April 2019. During each of the years ended September 30, 2023 and 2022, the Plan received withdrawal liability principal and interest payments totaling \$162,288. As of September 30, 2023, the remaining balance owed totaled \$1,863,292 and the allowance totaled \$554,558. As of September 30, 2022, the remaining balance totaled \$1,947,868 and the allowance totaled \$554,558.

In 2021, an employer withdrew from the Plan and was assessed a withdrawal liability that required 240 monthly payments of \$14,192 starting in January 2022. During the years ended September 30, 2023 and 2022, the Plan received withdrawal liability principal and interest payments totaling \$170,302 and \$55,269, respectively. As of September 30, 2023, the remaining balance owed totaled \$2,521,447, and the allowance totaled \$677,618. As of September 30, 2022, the remaining balance owed totaled \$2,636,959 and the allowance totaled \$677,618.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN

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

- a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

- c. If the Plan chooses to stop participating in the multiemployer defined benefit pension plan, the Plan may be required to pay the multiemployer defined benefit pension plan an amount based on the underfunded status of the multiemployer defined benefit pension plan, referred to as a withdrawal liability.

The Teamsters Local 830 Benefits Funds' participation in this multiemployer defined benefit pension plan for the annual periods ended September 30, 2023 and 2022 is outlined in the table below. The zone status is based on information that the Teamsters Local 830 Benefit Funds received from the multiemployer defined benefit pension plan and is certified by the multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
Teamsters Local 830 Pension Plan	23-1990755	001	Green as of 10/1/2023	No	Green as of 10/1/2022	No	*

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

Legal Name of Pension Plan	Contribution to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan Contributions (Plan year ending)		Employer Contribution Rates		Number of Employees Covered by Plan	
	9/30/2023	9/30/2022			9/30/2023	9/30/2022	9/30/2023	9/30/2022
Teamsters Local 830 Pension Plan	\$ 85,232	\$ 92,811	No, Plan year ending 9/30/2023.	No, Plan year ending 9/30/2022.	\$149.50 per week	\$146.50 per week	11	12

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

NOTE 9. RELATED PARTY TRANSACTIONS

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

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

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

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

During the years ended September 30, 2023 and 2022, the expenses reimbursed to the Pension Plan from the related organizations totaled:

	2023	2022
Health Fund	\$ 723,228	\$ 791,763
Retirement Savings Plan	345,176	377,887
Legal Fund	65,748	71,978
Scholarship Fund	5,000	5,000
Total	<u>\$ 1,139,152</u>	<u>\$ 1,246,628</u>

At September 30, 2023 and 2022, the amounts owed to the Pension Plan for unreimbursed operating expenses totaled:

	2023	2022
Health Fund	\$ 80,243	\$ 102,543
Retirement Savings Plan	38,287	48,821
Legal Fund	8,254	9,299
Scholarship Fund	1,250	2,500
Total	<u>\$ 128,034</u>	<u>\$ 163,163</u>

The Plan leases office space from Teamsters Local Union No. 830 under the terms of an operating lease which expires in December 2023. The monthly rental payments totaled \$56,161 for the year ended September 30, 2023 and \$55,786 for the year ended September 30, 2022. The rent is allocated to the other related organizations in accordance with the percentages noted above.

NOTE 9. RELATED PARTY TRANSACTIONS (continued)

The Plan reimbursed the Union for janitorial and maintenance personnel and utilities totaling \$25,869 for the year ended September 30, 2023 and \$30,771 for the year ended September 30, 2022. The Union reimbursed the Plan for metered postage, computer services, and for the use of an image scanner totaling \$1,434 and \$16,682 for the years ended September 30, 2023 and 2022, respectively.

The employees of the Pension Plan participate in the Retirement Savings Plan. During the years ended September 30, 2023 and 2022, the Pension Plan contributed \$31,356 and \$31,738, respectively. The Plan allocates these payments among the other related organizations in accordance with the percentages noted above.

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

NOTE 10. RISKS AND UNCERTAINTIES

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

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

NOTE 11. SUBSEQUENT EVENTS

The Board of Trustees and management have evaluated subsequent events through February 15, 2024, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

TEAMSTERS LOCAL 830 PENSION PLAN

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED SEPTEMBER 30, 2023 AND 2022

	2023	2022
Personnel costs		
Salaries	\$ 278,080	\$ 290,106
Employee benefits	104,074	102,374
Payroll taxes	20,372	10,007
Professional fees		
Actuarial	45,950	58,400
Accounting, audit, payroll compliance reviews and government filings	50,557	49,813
Legal	53,714	48,813
Payroll processing fees	1,489	1,487
Office and data processing		
Office supplies and expense	16,902	16,815
Printing and postage	6,062	14,381
Computer services and software	39,710	45,207
Equipment rental and maintenance	2,556	3,469
Occupancy		
Rent	17,410	17,294
Maintenance and repairs	7,437	17,645
Utilities	4,456	5,035
Insurance		
Pension Benefit Guaranty Corporation	74,208	72,633
Other	14,910	13,348
Other		
Conferences, meetings, and travel	6,544	8,251
Medical examination and participant search fees	200	1,518
Total administrative expenses	<u>\$ 744,631</u>	<u>\$ 776,596</u>

TEAMSTERS LOCAL 830 PENSION FUND

SCHEDULE OF ASSETS HELD AT END OF YEAR

SEPTEMBER 30, 2023

Form 5500, Schedule H, Line 4i

EIN No: 23-1990755

Plan No: 001

(a)	(b)	(c)			(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Rate	Maturity Date		
		<u>Common stock:</u>				
	3M Co	436			\$ 71,858	\$ 40,818
	AbbVie Inc	751			83,347	111,944
	Accenture PLC	234			60,241	71,864
	Acuity Brands (Holding CO) Inc RR	642			97,144	109,339
	Adient PLC	2,334			99,508	85,658
	Adobe Inc	435			116,301	221,807
	AGCO Corp COM	351			35,177	41,516
	Agilent Technologies Inc	1,299			55,255	145,254
	Albany Intl Corp New CL A	457			29,511	39,430
	Allegiant Travel Co	241			22,984	18,523
	Allegion PLC	248			33,931	25,842
	Allison Transmission Holdings	777			30,204	45,890
	Ally Financial Inc	4,240			126,132	113,123
	Alpha Metallurgical Resources	286			40,520	74,283
	Alphabet Inc Cl A	2,926			90,231	382,896
	Alphabet Inc Cl C	2,067			38,958	272,534
	Amazon Com Inc Com	4,240			244,270	538,989
	Amcor PLC	1,949			23,692	17,853
	Amdocs Limited	493			37,708	41,654
	Amdocs Limited	2,759			234,657	233,108
	Amedisys Inc	832			76,771	77,709
	American Axle & MFG Hldgs Inc	3,791			25,239	27,523
	Ameriprise Finl Inc	353			80,077	116,377
	Amgen Inc	436			100,106	117,179
	AMN Healthcare services Inc	773			74,844	65,844
	Amphenol Corp Cl A	6,058			94,220	508,811
	APA Corp	1,784			78,331	73,322
	API Group Corp	1,184			30,297	30,701
	Apple Hospitality Reit Inc	3,857			60,559	59,166
	Apple Inc	5,478			238,566	937,888
	Applied Materials Inc	1,678			225,027	232,319
	Archer Daniels Midland Co	222			11,144	16,743
	Archrock Inc	2,654			27,299	33,440
	Ardmore Shipping Corp	2,352			42,877	30,600
	Arista Networks Inc	1,911			228,145	351,490
	Atkore Inc	308			37,694	45,951
	Autoliv Inc	469			40,541	45,249
	AutoNation Inc	729			103,928	110,371
	AutoZone Inc	45			79,598	114,300
	Badger Meter Inc	377			46,015	54,239
	Baker Hughes Co	1,552			36,497	54,817
	Balchem Corp Class B	189			28,306	23,444
	Bank OZK	6,110			257,855	226,498
	Beacon Roofing Supply Inc	1,040			56,643	80,257
	Belden Inc	366			25,215	35,337
	Berry Plastics Group Inc	288			15,433	17,830
	BGC Group Inc	5,399			25,130	28,507
	Biogen Inc	422			117,319	108,458

(a)	(b)	(c)			(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		<u>Common stock (continued):</u>				
	Blackline Inc	1,418			\$ 80,368	\$ 78,656
	Bloomin' Brands Inc	2,135			41,096	52,500
	Booz Allen Hamilton Holding CL A	2,572			260,959	281,042
	Borg Warner Inc	2,318			77,407	93,578
	Boyd Gaming Corp Com	1,962			113,045	119,348
	BP PLC	1,471			38,417	56,957
	Brinks Co	722			44,552	52,446
	Broadcom Inc	907			90,382	753,336
	Builders Firstsource Inc	128			10,852	15,935
	Burlington Stores Inc	1,290			250,158	174,537
	Cactus Inc	1,547			61,189	77,675
	Cadence Design Systems Inc	1,072			133,838	251,170
	Cardinal Health Inc Com	1,233			93,980	107,049
	Carlisle Cos Inc	159			28,177	41,222
	Cars.com Inc	1,590			29,806	26,807
	Casey's Gen Stores Inc	449			95,132	121,912
	Celanese Corp	150			18,495	18,828
	Cencora Inc	608			60,673	109,422
	Centene Corp Del	1,474			118,549	101,529
	Century Communities Inc	539			33,211	35,994
	Ceridian HCM Holding Inc	1,040			68,259	70,564
	Charles River Laboratories	427			100,888	83,683
	Chart Industries Inc	662			115,501	111,957
	Chemours Co/The	545			20,542	15,287
	Chesapeake Energy Corp	634			54,876	54,670
	Cintas Corp	659			73,663	316,986
	Cirrus Logic Inc	341			34,288	25,220
	Citigroup Inc	2,732			144,935	112,367
	Civitas Resources Inc	1,559			111,677	126,076
	Cleveland-Cliffs Inc	1,313			25,939	20,522
	CNX Resources Core	2,269			33,970	51,234
	Cognex Corp	579			31,422	24,573
	Cognizant Tech Solutions CRP Com	1,882			55,658	127,487
	Coinbase Global Inc	1,198			164,896	89,946
	Commercial Metals Co	345			14,526	17,046
	Commvault Systems Inc	382			25,315	25,827
	Compass Diversified Holdings	1,096			25,783	20,572
	Conmed Corp	747			71,560	75,335
	ConocoPhillips	472			26,342	56,546
	Consol Energy Inc	1,525			91,327	159,988
	Copart Inc Com	5,794			115,873	249,663
	Corcept Therapeutics Inc	2,094			50,083	57,051
	CSW Industrials Inc	177			33,377	31,017
	Cummins Inc	190			42,201	43,407
	Customers Bancorp Inc	1,609			49,151	55,430
	CVS Health Corporation	1,539			151,904	107,453
	D R Horton Inc Com	1,006			109,951	108,115
	Davita Inc	1,052			103,758	99,446
	Deckers Outdoor Corp	586			305,682	301,257
	Dicks Sporting Goods Inc	3,039			122,473	329,975
	Dillard's Inc CL A	350			98,329	115,784
	Dineequity Inc	663			52,059	32,785
	Diodes Inc	474			51,626	37,370
	Discover Financial Services	1,410			129,989	122,148
	Dover Corp Com	320			40,102	44,643
	Dow Inc	339			19,959	17,479
	Dropbox Inc	8,777			244,770	238,998
	Duolingo Inc	372			59,835	61,704
	Dynavax Technologies Corp	4,491			62,953	66,332

(a)	(b)	(c)			(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		<u>Common stock (continued):</u>				
	Eagle Matls Inc	484			\$ 56,903	\$ 80,596
	Eastman Chem Co Com	223			21,801	17,109
	Edison Intl Com	704			47,643	44,556
	Electronic Arts Inc	1,637			120,446	197,095
	Elevance Health Inc	242			92,894	105,372
	EMCOR Group Inc Com	208			18,526	43,761
	Emerson Electric Co	477			36,796	46,064
	Encompass Health Corp	1,328			81,699	89,188
	Encore Wire Corp	429			73,196	78,275
	Enovis Corp	823			48,310	43,397
	EQT Corporation	2,588			92,218	105,021
	Equity Lifestyle PPTYS Inc	1,525			110,069	97,158
	Estee Lauder Companies Inc	712			47,019	102,920
	Evercore Inc	569			71,166	78,454
	Evergy Inc	846			49,704	42,892
	Evertec Inc	1,096			38,235	40,749
	Exact Sciences Corp	1,272			112,720	86,776
	Exponent Inc	509			47,695	43,570
	Fastenal Co	5,591			215,217	305,492
	First FINL Bankshares Inc	899			29,246	22,583
	FirstEnergy Corp Com	1,349			53,739	46,109
	Fleetcor Technologies Inc	899			205,469	229,551
	Floor & Decor Holdings Inc	1,034			104,462	93,577
	FNF Group	2,947			119,553	121,711
	Fortinet Inc	3,982			227,350	233,664
	Franklin BSP Realty Trust Inc REIT	2,412			36,050	31,935
	Franklin Resources Inc	4,335			112,327	106,554
	Gartner Inc	716			183,616	246,025
	General Mills Inc	1,494			93,754	95,601
	Gentex Corp	1,344			43,973	43,734
	Genuine Parts Co	286			34,522	41,293
	Genworth Financial Inc	7,372			27,122	43,200
	G-III Apparel Group Ltd	1,432			28,412	35,685
	Goldman Sachs Group Inc	357			133,422	115,514
	Graphic Packaging HLDGCO	6,435			156,697	143,372
	Haemonetics Corp Mass	869			75,441	77,845
	Halliburton Co	1,397			55,413	56,579
	Hancock Whitney Corp	1,364			52,197	50,454
	Harmony Biosciences Holdings I	889			41,930	29,133
	Hartford Financial Services Group	1,660			112,092	117,711
	HCA Holdings Inc	407			112,822	100,114
	HealthEquity Inc	455			33,572	33,238
	Hologic Inc Com	1,464			106,454	101,602
	Home Depot Inc	463			34,543	139,900
	Houlihan Lokey Inc	722			69,407	77,341
	Hubbell Incorporated	360			85,994	112,828
	Humana Inc	231			93,615	112,386
	Hyatt Hotels Corp	455			46,329	48,266
	Ingredion Inc	187			15,565	18,401
	Insperty Inc	1,583			174,594	154,501
	Installed Building Products	599			65,668	74,809
	International Paper Co	536			22,688	19,012
	Intra-Cellular Therapies Inc	928			53,733	48,340
	Intuit Com	483			204,032	246,784
	IPG Photonics Corp	1,298			146,493	131,799
	Iqvia Holdings Inc	702			91,376	138,119
	Jabil Inc	992			54,168	125,875
	Jacobs Solutions Inc	335			37,734	45,728
	Jazz Pharmaceuticals PLC	740			109,303	95,786

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		Shares/ Type	Interest Principal Rate	Maturity Date		
		<u>Common stock (continued):</u>				
	Jones Lang Lasalle Inc	626			\$ 107,766	\$ 88,379
	KLA Corp	1,877			421,600	860,904
	Knight-Swift Transportation	764			43,696	38,315
	Knowles Corp	1,922			40,988	28,465
	Kroger Co	2,299			93,661	102,880
	Laboratory CRP of AMER HLDGS	509			95,853	102,334
	LAM Research Corp Com	353			244,918	221,250
	Lamb Weston Holdings Inc	1,000			112,268	92,460
	Landstar Sys Inc Com	603			81,863	106,695
	Lear Corp	1,130			155,101	151,646
	Lennar Corporation Class A Common	994			104,735	111,557
	Lincoln Electric Holdings Com	1,412			201,542	256,687
	Lithia Motors Inc CL A Com	931			292,534	274,952
	Livanova	554			28,918	29,296
	Louisiana PAC Corp	294			19,166	16,249
	LPL Financial Holdings Inc	548			110,468	130,232
	Lululemon Athletica Inc	407			76,495	156,943
	Lyondellbasell Indu	190			16,360	17,993
	Marathon Oil Corp	2,091			21,195	55,934
	Marriott International Inc Class A	1,065			163,335	209,336
	Masco Corp	771			39,820	41,210
	Mastercard Inc	1,743			109,240	690,071
	McKesson Corp	265			50,164	115,235
	Meta Platforms Inc CL A	1,374			143,101	412,489
	MetLife Inc	1,951			110,663	122,737
	Mettler-Toledo Intl Inc	264			74,369	292,530
	MGM Resorts International	2,675			126,780	98,333
	Middleby Corp	744			109,239	95,232
	Molina Healthcare Inc	307			95,158	100,662
	Molson Coors Beverage Co	1,754			108,761	111,537
	Monster Beverage Corp	3,303			49,210	174,894
	Mueller Inds Inc	568			44,392	42,691
	Murphy USA Inc	344			83,868	117,555
	Navient Corp	1,563			27,430	26,915
	Netflix Inc	1,229			115,714	464,070
	NetScout Systems Inc	873			26,216	24,461
	Neurocrine Biosciences	941			99,789	105,863
	New Fortress Energy Inc	977			29,219	32,026
	Nike Inc CL B	712			38,273	68,081
	Nordson Corp	761			82,757	169,832
	Nucor Corp	115			7,180	17,980
	NVR Inc	18			97,310	107,339
	OGE Energy Corp Com	1,244			44,472	41,463
	O-I Glass Inc	1,326			22,113	22,184
	OLD Dominion Freight Lines Inc	1,004			276,136	410,777
	OLD Natl Bancorp	1,682			25,451	24,456
	Omnicell Inc	991			64,016	44,635
	On Semiconductor Corp	2,478			195,900	230,330
	OneMain Holdings Inc	1,271			70,061	50,954
	Onto Innovation Inc	621			52,144	79,190
	O'Reilly Automotive Inc	119			100,957	108,154
	Oshkosh Corporation	442			43,793	42,180
	Ovintiv Inc	1,130			55,357	53,754
	Owens Corning Inc	136			9,185	18,552
	Oxford Inds Inc	305			24,561	29,320
	Packaging Corp of America	124			16,393	19,040
	Parker Hannifin Corp	110			17,747	42,847
	Patterson-UTI Energy Inc	4,430			66,256	61,311
	Paychex Inc	1,948			221,319	224,663

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		Shares/ Type	Interest Principal Rate	Maturity Date		
		<u>Common stock (continued):</u>				
	Paycom Software Inc	763			\$ 95,606	\$ 197,823
	Penske Auto Group Inc	773			117,007	129,137
	Pinnacle West Cap Corp	638			48,414	47,008
	Piper Sandler Cos	269			36,714	39,088
	Pool Corporation	255			68,058	90,806
	Post Holdings Inc	1,170			102,802	100,316
	Power Integrations Inc Com	809			66,274	61,735
	PPL Corporation	1,884			54,928	44,387
	Primerica Inc	181			23,015	35,116
	Privia Health Group Inc	982			25,931	22,586
	Public SVC Enterprise Group Inc	808			48,279	45,983
	Pulte Grp Inc	1,882			75,770	139,362
	Pulte Grp Inc	1,619			110,804	119,887
	Qualys Inc	206			25,253	31,425
	Quest Diagnostics Inc	845			102,807	102,972
	Range Res Corp	3,241			90,808	105,041
	Red Rock Resorts Inc-Class A	609			27,606	24,969
	Regency Centers Corp	1,450			92,728	86,188
	Regions Finl Corp New	6,821			121,861	117,321
	Reliance Stl & Alum Co Com	68			8,203	17,832
	Renaissance Holdings	533			77,815	105,491
	Repligen Corp	717			121,115	114,010
	RH	231			74,051	61,067
	Royal Caribbean Cruise	1,280			112,430	117,939
	Royal Dutch Shell PLC	876			37,282	56,397
	Ryder Sys Inc	449			40,078	48,021
	Schein Henry Inc	2,876			216,634	213,543
	Sherwin Williams Co	831			40,712	211,947
	Shift4 Payments Inc	380			25,640	21,041
	Sitio Royalties Corp CL A	1,702			44,096	41,205
	Sketchers USA Inc	965			47,102	47,237
	Skyline Corp	873			60,578	55,628
	SM Energy Co	1,390			51,126	55,114
	Smith AO Corp CL B	749			51,058	49,531
	Snap on Inc	168			32,353	42,850
	Sonoco Prods Co	1,219			71,104	66,253
	Southstate Corp	540			39,559	36,374
	Spectrum Brands Hldgs Inc New	612			47,458	47,950
	Sprouts Farmers Markets LLC	2,625			70,163	112,350
	Starbucks Corp Com	2,648			54,805	241,683
	State Street Corp	1,671			123,146	111,890
	Steel Dynamics Inc Com	183			6,956	19,621
	Super Micro Computer Inc	961			178,039	263,525
	Synchrony Financial	3,538			119,583	108,157
	Taylor Morrison Home Corp	2,528			112,378	107,718
	Tenet Healthcare Corporation	1,309			92,564	86,250
	Terex Corp New	766			21,563	44,137
	Texas Roadhouse Inc	1,531			164,209	147,129
	Textron Inc	1,660			67,844	129,712
	The Cigna Group	395			93,144	112,998
	Timken Co	523			43,460	38,435
	T-Mobile US Inc	314			39,999	43,976
	Toll Bros Inc	1,574			114,335	116,413
	Totalenergies	864			42,317	56,817
	Trade Desk Inc	3,000			84,053	234,450
	Trimble Inc	1,614			44,612	86,930
	U.S. Physical Therapy Inc	234			16,934	21,465
	UFP Industries Inc	189			15,398	19,354
	UGI Corp New Com	2,053			57,334	47,219

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		Shares/ Type	Interest Principal Rate	Maturity Date			
		<u>Common stock (continued):</u>					
	United Rental Inc Com	713			\$ 94,529	\$ 316,978	
	Universal Display Corp	541			85,441	84,932	
	UNUM Group	2,498			94,131	122,877	
	Urban Outfitters Incorporated	1,459			47,043	47,695	
	US Silica Holdings Inc	3,221			47,537	45,223	
	Verizon Communications	1,311			61,099	42,490	
	Vishay Intertechnology Inc	2,565			61,375	63,407	
	Vistra Corp	1,338			26,902	44,395	
	Vontier Corp	1,463			45,562	45,236	
	Waters Corp	731			61,238	200,448	
	Wells Fargo & Co	2,783			103,912	113,713	
	Western Union Co/The	7,992			97,804	105,335	
	Westlake Chem Corp	144			11,884	17,952	
	Williams Sonoma Inc	1,262			79,051	196,115	
	Wynham Hotels & Resorts Inc	1,030			81,463	71,626	
	Wynn Resorts LTD	1,286			128,073	118,839	
	Xerox Holdings Corp	4,583			99,093	71,907	
	XP Inc	885			23,287	20,399	
	Yelp Inc	1,217			41,839	50,615	
	Zebra Technologies Corp CL A	427			175,632	100,998	
	Zoetis Inc	683			42,030	118,826	
	Total common stock				24,529,963	33,076,560	
		<u>Corporate obligations:</u>					
	Abercrombie & Fitch	Bond	60,000	8.750 % 07/15/25	66,600	61,005	
	Air Canada	Bond	76,960	5.000 12/15/23	77,345	76,740	
	Allegheny Technologies	Bond	35,000	5.875 12/01/27	35,088	33,163	
	Allegheny Technologies	Bond	50,000	5.125 10/01/31	48,938	43,268	
	Allison Transmis	Bond	68,000	5.875 06/01/29	71,914	64,117	
	Amer Airline 21-1B	Bond	60,060	3.950 07/11/30	52,402	52,186	
	AmeriGas Part/Fin Co	Bond	40,000	5.875 08/20/26	37,491	38,477	
	AMN Healthcare	Bond	79,000	4.625 10/01/27	79,812	71,396	
	Asbury Automotive Group	Bond	77,000	4.750 03/01/30	74,939	65,806	
	Avis Budget Car	Bond	75,000	5.375 03/01/29	77,993	66,658	
	Beazer Homes USA	Bond	85,000	5.875 10/15/27	89,038	77,800	
	Boyne USA Inc	Bond	43,000	4.750 05/15/29	43,000	37,610	
	Buckeye Partners LP	Bond	54,000	4.125 12/01/27	52,668	47,449	
	Carnival Corp	Bond	95,000	7.200 10/01/23	99,021	95,000	
	Carpenter Technology	Bond	93,000	6.375 07/15/28	99,032	89,696	
	CCO Hldgs LLC/CA	Bond	150,000	4.500 05/01/32	128,364	117,728	
	Cedar Fair/Can/Magnu	Bond	65,000	6.500 10/01/28	69,225	61,451	
	Centene Corp	Bond	80,000	4.625 12/15/29	75,818	72,050	
	Cheniere Energy Part	Bond	50,000	4.500 10/01/29	52,563	45,274	
	Cinemark USA Inc	Bond	50,000	5.850 03/15/26	47,625	48,006	
	Citigroup Inc	Bond	45,000	7.375 12/31/99	45,000	43,665	
	Clearwater Paper	Bond	65,000	4.750 08/15/28	58,413	55,558	
	Cogent Communication	Bond	58,000	7.000 06/15/27	57,704	55,390	
	Crestwood Mid Part	Bond	25,000	7.375 02/01/31	25,000	25,460	
	Crestwood Mid Partne	Bond	15,000	5.750 04/01/25	15,403	14,756	
	Dana Inc	Bond	85,000	5.625 06/15/28	89,052	77,803	
	Davita Inc	Bond	113,000	4.625 06/01/30	115,292	92,787	
	Edgewell Persona	Bond	55,000	5.500 06/01/28	52,662	50,806	
	Encompass Health Cor	Bond	79,000	4.500 02/01/28	83,218	71,978	
	Endeavor Energy	Bond	58,000	5.750 01/30/28	61,135	55,968	
	Energizer Holdings	Bond	40,000	4.375 03/31/29	34,350	33,382	
	Energy Trans V-A	Bond	80,000	7.125 12/01/49	70,237	68,974	
	Ferrellgas Escro	Bond	60,000	5.875 04/01/29	53,078	53,959	
	Genesis Energy LP/FI	Bond	40,000	7.750 02/01/28	39,500	37,919	
	Global Part/GLP Fina	Bond	70,000	6.875 01/15/29	74,389	65,147	

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		Corporate obligations (continued):					
	GLP Capital LP/Fin	Bond	32,000	5.750 %	06/01/28	\$ 29,502	\$ 30,682
	Goodyear Tire & Rubb	Bond	55,000	7.000	03/15/28	63,044	54,278
	Graham Holdings	Bond	51,000	5.750	06/01/26	52,409	49,215
	Gray Television	Bond	82,000	5.875	07/15/26	86,046	73,675
	Griffon Corporation	Bond	75,000	5.750	03/01/28	76,874	68,082
	H&E Equipment	Bond	80,000	3.875	12/15/28	79,301	68,311
	Herc Holdings	Bond	52,000	5.500	07/15/27	54,491	49,174
	Hess Midstream	Bond	80,000	5.125	06/15/28	82,600	73,586
	Holly NRG Partner	Bond	95,000	5.000	02/01/28	97,557	87,404
	Hospitality Properties	Bond	123,000	4.500	03/15/25	123,409	115,114
	Hughes Satellite Sys	Bond	79,000	6.625	08/01/26	86,690	67,545
	Icahn Enterprises	Bond	95,000	5.250	05/15/27	80,038	83,503
	JetBlue 2020-1 Class	Bond	89,438	7.750	11/15/28	103,583	90,107
	Kyndryl Holdings Inc	Bond	45,000	3.150	10/15/31	34,988	34,083
	L Brands Inc	Bond	70,000	5.250	02/01/28	73,675	64,782
	Lamar Media Corp	Bond	68,000	4.875	01/15/29	72,332	61,540
	Lions Gate Capit	Bond	75,000	5.500	04/15/29	75,000	49,448
	Lithia Motors Inc	Bond	34,000	4.375	01/15/31	27,370	28,129
	Live Nation Entertainment	Bond	120,000	4.750	10/15/27	124,650	109,876
	LPL Holdings Inc	Bond	50,000	4.000	03/15/29	50,090	43,593
	Magnolia Oil & Gas	Bond	89,000	6.000	08/01/26	89,048	85,897
	Marriott Ownership	Bond	80,000	4.750	01/15/28	81,784	70,018
	Mastec Inc	Bond	30,000	4.500	08/15/28	27,368	26,979
	Matador Resources Co	Bond	74,000	5.875	09/15/26	75,164	71,420
	Mercer Intl Inc	Bond	63,000	5.500	01/15/26	60,323	59,173
	MGM Resorts Intl	Bond	75,000	4.750	10/15/28	77,962	66,077
	Mozart Debt	Bond	70,000	1.787	04/01/29	60,550	59,179
	Murphy Oil Corp	Bond	17,000	5.750	08/15/25	17,536	16,979
	Murphy Oil Corp	Bond	40,000	6.375	07/15/28	39,925	39,319
	Murphy Oil USA Inc	Bond	75,000	4.750	09/15/29	78,908	67,622
	Navient Corp	Bond	95,000	5.875	10/25/24	102,333	93,501
	Nustar Logistics LP	Bond	50,000	6.375	10/01/30	48,170	47,363
	Oceaneering Intl Inc	Bond	70,000	4.650	11/15/24	66,150	69,105
	Oceaneering Intl Inc	Bond	40,000	6.000	02/01/28	36,600	37,683
	OutFront Media	Bond	78,000	4.625	03/15/30	76,040	61,317
	Parkland Corp	Bond	100,000	4.500	10/01/29	99,405	85,633
	Patterson - UTI Energy	Bond	88,000	3.950	02/01/28	78,320	79,031
	Penn National Gaming	Bond	92,000	5.625	01/15/27	93,743	86,528
	PNC Financial Service	Bond	55,000	9.312	02/01/69	55,344	55,054
	Precision Drilling	Bond	85,000	6.875	01/15/29	87,975	80,512
	Primo Water Holdings	Bond	40,000	4.375	04/30/29	34,500	34,200
	Provident Fdg	Bond	63,000	6.375	06/15/25	64,500	56,070
	Radian Group Inc	Bond	35,000	6.625	03/15/25	34,738	34,790
	RLJ Loding Trust	Bond	30,000	4.000	09/15/29	30,000	24,568
	Ryman Hospitality PR	Bond	90,000	4.750	10/15/27	86,414	81,900
	Southwestern Energy	Bond	91,000	5.700	01/23/25	97,959	89,670
	Speedway Motors	Bond	96,000	4.875	11/01/27	95,999	87,120
	Spirit AeroSystems	Bond	76,000	7.500	04/15/25	77,530	74,547
	Springleaf Finance	Bond	80,000	7.125	03/15/26	87,077	78,350
	SS&C Technologies	Bond	42,000	5.500	09/30/27	44,147	39,633
	Starwood Property	Bond	73,000	4.750	03/15/25	76,578	69,795
	Suburban Propane	Bond	40,000	5.000	06/01/31	33,441	33,389
	Sunoco LP/Finance	Bond	15,000	4.500	04/30/30	15,000	12,990
	Sunoco LP/Finance Co	Bond	65,000	4.500	05/15/29	66,448	57,049
	Teine Energy Ltd	Bond	35,000	6.875	04/15/29	35,000	32,112
	Telecom Italia Capit	Bond	80,000	6.375	11/15/33	94,407	69,366
	Tenet Healthcare	Bond	55,000	6.250	02/01/27	53,763	53,217
	Teva Pharmaceuticals	Bond	80,000	3.150	10/01/26	72,525	71,302
	Titan International	Bond	121,000	7.000	04/30/28	126,397	113,088

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		<u>Corporate obligations (continued):</u>					
Tri Pointe Group Inc		Bond	68,000	5.250 %	06/01/27	\$ 73,837	\$ 63,631
United Air 2019-2 B		Bond	149,337	3.500	05/01/28	145,603	134,542
United Continental		Bond	75,000	4.875	01/15/25	74,475	72,563
United Rentals North		Bond	75,000	4.000	07/15/30	78,750	63,917
Vici Properties		Bond	132,000	4.500	09/01/26	128,459	124,009
Vista Operation		Bond	35,000	4.375	05/01/29	31,150	30,087
Vistra Operations Co		Bond	30,000	7.750	10/15/31	30,000	29,551
VR AAdvantage Loyal		Bond	114,000	4.750	04/20/28	114,682	117,641
VR Air Lease Corp		Bond	110,000	4.125	12/15/69	78,741	81,818
VR Resolute Investments		Bond	86,199	4.750	04/30/24	85,768	54,391
Wyndham Worldwide Co		Bond	97,000	4.500	04/01/27	106,333	92,286
		Total corporate obligations				7,253,827	6,606,541
		<u>Foreign obligation:</u>					
Vermilion Energy Inc		Bond	90,000	6.875	05/01/30	87,300	85,158
		<u>103-12 investment entity - international equity:</u>					
Hardman Johnston International Equity Group Trust			560,137			10,052,724	19,795,306
		<u>Common collective trust - equity:</u>					
BNYM Mellon AFL-CIO SL Stock Index Fund			618,181			6,218,902	8,790,535
		<u>Common collective trust - fixed income:</u>					
NHIT: Intermediate Duration Fixed Income Trust			811,992			11,637,248	11,619,614
		<u>Common collective trust - international equity:</u>					
First Eagle International Value Fund, LP			2,105			5,311,833	5,002,602
		<u>Limited partnerships - real estate:</u>					
American Core Realty Fund, LP			37			4,251,907	4,956,393
Boyd Watterson GSA Fund, LP			4,607			4,856,127	5,304,628
Boyd Watterson State Government Fund, LP			11,263			12,833,270	12,990,448
U.S. Real Estate Investment Fund, LLC			12,611			15,988,665	16,811,167
		Total limited partnerships - real estate				37,929,969	40,062,636
		<u>Limited partnerships - private equity:</u>					
Portfolio Advisors Secondary Fund III (Offshore), LP			3,884,810			3,884,810	5,112,215
Portfolio Advisors Secondary Fund IV (Offshore), LP			5,188,789			5,188,789	6,357,693
		Total limited partnerships - private equity				9,073,599	11,469,908
		<u>Hedge funds of funds - multistrategy:</u>					
Entrust Capital Diversified Fund Class X, Series 12/31/2017			2,453			245,315	14,572
Entrust Capital Diversified Fund Class X, Series 3/31/2018			2,500			250,039	15,305
		Total hedge funds of funds - multistrategy				495,354	29,877
		<u>Hedge funds of funds - opportunistic:</u>					
Corbin ERISA Opportunity Fund, LP			7,875,000			7,875,000	9,779,117
EnTrustPermal Special Opportunities Fund IV, Ltd.			3,378			3,515,499	3,221,676
GoldenTree Multi-Sector Fund Offshore ERISA, Ltd.			4,871			9,500,000	9,759,944
		Total hedge funds of funds - opportunistic				20,890,499	22,760,737
		<u>Money market mutual funds:</u>					
* Allspring Government Money Market Fund			2,765,151			2,765,151	2,765,151
* Allspring Treasury Plus Money Market Fund			580,683			580,683	580,683
		Total money market mutual funds				3,345,834	3,345,834

(a)	(b)	(c)				(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate	Date		
		<u>Interest bearing cash:</u>					
* Lending Club Bank			810,327			\$ 810,327	\$ 810,327
* Principal Bank			120,521			120,521	120,521
			Total interest bearing cash			<u>930,848</u>	<u>930,848</u>
			Total investments			<u>\$ 126,120,652</u>	<u>\$ 163,576,156</u>

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

TEAMSTERS LOCAL 830 PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2023

Form 5500, Schedule H, Line 4j

EIN No: 23-1990755

Plan No: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
		Purchase	Selling Price	Cost of	Current Value of Asset on Transaction Date	Net Gain or (Loss)
	Description of asset	Price		Asset		
*	Allspring Government Money Market Fund	\$ 5,956,922	N/A	\$ 5,956,922	\$ 5,956,922	N/A
*	Allspring Government Money Market Fund	N/A	\$ 3,911,335	3,911,335	3,911,335	\$ -
*	Allspring Treasury Plus Money Market Fund	23,510,322	N/A	21,510,322	23,510,322	N/A
*	Allspring Treasury Plus Money Market Fund	N/A	24,168,735	24,168,735	24,168,735	-
*	NHIT: Intermediate Duration Fixed Income Trust	11,637,248	N/A	11,637,248	11,637,248	N/A

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

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Principal Plan Provisions

Effective Date and Plan Year

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

Employee Participation

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

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

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

Normal Retirement Benefits

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

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

Early Retirement Benefits

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

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

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

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

Benefit and Contribution Levels:

During the plan year ending 9/30/2022, employers contribute and accrue benefits at the following levels:

Employer	Rate	Accrual Rate
Aramark (1040)	\$117.90	\$87.75
Banko Beverage (1134)	\$94.00	\$69.75
Bunzl Philadelphia (2570)	\$170.40	\$123.75
Muller, Inc. (1390)	\$135.00	\$99.25
Origlio Bev., Inc. (2930)	\$135.00	\$99.25
Penn Distributors, Inc. (3060)	\$135.00	\$99.25
Route Messengers of PA (4150)	\$38.96	\$25.75
Teamsters Local 830 Fund (2470)	\$146.50	\$109.00
Teamsters Local 830 Union (2480)	\$170.40	\$123.75
Thomas Jefferson Univ. Hosp. (2220)	\$102.35	\$77.00

Termination Benefits (Vesting)

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

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

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

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

Disability Benefits

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

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

Pre-Retirement Spouse's Benefit

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

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

Post-Retirement Death Benefit

Qualifications: Receiving a pension at the time of death.

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

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

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

Form of Benefit Payment

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

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

Changes Since Previous Valuation

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

Employer	Last Year's Rate	Current
Aramark (1040)	\$114.90	\$117.90
Banko Beverage (1134)	\$86.50	\$94.00
Bunzl Philadelphia (2570)	\$162.40	\$170.40
Muller, Inc. (1390)	\$129.00	\$135.00
Origlio Bev., Inc. (2930)	\$129.00	\$135.00
Penn Distributors, Inc. (3060)	\$129.00	\$135.00
Route Messengers of PA (4150)	\$33.96	\$38.96
Teamsters Local 830 Fund (2470)	\$140.50	\$146.50
Teamsters Local 830 Union (2480)	\$162.40	\$170.40

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Teamster Local 830 Pension Plan
 EIN: 23-1990755 PN: 001
 Attachment to the 2022 Form 5500 Schedule MB

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

	Attained	Years of Credited Service										Total
	Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Number
Average Age: 2022: 48.51 2021: 48.96	Under 25	0	4	0	0	0	0	0	0	0	0	4
	25-29	0	17	3	0	0	0	0	0	0	0	20
Average Service: 2021: 17.03 2020: 18.14	30-34	0	10	5	11	0	0	0	0	0	0	26
	35-39	0	5	9	18	12	3	0	0	0	0	47
# of Males: 385	40-44	0	9	16	7	20	9	1	0	0	0	62
	45-49	0	7	11	12	7	15	6	0	0	0	58
# of Females: 21	50-54	0	4	8	3	11	15	9	6	0	0	56
	55-59	0	2	5	2	9	3	7	17	11	0	56
	60-64	0	1	7	3	3	8	5	12	9	10	58
	65-69	0	0	1	4	1	2	1	0	2	8	19
	70 & Over	0	0	0	0	0	0	0	0	0	0	0
	Total	0	59	65	60	63	55	29	35	22	18	406

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

Schedule MB, line 3 - Withdrawal Liability Amounts

Date	Withdrawal Liability Payment
10/2022	\$13,524.00
10/2022	\$14,191.82
11/2022	\$13,524.00
11/2022	\$14,191.82
12/2022	\$13,524.00
12/2022	\$14,191.82
1/2023	\$13,524.00
1/2023	\$14,191.82
2/2023	\$13,524.00
2/2023	\$14,191.82
3/2023	\$13,524.00
3/2023	\$14,191.82
4/2023	\$13,524.00
4/2023	\$14,191.82
5/2023	\$13,524.00
5/2023	\$14,191.82
6/2023	\$13,524.00
6/2023	\$14,191.82
7/2023	\$13,524.00
7/2023	\$14,191.82
8/2023	\$13,524.00
8/2023	\$14,191.82
9/2023	\$13,524.00
9/2023	\$14,191.82

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

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

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)*	Amortization Payment as of Beginning of Year
	(1)	(2)	(3)	(4)	(5)	(6)
A. Charges						
1. Plan Amendment	10/1/1979	767,796	45	83,237	4.000	29,775
2. Plan Amendment	10/1/1988	1,129,832	35	76,265	3.000	39,511
3. Plan Amendment	10/1/1989	797,611	35	92,215	4.000	32,986
4. Plan Amendment	10/1/1990	571,327	35	95,502	5.000	26,524
5. Plan Amendment	10/1/1991	2,194,646	35	482,394	6.000	110,912
6. Plan Amendment	10/1/1992	435,098	35	118,404	7.000	23,465
7. Plan Amendment	10/1/1993	2,521,141	35	815,009	8.000	143,139
8. Plan Amendment	10/1/1994	401,250	35	149,536	9.000	23,749
9. Plan Amendment	10/1/1995	317,810	35	133,475	10.000	19,465
10. Assumption Change	10/1/1995	1,132,876	35	475,715	10.000	69,373
11. Plan Amendment	10/1/1996	309,583	35	143,988	11.000	19,514
12. Assumption Change	10/1/1997	1,225,980	35	622,648	12.000	79,176
13. Plan Amendment	10/1/1997	1,821,633	35	925,165	12.000	117,644
14. Plan Amendment	10/1/1998	790,133	35	433,247	13.000	52,102
15. Plan Amendment	10/1/1999	2,093,813	35	1,227,975	14.000	140,577
16. Plan Amendment	10/1/2000	6,378,439	35	3,969,792	15.000	435,006
17. Plan Amendment	10/1/2001	1,278,085	35	838,571	16.000	88,372
18. Plan Amendment	10/1/2002	1,234,791	35	849,245	17.000	86,419
19. Plan Amendment	10/1/2003	2,616,553	35	1,877,188	18.000	185,100
20. Actuarial Loss	10/1/2003	3,799,163	20	343,110	3.000	177,756
21. Plan Amendment	10/1/2004	4,067,940	35	3,031,457	19.000	290,538
22. Assumption Change	10/1/2004	693,401	35	516,716	19.000	49,523
23. Actuarial Loss	10/1/2004	1,190,300	20	184,126	4.000	65,864
24. Plan Amendment	10/1/2005	1,445,873	35	1,115,050	20.000	104,152
25. Plan Amendment	10/1/2006	9,914,313	35	7,886,811	21.000	719,660
26. Actuarial Loss	10/1/2006	4,815,563	20	1,416,219	6.000	325,618
27. Actuarial Loss	10/1/2007	998,033	35	363,392	22.000	72,017
28. Plan Amendment	10/1/2007	3,038,321	20	2,485,976	7.000	222,071
29. Plan Amendment	10/1/2008	766,924	20	331,714	8.000	58,258
30. Actuarial Loss	10/1/2008	4,751,137	20	2,054,969	8.000	360,911
31. Actuarial Loss	10/1/2009	6,111,676	20	3,047,328	9.000	483,964
32. Plan Amendment	10/1/2009	666,027	20	332,087	9.000	52,741
33. Actuarial Loss	10/1/2010	8,124,616	20	4,565,541	10.000	665,792
34. Actuarial Loss	10/1/2011	708,758	20	441,047	11.000	59,771
35. Plan Amendment	10/1/2011	1,482	20	925	11.000	125
36. Plan Amendment	10/1/2012	532,316	20	361,720	12.000	45,996
37. Actuarial Loss	10/1/2012	1,271,616	20	864,090	12.000	109,878
38. Actuarial Loss	10/1/2013	804,858	20	590,477	13.000	71,010
39. Assumption Change	10/1/2013	5,071,175	20	3,720,432	13.000	447,413
40. Assumption Change	10/1/2014	1,403,187	20	1,101,060	14.000	126,048
41. Actuarial Loss	10/1/2019	195,868	15	180,308	14.000	20,641
42. Assumption Change	10/1/2021	291,253	15	291,253	15.000	30,693
43. Actuarial Loss	10/1/2022	922,437	15	922,437	15.000	97,210
Total				\$ 46,450,979		\$ 6,280,458

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

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

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

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)	Amortization Payment as of Beginning of Year
	(1)	(2)	(3)	(4)	(5)	(6)
B. Credits						
1. Assumption Change	10/1/1995	671,016	29	149,193	3.000	53,368
2. Plan Amendment	10/1/1997	92,327	30	36,692	6.000	7,272
3. Actuarial Gain	10/1/2014	3,870,111	15	2,568,041	8.000	407,846
4. Assumption Change	10/1/2015	2,401,500	15	1,735,436	9.000	253,078
5. Actuarial Gain	10/1/2015	1,402,253	15	1,013,335	9.000	147,775
6. Actuarial Gain	10/1/2016	2,601,537	15	2,022,988	10.000	274,159
7. Assumption Change	10/1/2016	2,218,998	15	1,725,519	10.000	233,845
8. Plan Amendment	10/1/2017	3,189,035	15	2,642,894	11.000	336,072
9. Assumption Change	10/1/2017	2,371,260	15	1,965,167	11.000	249,892
10. Actuarial Gain	10/1/2017	1,645,964	15	1,364,084	11.000	173,458
11. Assumption Change	10/1/2018	634,681	15	556,176	12.000	66,885
12. Actuarial Gain	10/1/2018	810,674	15	710,399	12.000	85,431
13. Assumption Change	10/1/2019	621,657	15	572,270	13.000	65,513
14. Assumption Change	10/1/2020	509,400	15	489,897	14.000	53,682
15. Actuarial Gain	10/1/2020	2,367,753	15	2,277,098	14.000	249,522
16. Actuarial Gain	10/1/2021	5,716,695	15	5,716,695	15.000	602,445
Total				\$ 23,957,067		\$ 3,260,242
C. Net (A - B)				\$ 22,493,912		\$ 3,120,216
D. Balance Test						
1. Credit balance / (funding deficiency)				\$ 25,535,984		
2. Balance test: [C - D(1)]				\$ (3,042,072)		
3. Unfunded accrued liability				\$ (3,042,072)		

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

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

The following are the actuarial assumption changes as of October 1, 2022:

The current liability interest rate was changed from 2.28% to 2.38%, in compliance with IRS regulations. Additionally, the RPA current liability mortality table was changed to the 2022 Static Mortality Table under IRS Notice 2019-67.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

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

Interest Rates

Funding Interest Rate 7.50% per year, compounded annually.
RPA Current Liability 2.38% per year, compounded annually.

Mortality

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

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

RPA Current Liability IRS 2022 Mortality Table, as prescribed.

Withdrawal Rates

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

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

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

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

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

(continued)

Disability Rates

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

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

Retirement Rates

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

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

Expenses

An amount equal to the core expenses (excluding investment expenses) paid in the preceding Plan Year, rounded up to the next \$10,000, added to the Normal Cost. (\$780,000 for 2022, expense loading of 46.7%)

Spouses (marital status)

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

Service Credit

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

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

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

(continued)

Form of Payment:	All who retire are assumed to receive an immediate life annuity with 5 years certain.
Vested Terminated Members Beyond Their Normal Retirement Age:	Benefits for Vested Terminated members who are past their Normal Retirement Date are actuarially increased through age 71. Those members beyond age 71 have a one-time retroactive benefit valued, with 7.0% interest, as of the valuation date for payments due beyond age 71. Liabilities for three Vested Terminated members beyond age 85 are excluded from the valuation.
Data	Data is received from the Fund Office. Retirees and beneficiaries are those who were in receipt of a payment as of the valuation date. Actives are those who were listed as being employed by a Contributing Employer on the valuation date. Terminated Vested members are those with at least 5 years of Vesting Service who were neither in receipt of a pension or actively employed.
Actuarial Valuation Method	Unit Credit cost method.
Asset Valuation Method	Recognition of gains and losses above or below the assumed rate of return over a 5-year period, adjusted, if necessary, to remain within a corridor of 80% to 120% of the market value of plan assets.
Changes since the Prior Valuation	The current liability interest rate was changed from 2.28% to 2.38%, in compliance with IRS regulations. Additionally, the PRA current liability mortality table was changed to the 2022 Static Mortality Table under IRS Notice 2019-67.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

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

(continued)

Rationale for Selection of Significant Actuarial Assumptions

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

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

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

Plan Year	Active Participants	Terminated Vested	Retired Participants	Total
2022	\$644,305	\$1,363,972	\$12,453,477	\$14,461,754
2023	\$1,241,197	\$732,314	\$12,126,552	\$14,100,063
2024	\$1,770,943	\$1,040,918	\$11,791,244	\$14,603,105
2025	\$2,252,699	\$1,318,942	\$11,425,635	\$14,997,276
2026	\$2,682,147	\$1,576,299	\$11,038,539	\$15,296,985
2027	\$2,983,252	\$1,742,776	\$10,640,738	\$15,366,766
2028	\$3,220,030	\$1,948,408	\$10,253,199	\$15,421,637
2029	\$3,398,158	\$2,125,925	\$9,856,746	\$15,380,829
2030	\$3,552,673	\$2,292,985	\$9,456,022	\$15,301,680
2031	\$3,676,035	\$2,441,151	\$9,048,824	\$15,166,010
2032	\$3,786,582	\$2,587,069	\$8,635,525	\$15,009,176
2033	\$3,866,359	\$2,723,292	\$8,216,692	\$14,806,343
2034	\$3,911,114	\$2,831,125	\$7,793,102	\$14,535,341
2035	\$3,936,366	\$2,903,219	\$7,365,764	\$14,205,349
2036	\$3,955,635	\$2,961,312	\$6,935,881	\$13,852,828
2037	\$3,950,792	\$3,009,791	\$6,504,797	\$13,465,380
2038	\$3,968,663	\$3,048,640	\$6,073,962	\$13,091,265
2039	\$3,946,882	\$3,077,422	\$5,644,933	\$12,669,237
2040	\$3,923,334	\$3,104,129	\$5,219,424	\$12,246,887
2041	\$3,908,672	\$3,109,856	\$4,799,339	\$11,817,867
2042	\$3,914,175	\$3,115,050	\$4,386,801	\$11,416,026
2043	\$3,842,538	\$3,097,409	\$3,984,120	\$10,924,067
2044	\$3,812,443	\$3,069,190	\$3,593,751	\$10,475,384
2045	\$3,796,381	\$3,026,162	\$3,218,206	\$10,040,749
2046	\$3,724,908	\$2,976,744	\$2,859,948	\$9,561,600
2047	\$3,593,808	\$2,917,588	\$2,521,285	\$9,032,681
2048	\$3,455,380	\$2,845,696	\$2,204,255	\$8,505,331
2049	\$3,320,996	\$2,760,585	\$1,910,543	\$7,992,124
2050	\$3,170,075	\$2,664,525	\$1,641,414	\$7,476,014
2051	\$3,059,843	\$2,559,087	\$1,397,660	\$7,016,590
2052	\$2,903,898	\$2,442,443	\$1,179,505	\$6,525,846
2053	\$2,743,026	\$2,324,309	\$986,600	\$6,053,935
2054	\$2,582,639	\$2,202,110	\$818,047	\$5,602,796
2055	\$2,418,248	\$2,075,894	\$672,446	\$5,166,588
2056	\$2,266,267	\$1,946,222	\$548,049	\$4,760,538
2057	\$2,119,548	\$1,818,418	\$442,872	\$4,380,838
2058	\$1,972,645	\$1,693,047	\$354,820	\$4,020,512
2059	\$1,834,546	\$1,568,858	\$281,811	\$3,685,215

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

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

Plan Year	Active Participants	Terminated Vested	Retired Participants	Total
2060	\$1,701,013	\$1,448,747	\$221,841	\$3,371,601
2061	\$1,572,051	\$1,334,295	\$173,035	\$3,079,381
2062	\$1,449,909	\$1,224,043	\$133,686	\$2,807,638
2063	\$1,334,690	\$1,119,405	\$102,257	\$2,556,352
2064	\$1,225,223	\$1,019,619	\$77,394	\$2,322,236
2065	\$1,121,686	\$924,600	\$57,915	\$2,104,201
2066	\$1,023,696	\$834,826	\$42,806	\$1,901,328
2067	\$930,920	\$750,306	\$31,219	\$1,712,445
2068	\$843,109	\$670,829	\$22,436	\$1,536,374
2069	\$760,081	\$596,399	\$15,864	\$1,372,344
2070	\$681,697	\$526,954	\$11,023	\$1,219,674
2071	\$607,908	\$462,420	\$7,514	\$1,077,842

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

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

**CALCULATION OF MINIMUM REQUIRED CONTRIBUTION
FOR PLAN YEAR ENDING SEPTEMBER 30, 2023**
(with extension)

1. Regular Minimum Contribution	
a. Normal cost	\$ 2,449,244
b. Net amortization charges	3,120,216
c. Interest on (a) and (b)	417,710
d. Total, but not less than zero	<u>\$ 5,987,170</u>
2. Full funding limitation	\$ 110,459,927
3. Minimum required contribution before recognition of credit balance if deposited on or after September 30, 2023: lesser of (1d) or (2)	\$ 5,987,170

**CALCULATION OF MINIMUM REQUIRED CONTRIBUTION
FOR PLAN YEAR ENDING SEPTEMBER 30, 2023**
(without extension)

4. Regular Minimum Contribution	
a. Normal cost	\$ 2,449,244
b. Net amortization charges	3,226,639
c. Interest on (a) and (b)	425,691
d. Total, but not less than zero	<u>\$ 6,101,574</u>
5. Full funding limitation	\$ 110,459,927
6. Minimum required contribution before recognition of credit balance if deposited on or after September 30, 2023: lesser of (1d) or (2)	\$ 6,101,574
7. Difference in Minimum Required Contribution due to Extension of Amortization Bases: [6] - [3], not less than zero*	\$ 114,404

* This does not reflect the use of the Credit Balance. There was no Minimum Required Contribution when reflecting the Credit Balance [\$25,535,984], regardless of whether the Amortization Base extensions were considered.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

Schedule MB, line 8b(3) - Schedule of Projection of Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	\$4,007,665	\$338,388.50	\$4,346,054
2023	\$3,867,265	\$338,388.50	\$4,205,654
2024	\$3,726,865	\$338,388.50	\$4,065,254
2025	\$3,600,505	\$338,388.50	\$3,938,894
2026	\$3,488,185	\$338,388.50	\$3,826,574
2027	\$3,389,905	\$338,388.50	\$3,728,294
2028	\$3,305,665	\$338,388.50	\$3,644,054
2029	\$3,228,445	\$338,388.50	\$3,566,834
2030	\$3,158,245	\$338,388.50	\$3,496,634
2031	\$3,088,045	\$338,388.50	\$3,426,434

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2022 Form 5500 Schedule MB

Schedule MB, line 6f(1) - Description of Withdrawal Liability Interest Rate

The portion of the vested benefits that is matched by the Plan's assets is valued using the single spot rate generated by the Plan's payment stream and the FTSE Pension Discount Curve. For withdrawals that happen during the period 10/1/2022 - 9/30/2023, the rate is 5.13%.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

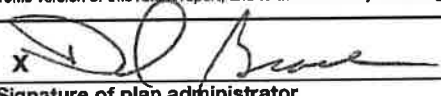
This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2022****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **09/30/2023**

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

Part II Basic Plan Information - enter all requested information**1a** Name of plan
TEAMSTERS LOCAL 830 PENSION PLAN**1b** Three-digit plan number (PN) ▶ **001****1c** Effective date of plan
10/01/1963**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TEAMSTERS LOCAL 830 PENSION PLAN**2b** Employer Identification Number (EIN)
23-1990755**2c** Plan Sponsor's telephone number
215-969-1012**2d** Business code (see instructions)
484110**12298 TOWNSEND ROAD****PHILADELPHIA****PA 19154****Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

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

SIGN HERE		6/27/24	DANIEL GRACE - UNION TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		6/26/24	DOMINIC ORIGLIO - EMPLOYER TRUSTEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (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:**4b** EIN**a** Sponsor's name**c** Plan Name**4d** PN**5** Total number of participants at the beginning of the plan year**5** 2,354**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)** 425**a (2)** Total number of active participants at the end of the plan year**6a(2)** 408**b** Retired or separated participants receiving benefits**6b** 1,015**c** Other retired or separated participants entitled to future benefits**6c** 564**d** Subtotal. Add lines 6a(2), 6b, and 6c**6d** 1,987**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e** 331**f** Total. Add lines 6d and 6e**6f** 2,318**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g****h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested**6h** 7**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7** 10**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**1B****b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**4L****9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

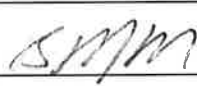
If "Yes" is checked, complete lines 11b and 11c.

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

11c Enter the Receipt Confirmation Code for the 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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
	For calendar plan year 2022 or fiscal plan year beginning <u>10/01/2022</u> and ending <u>09/30/2023</u>	
	▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan <u>TEAMSTERS LOCAL 830 PENSION PLAN</u>	B Three-digit plan number (PN) <u>▶</u> <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>I.B.T.C.W.H. OF AMERICA BEER</u>	D Employer Identification Number (EIN) <u>23-1990755</u>	
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2022</u>		
b Assets		
(1) Current value of assets	1b(1)	<u>164,392,555</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>178,533,016</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>175,490,944</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>175,490,944</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>321,001,813</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>4,267,234</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>14,472,864</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>14,472,864</u>
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE <u>BRYAN MCCORMICK</u>  Signature of actuary	<u>6/3/2024</u> Date <u>2307345</u> Most recent enrollment number <u>215-587-0700</u> Telephone number (including area code)	
<u>BRYAN MCCORMICK</u> Type or print name of actuary		
<u>CBIZ</u> Firm name		
<u>1845 WALNUT STREET, 10TH FLOOR</u> <u>PHILADELPHIA PA 19103</u> Address of the firm		
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule MB (Form 5500) 2022 v. 220413		

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

6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability **6a** 2.38 %
- | | Pre-retirement | Post-retirement |
|--|--|--|
| b Rates specified in insurance or annuity contracts | ☐ Yes ☒ No ☐ N/A | ☐ Yes ☒ No ☐ N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males | 6c(1) 7P | 7P |
| (2) Females | 6c(2) 7FP | 7FP |
| d Valuation liability interest rate | 6d 7.50 % | 7.50 % |
| e Salary scale | 6e % ☒ N/A | |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate | 6f(1) ☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A | |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) | 5.13 % |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g | 6.7 % |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | -10.3 % |
| i Expense load included in normal cost reported in line 9b | 6i | ☐ N/A |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage | 6i(1) | % |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2) | 780,000 |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) | ☐ |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	922,437	97,210

8 Miscellaneous information:

- a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval **8a**
- b** Demographic, benefit, and contribution information
- (1)** Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No
- (2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No
- (3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No
- c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☒ Yes ☐ No
- d** If line c is "Yes," provide the following additional information:
- (1)** Was an extension granted automatic approval under section 431(d)(1) of the Code? ☒ Yes ☐ No
- (2)** If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. **8d(2)** 5
- (3)** Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☒ No
- (4)** If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). **8d(4)**
- (5)** If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**
- (6)** If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0
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9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2,449,244

c Amortization charges as of valuation date:

	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	46,450,979
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0

d Interest as applicable on lines 9a, 9b, and 9c	9d	662,228
e Total charges. Add lines 9a through 9d	9e	9,491,930

Credits to funding standard account:

f Prior year credit balance, if any	9f	25,535,984
g Employer contributions. Total from column (b) of line 3	9g	4,334,191

	Outstanding balance	
h Amortization credits as of valuation date	9h	23,957,067

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	2,310,233
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j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	42,014,889
(2) "RPA '94" override (90% current liability FFL)	9j(2)	110,459,927
(3) FFL credit	9j(3)	0

k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	35,440,650
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	25,948,720
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No