

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987
1b	Three-digit plan number (PN) ▶ 009
1c	Effective date of plan 01/01/1987
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES P.O. BOX 15223 READING, PA 19612-5223
2b	Employer Identification Number (EIN) 23-6262789
2c	Plan Sponsor's telephone number 610-320-5500
2d	Business code (see instructions) 484120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2024	WILLIAM M. SHAPPELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 9077
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 3684 6a(2) 3427 6b 861 6c 4203 6d 8491 6e 246 6f 8737 6g(1) 9077 6g(2) 8737 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 11

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

2C

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached _____
- (4)** ☒ **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES	D Employer Identification Number (EIN) 23-6262789	

Part I	Service Provider Information (see instructions)
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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
NORTHERN TRUST CORPORATION
36-2723087

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GOLDENTREE ASSET MANAGEMENT
13-4118850

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SIGULAR GUFF ADVISERS, LLC
13-3855629

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

SEI TRUST COMPANY

06-1271230

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

CAUSEWAY CAPITAL MANAGEMENT

95-4861680

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

GROSVENOR CAPITAL MANAGEMENT, L.P.

36-3795985

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

THE BANK OF NEW YORK MELLON

13-2614959

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

FIDUCIARY TRUST INT'L OF THE SOUTH

65-0080824

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

FRANKLIN TEMPLETON INSTITUTIONAL LL

94-3411725

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

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

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

WASHINGTON CAPITAL MANAGEMENT, INC.

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	452947	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTFIELD CAPITAL MGMT CO LP

80-0175963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68 71	NONE	415315	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LOOMIS SAYLES TRUST CO.

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	376121	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)

INTERCONTINENTAL R/E CORPORATION

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	312103	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGALL BRYANT & HAMILL

41-1788385

(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 72	NONE	305615	Yes ☒ No ☐	Yes ☒ No ☐	0	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	259056	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)

SIERRA INVESTMENT PARTNERS, INC.

68-0370668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	181975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT PERFORMANCE SERVICES

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	171250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAMILTON LANE ADVISORS, LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	167064	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)

JOSEPH J. SAMOLEWICZ

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	82286	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	77236	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHELLE L. HOUCK

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	72976	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)

WILLIG, WILLIAMS & DAVIDSON

23-2416488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	66706	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 72 51	NONE	66660	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CBIZ RPS

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	63681	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)

MARTIN L. CULLEN

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	63633	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASHLEY BORTZ

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	63392	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JUDITH A. GUIDARA

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	62727	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)

JAMES STRICKER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	59757	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUSTY KEMP

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	48547	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT GENSLINGER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	43994	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)

MORGAN LEWIS & BOCKIUS LLP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	41907	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KYLE WELLER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40852	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PETER SHIFFER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38851	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)

LV PRINT CENTER

93-1517255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	38175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORI KEMMERER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37785	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAMIEN WILD

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35090	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)

ESSEX TECHNOLOGY GROUP INC

22-3679815

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	30258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEIDENHAMMER SYSTEMS CORP

23-2054990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	27299	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FABRICANT & FABRICANT INC

13-1942233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	16268	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)

GAGE PERSONNEL

23-2368413

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	12264	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOYLE PRINTING & OFFSET CO.

52-0191325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	9162	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	6183

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MARKEL AMERICAN INS CO. 54-1398877	COMMISSIONS

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY & DEPOSIT CO 13-3046577	COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	230

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SENECA INS. CO. 13-2941133	COMMISSIONS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	112

(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.
AMGUARD INS. CO.	COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	159

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERAL INSURANCE CO. 13-1963496	COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	142

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CONTINENTAL CASUALTY 36-2114545	COMMISSIONS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	1295

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NORTH AMERICAN 36-2428931	COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	3710

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HUDSON INS. CO. 13-5150451	COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	2584

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RLI INS., CO 37-0915434	COMMISSIONS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	1809

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FAIR AMERICAN INS. CO. 46-1213970	COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	28 52	167064

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HL SECONDARY FEEDER FD VA-LP 83-1798760	MANAGEMENT FEES

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987</u>	B Three-digit plan number (PN) ▶ <u>009</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES</u>	D Employer Identification Number (EIN) <u>23-6262789</u>
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE RUSSELL 1000 INDEX FU</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>			
c EIN-PN <u>45-6138589-095</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>88029977</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE GOVERNMENT SHORT TERM</u>			
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>			
c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8385577</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAUSEWAY COLLECTIVE INVESTMENT TRUS</u>			
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>			
c EIN-PN <u>83-2723947-128</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29689411</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIERRA FRANKLIN EAFE PLUS EQUITY TR</u>			
b Name of sponsor of entity listed in (a): <u>FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH</u>			
c EIN-PN <u>90-6149946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31841777</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES HIGH YIELD CONSERVATI</u>			
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>			
c EIN-PN <u>84-6391546-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>106337067</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WASHINGTON CAPITAL JOINT MASTER TRU</u>			
b Name of sponsor of entity listed in (a): <u>WASHINGTON CAPITAL MANAGEMENT, INC.</u>			
c EIN-PN <u>91-1163419-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37631848</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDENTREE MULTI-SECTOR FUND OFFSHO</u>			
b Name of sponsor of entity listed in (a): <u>GOLDENTREE ASSET MANAGEMENT</u>			
c EIN-PN <u>98-1018819-002</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>89796374</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: **WACAP SP INFRASTRUCTURE FUND IV FEE**

b Name of sponsor of entity listed in (a): **WASHINGTON CAPITAL MANAGEMENT, INC.**

c EIN-PN 86-1680526-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13391904
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WACAP - ODIRECT LENDING FUND UNLEVE**

b Name of sponsor of entity listed in (a): **WASHINGTON CAPITAL MANAGEMENT, INC.**

c EIN-PN 88-3122898-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 744815
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987	B Three-digit plan number (PN) ▶ 009	
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES	D Employer Identification Number (EIN) 23-6262789	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2014194	1651501
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	899416	1018511
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1860422	1821623
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		1874
(2) U.S. Government securities	1c(2)	29735789	31402636
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	6510053	6233347
(B) All other	1c(3)(B)	33495144	35282221
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	174679417	166311728
(5) Partnership/joint venture interests	1c(5)	254052044	196380162
(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)	267293369	264283809
(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)	125171583	141564941
(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)	31035668	31297827

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	260158	200051
f Total assets (add all amounts in lines 1a through 1e)	1f	927007257	877450231
Liabilities			
g Benefit claims payable	1g	8829869	21619578
h Operating payables	1h	638105	594942
i Acquisition indebtedness	1i		
j Other liabilities	1j	1878140	570320
k Total liabilities (add all amounts in lines 1g through 1j)	1k	11346114	22784840
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	915661143	854665391

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)	11433013	
(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)		11433013
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	400	
(B) U.S. Government securities	2b(1)(B)	863289	
(C) Corporate debt instruments	2b(1)(C)	1339851	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	7109179	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9312719
(2) Dividends: (A) Preferred stock	2b(2)(A)	4345	
(B) Common stock	2b(2)(B)	2553272	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2557617
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	219344806	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	209159590	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		10185216
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-4449214	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-4449214

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		57988939
(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)		7879386
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		67722
d Total income. Add all income amounts in column (b) and enter total	2d		94975398

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	140447061	
(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)		140447061
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	800137	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	66	
(4) IQPA audit fees.....	2i(4)	77236	
(5) Investment advisory and investment management fees	2i(5)	2175240	
(6) Bank or trust company trustee/custodial fees	2i(6)	56912	
(7) Actuarial fees	2i(7)	63681	
(8) Legal fees	2i(8)	108773	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	27525	
(11) Other expenses	2i(11)	496910	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3806480
j Total expenses. Add all expense amounts in column (b) and enter total	2j		144253541

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-49278143
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		11717609

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 FRANCELLE, LLC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		196380162
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CNTRL PA TMSTERS DEFINED BENEFIT PLAN	23-6262789	001

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987	B Three-digit plan number (PN) ▶ 009
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES	D Employer Identification Number (EIN) 23-6262789

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 23-6262789 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	671

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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☒ No ☐ N/A	
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	11433013
b Enter the amount contributed by the employer to the plan for this plan year	6b	11433013
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	0
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☒ N/A	
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A	

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

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

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

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

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

Schedule R (Form 5500) 2023
v. 230707

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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)

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)

14a**14b****14c**

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 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. _____

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987**

FINANCIAL STATEMENTS

DECEMBER 31, 2023

**CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2023 AND 2022

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of the Central Pennsylvania Teamsters Retirement Income Plan 1987 (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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 December 31, 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 Schedules of Administrative Expenses, Schedule of Assets Held at End of Year, and Schedule of Reportable Transactions, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Novak Francella LLC

Bala Cynwyd, Pennsylvania
September 16, 2024

**CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2023 AND 2022

ASSETS	<u>2023</u>	<u>2022</u>
INVESTMENTS - at fair value		
Common stock	\$ 159,734,398	\$ 162,731,559
Foreign stock	6,577,330	11,947,858
Common collective trust - STIF	8,385,577	9,942,005
United States Government and Government Agency obligations	31,402,636	29,735,789
Corporate obligations	33,127,707	31,201,826
Preferred corporate obligations	6,233,347	6,510,053
Municipal obligations	5,126,436	6,004,895
Limited partnership	20,376,452	36,464,499
Limited partnership - real estate	152,811,309	182,828,267
Limited partnership - private equity	23,192,401	25,114,039
Common collective trust - international equity	29,689,411	31,903,971
Common collective trust - equity	226,208,821	225,447,393
103-12 investment entities	141,564,941	134,816,822
Foreign hedged fund of funds	26,171,391	25,030,773
Non-government backed CMOs	36,657	40,006
Asset-backed securities	2,117,857	2,253,312
Foreign currency	1,874	-
Total investments	<u>872,758,545</u>	<u>921,973,067</u>
RECEIVABLES		
Accrued interest and dividends	1,330,731	1,343,762
Employer contributions	1,018,511	899,416
Due from related parties	205	139,231
Due from broker for sales of securities	41,606	-
Other	20,977	147
Total receivables	<u>2,412,030</u>	<u>2,382,556</u>

See accompanying notes to financial statements.

	2023	2022
PROPERTY AND EQUIPMENT		
Office equipment	\$ 634,715	\$ 630,916
Furniture and fixtures	191,801	191,801
Leasehold improvements	563,929	563,929
	<u>1,390,445</u>	<u>1,386,646</u>
Less: accumulated depreciation and amortization	<u>(1,190,394)</u>	<u>(1,126,488)</u>
Net property and equipment	<u>200,051</u>	<u>260,158</u>
OTHER ASSETS		
Prepaid benefits	396,602	352,206
Prepaid expenses	31,502	25,076
Total other assets	<u>428,104</u>	<u>377,282</u>
CASH	<u>1,651,501</u>	<u>2,014,194</u>
Total assets	<u>877,450,231</u>	<u>927,007,257</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued administrative expenses	594,942	638,105
Due to broker for purchases of securities	-	30,308
Trustee to Trustee transfer to Defined Benefit Plan	570,320	1,847,832
Total liabilities	<u>1,165,262</u>	<u>2,516,245</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 876,284,969</u>	<u>\$ 924,491,012</u>

See accompanying notes to financial statements.

**CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 70,882,236	\$ (107,283,260)
Interest and dividends	7,475,027	6,255,642
Other investment income	5,117,400	4,770,211
	<u>83,474,663</u>	<u>(96,257,407)</u>
Less investment expenses	(2,057,675)	(2,224,643)
Investment income (loss) - net	<u>81,416,988</u>	<u>(98,482,050)</u>
Employer contributions	<u>11,433,013</u>	<u>10,212,548</u>
Other income	<u>67,709</u>	<u>71,886</u>
Total additions	<u>92,917,710</u>	<u>(88,197,616)</u>
DEDUCTIONS		
Benefits paid directly to participants and beneficiaries	127,657,352	118,404,709
Trustee to Trustee transfer to Defined Benefit Plan	11,717,609	15,038,610
Administrative expenses	1,748,792	1,806,736
Total deductions	<u>141,123,753</u>	<u>135,250,055</u>
NET DECREASE	(48,206,043)	(223,447,671)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>924,491,012</u>	<u>1,147,938,683</u>
End of year	<u><u>\$ 876,284,969</u></u>	<u><u>\$ 924,491,012</u></u>

See accompanying notes to financial statements.

**CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 1. DESCRIPTION OF THE PLAN

General

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

Plan Administration

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

Defined Contribution Plan

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

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

Participant Accounts

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

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

NOTE 1. DESCRIPTION OF THE PLAN (continued)

Forfeitures

Any nonvested participant will forfeit the balance in the account after five consecutive one-year breaks in service. Forfeitures are used first to pay administrative expenses of the Plan. To the extent any forfeitures remain, they are allocated among participant accounts pro rata. There were no forfeitures during 2023 or 2022.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

Property and Equipment - Property and equipment are recorded at cost. Major additions are capitalized while replacements, maintenance and repairs, which do not improve or extend the useful lives of the respective assets are expensed currently. Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the related assets. Depreciation and amortization expense was \$63,817 for the year ended December 31, 2023 and \$66,617 for 2022.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Employer contributions receivable - Employer contributions due and not paid prior to year end and payroll audit findings are recorded as employer contributions receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

Payment of Benefits - Benefit payments to participants are recorded when paid.

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

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

Foreign Currency - The Plan has non-invested cash that is held in various foreign currencies. For financial statement purposes, all assets are expressed in U.S. dollar equivalents.

Foreign currencies included in the Statements of Net Assets Available for Benefits are translated to United States dollars at the exchange rate in effect on the last day of the year. Unrealized increases and decrease due to fluctuations in exchange rates are included in the Statements of Changes in Net Assets Available for Benefits.

Reclassifications - Certain reclassifications have been made to prior year amounts to conform to the current year presentation.

NOTE 3. PRIORITIES UPON TERMINATION

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

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter dated March 17, 2016 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the tax determination letter. The Plan's Trustees and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 4. TAX STATUS (continued)

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

NOTE 5. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

Fair Value Measurements at December 31, 2023				
	Total	Level 1	Level 2	Level 3
Common stock	\$ 159,734,398	\$ 159,734,398	\$ -	\$ -
Foreign stock	6,577,330	6,577,330	-	-
United States Government and Government Agency obligations	31,402,636	31,402,636	-	-
Corporate obligations	33,127,707	-	33,127,707	-
Preferred corporate obligations	6,233,347	-	6,233,347	-
Municipal obligations	5,126,436	-	5,126,436	-
Non-government backed CMO's	36,657	-	36,657	-
Foreign currency	1,874	1,874	-	-
Asset-backed securities	2,117,857	-	2,117,857	-
Common collective trust - STIF	8,385,577	8,385,577	-	-
Total assets in the fair value hierarchy	252,743,819	\$ 206,101,815	\$ 46,642,004	\$ -
Investments measured at NAV*	620,014,726			
Total investments	\$ 872,758,545			

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

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

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

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

For the years ended December 31, 2023 and 2022 there were no transfers in or out of levels 1, 2, or 3.

The unfunded commitments, redemption information, and redemption notice period are as follows at December 31, 2023:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Limited partnerships - real estate:				
Boyd Watterson GSA Fund LP	\$ 90,652,837	\$ -	Quarterly	60 days
Boyd Watterson State Government Fund LP	21,360,558	-	Quarterly	60 days
U.S. Real Estate Investment Fund	40,797,914	-	Quarterly	90 days
Common collective trust - international equity:				
CF Causeway International Value Equity	29,689,411	-	Daily	^
Common collective trusts - equity:				
CF Loomis Sayles High Yield Conservative Trust	106,337,067	-	Daily	3 days
CF Sierra Franklin EAFE Plus Equity Trust	31,841,777	-	Daily	3 days
Northern Trust Collective Russell 1000 Growth Index Fund Non-Lending	88,029,977	-	Daily	&
Foreign hedged fund of funds:				
GCM Grosvenor Opportunistic Credit Fund V, Ltd.	26,171,391	-	Quarterly	90 days
Limited partnership - private equity:				
Hamilton Lane Secondary Feeder Fund V - A LP	23,192,401	15,807,068	(X)	(X)
Limited partnership:				
Corbin ERISA Opportunity Fund	20,376,452	-	Quarterly	65 days
103-12 investment entities:				
CF Goldentree Multi-Sector Fund Offshore ERISA LTD	89,796,374	-	Quarterly	90 days
CF WA CAP JMT Real Estate Equity Fund	37,631,848	-	(Y)	(Y)
WA CAP SP Infrastructure Fund IV Feeder LLC	13,391,904	13,129,941	(Y)	(Y)
WA CAP Odirect Lending Fund Unlevered Feeder LLC	744,815	3,780,000	(Y)	(Y)
Total	<u>\$ 620,014,726</u>	<u>\$ 32,717,009</u>		

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

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

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

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

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

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

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

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

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

The objective of Corbin ERISA Opportunity Fund, LP is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations, though at times, the Fund may have exposure to other assets, instruments and markets.

GCM Grosvenor Opportunistic Credit Fund V, Ltd. (the “Fund”) was established as a Cayman Islands exempted company pursuant to the Companies Act (2013 Revision) of the Cayman Islands under the Memorandum and Articles of Association dated July 5, 2016. The Fund is registered under the Cayman Islands Mutual Funds Act. The Fund commenced operations on November 1, 2016. The Bank of New York Mellon acts as administrator (the “Administrator”) to the Fund. Grosvenor Capital Management, L.P. (the “Investment Advisor” or “GCM Grosvenor”) sponsored the formation of the Fund. The Investment Advisor is registered with the Securities and Exchange Commission as an investment adviser under the Investment Advisers Act of 1940.

Substantially all of the assets of the Fund that are available for investment have been and shall be invested in GCM Grosvenor Opportunistic Credit Master Fund V, L.P. (the “Master Fund”), a Cayman Islands exempted limited partnership that has the same investment objective as the Fund.

The performance of the Fund is directly affected by the performance of the Master Fund. The Investment Advisor is also the sponsor of the Master Fund and manages its portfolio, on a fully discretionary basis, through investing in “Portfolio Funds” and securities (as defined in the Master Fund’s financial statements), which generally implement “non-traditional” or “alternative” investment strategies. The investment in the Master Fund is recorded at fair value and equals the Fund’s pro rata interest in the partners’ capital of the Master Fund.

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

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

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

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

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

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

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

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

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

The Washington Capital SP Infrastructure Fund IV Feeder LLC primary objective is to provide risk-adjusted returns without subjecting principal to undue risk of loss through investments in infrastructure assets and businesses, including assets and businesses which may include but are not limited to power, utilities, transportation and logistics, communications infrastructure, midstream infrastructure, water infrastructure, as well as other assets and businesses that exhibit infrastructure characteristics.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

The Washington Capital - Odirect Lending Fund Unlevered Feeder LLC primary objective is to invest all assets in Oaktree Direct Lending Fund Unlevered. The overall investment objective of the Underlying Fund is to generate current income and achieve long-term capital appreciation without subjecting principal to undue risk by acquiring, holding, financing, refinancing, transferring and disposing of, directly or indirectly through one or more intermediate entities, a diversified portfolio of lending opportunities to medium-sized companies across industries, including bespoke, highly negotiated loans and private equity-related financings such as those backing leveraged buyouts through their investments, including to enhance overall returns, pursuing attractive, publicly-traded credits, including opportunistically investing in discounted, high-quality investments that may result from broad market dislocations or specific situational challenges. The Underlying Fund may also invest, inter alia, in options and warrants.

Northern Trust Collective Russell 1000 Growth Index Fund Non-Lending, Boyd Watterson State Government Fund LP, Boyd Watterson GSA Fund LP, U.S. Real Estate Investment Fund, Washington Capital SP Infrastructure Fund IV Feeder LLC, WaCap Odirect Lending Fund Unlevered Feeder LLC, CF Causeway International Value Equity, CF Loomis Sayles High Yield Conservative Trust, CF Sierra Franklin EAFE Plus Equity Trust, CF WA Cap JMT Real Estate Equity Fund, GCM Grosvenor Opportunistic Credit Fund V, Ltd., Hamilton Lane Secondary Feeder Fund V - A LP, Corbin ERISA Opportunity Fund, and the Goldentree Multi-Sector Fund Offshore ERISA LTD are measured at fair value without adjustment by the Plan, based on the net asset value (NAV) or NAV equivalent as of December 31, 2023 and 2022, respectively.

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS

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

This Plan is the common paymaster of payroll related expenses and benefits for the Defined Benefit Plan and the Health and Welfare Fund. The Plan also shares the services of certain employees as well as certain equipment with the Defined Benefit Plan and the Health and Welfare Fund. Total reimbursements to the Plan were \$5,139,856 and \$4,685,021 for the years ended December 31, 2023 and 2022, respectively.

As of December 31, 2023 and 2022, the Health and Welfare Fund owed the Plan \$146 and \$92,637, respectively, for common expenses paid by the Plan. As of December 31, 2023 and 2022, the Defined Benefit Plan owed the Plan \$59 and \$46,594, respectively, for common expenses paid by the Plan.

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

The Plan leases office space from the Union. The original lease agreement expired in July 2006. In accordance with the lease agreement, the term of the lease was extended for an additional five years through July 2011. In July 2012, the lease was extended for an additional five years with an option to extend for an additional five years. In July 2017, the lease was extended for an additional five years. At the end of the five-year period, the lease was set to continue to roll over every twelve months absent of any changes or termination. The lease calls for annual increases equal to the percentage increase of the Consumer Price Index issued by the Bureau of Labor Statistics. The monthly rental payment was \$3,709 from January 1, 2022 through June 30, 2022. The monthly rental payment was \$4,037 from July 1, 2022 through December 31, 2022. The monthly rental payment was \$3,814 from January 1, 2023 through June 30, 2023. The monthly rental payment was \$3,922 from July 1, 2023 through December 31, 2023. The annual rent paid by the Plan was \$46,416 and \$46,484 for the years ended December 31, 2023 and 2022, respectively. The Plan also reimburses the Union for maintenance expenses and a portion of the real estate taxes.

Certain plan investments are shares of short-term investments managed by Northern Trust. Northern Trust is a Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedules of assets held at end of year and reportable transactions. The above transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 7. CREDITING POLICY

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

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS

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

- a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

- b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.
- c. If the Benefit Funds choose to stop participating in any of its multiemployer defined benefit pension plans, the Benefit Funds may be required to pay those multiemployer defined benefit pension plans an amount based on the underfunded status of the multiemployer defined benefit pension plans, referred to as a withdrawal liability.

The Benefits Funds' participation in these multiemployer defined benefit pension plans for the annual periods ended December 31, 2023 and 2022 is outlined in the table below. The zone status is based on information that the Benefit Funds received from each multiemployer defined benefit pension plan and is certified by each multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plans	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
Central Pennsylvania Teamsters Defined Benefit Plan	23-6262789	001	Green as of 01/01/23	No	Green as of 01/01/22	No	*
Teamsters Pension Trust Fund of Philadelphia and Vicinity	23-1511735	001	Green as of 01/01/23	No	Green as of 01/01/22	No	**

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

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

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

Legal Name of Pension Plans	Contributions paid by RIP 1987 directly to the Pension Plans		Contributions to the Pension Plans greater than 5% of total Pension Plan contributions (Plan year ending)		Employer Contribution Rates of the Pension Plans		Number of Employees Covered by the Pension Plans for which RIP 1987 contributes directly to the Pension Plans	
	12/31/2023	12/31/2022			12/31/2023	12/31/2022	12/31/2023	12/31/2022
Central Pennsylvania Teamsters Defined Benefit Plan	\$ 753,935	\$ 711,403	No, Plan year ending 12/31/23.	No, Plan year ending 12/31/22.	\$2,705 per month	\$2,679 per month	24 shared employees	28 shared employees
Teamsters Pension Trust Fund of Philadelphia and Vicinity	431,048	402,959	No, Plan year ending 12/31/23.	No, Plan year ending 12/31/22.	15% of gross wages	15% of gross wages	19 Health Fund employees and 24 shared employees	20 Health Fund employees and 28 shared employees
Total contributions to Pension Plans	\$ 1,184,983	\$1,114,362						

The Health Fund reimbursed RIP 1987 \$362,990 and \$335,234 during the years ended December 31, 2023 and 2022, respectively, for the Health Fund's allocated share of the pension contributions for shared employees participating in the Central Pennsylvania Teamsters Defined Benefit Plan.

The Defined Benefit Plan reimbursed RIP 1987 \$241,709 and \$227,772 during the years ended December 31, 2023 and 2022, respectively, for the Defined Benefit Plan's allocated share of the pension contributions for shared employees participating in the Central Pennsylvania Teamsters Defined Benefit Plan.

The Health Fund reimbursed RIP 1987 \$289,179 and \$269,800 during the years ended December 31, 2023 and 2022, respectively, for the Health Fund's allocated share of the pension contributions for shared employees participating in the Teamsters Pension Trust Fund of Philadelphia and Vicinity.

The Defined Benefit Plan reimbursed RIP 1987 \$83,753 and \$77,446 during the years ended December 31, 2023 and 2022, respectively, for the Defined Benefit Plan's allocated share of the pension contributions for shared employees participating in the Teamsters Pension Trust Fund of Philadelphia and Vicinity.

Legal Name of Pension Plans	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan by the Benefit Funds?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
Central Pennsylvania Teamsters Defined Benefit Plan	N/A, Green status as of 01/01/23	No	No	N/A
Teamsters Pension Trust Fund of Philadelphia and Vicinity	N/A, Green status as of 01/01/23	No	No	N/A

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

The Benefit Funds contributed to two multiemployer defined benefit health and welfare plans that provided postretirement benefits for its union represented and non-collectively bargained employees during the years ended December 31, 2023 and 2022. Information about these health and welfare plans is below:

Legal Name of Plans providing postretirement benefits other than pension	Contributions paid by RIP 1987 directly to the Plans		Employer contribution rates of the Plans		Number of employees covered by Plans for which RIP 1987 contributes directly to the Plans	
	12/31/2023	12/31/2022	12/31/2023	12/31/2022	12/31/2023	12/31/2022
Central Pennsylvania Teamsters Health and Welfare Fund*	\$ 1,106,712	\$ 1,112,024	\$1,013 to \$2,855 per month	\$984 to \$2,774 per month	19 Health Fund employees and 24 shared employees	20 Health Fund employees and 28 shared employees
Teamsters Joint Council No. 53 Retiree Health and Welfare Fund**	258,629	241,775	9% of gross wages	9% of gross wages	19 Health Fund employees and 24 shared employees	20 Health Fund employees and 28 shared employees
Total contributions to Welfare Plans that provide post-retirement benefits	\$ 1,365,341	\$ 1,353,799				

The Health Fund reimbursed RIP 1987 \$791,073 and \$795,346 during the years ended December 31, 2023 and 2022, respectively, for the Health Fund's allocated share of the welfare contributions for shared employees participating in the Central Pennsylvania Teamsters Health and Welfare Fund.

The Defined Benefit Plan reimbursed RIP 1987 \$191,096 and \$190,501 during the years ended December 31, 2023 and 2022, respectively, for the Defined Benefit Plan's allocated share of the welfare contributions for shared employees participating in the Central Pennsylvania Teamsters Health and Welfare Fund.

The Health Fund reimbursed RIP 1987 \$173,508 and \$161,880 and during the years ended December 31, 2023 and 2022, respectively, for the Health Fund's allocated share of the welfare contributions for shared employees participating in the Teamsters Joint Council No. 53 Retiree Health and Welfare Fund.

The Defined Benefit Plan reimbursed RIP 1987 \$50,252 and \$46,468 during the years ended December 31, 2023 and 2022, respectively, for the Defined Benefit Plan's allocated share of the welfare contributions for shared employees participating in the Teamsters Joint Council No. 53 Retiree Health and Welfare Fund.

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

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

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

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

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

NOTE 11. TRUSTEE TO TRUSTEE TRANSFER TO DEFINED BENEFIT PLAN

Participants in the Plan and the Defined Benefit Plan, who are eligible for the Combined Minimum Monthly Benefit, can elect to transfer their account balance from the Plan into the Defined Benefit Plan in order to obtain a higher monthly benefit from the Defined Benefit Plan. During the years ended December 31, 2023 and 2022, the Plan transferred \$11,717,609 and \$15,038,610 respectively, into the Defined Benefit Plan.

As of December 31, 2023, and 2022, the Plan owed the Defined Benefit Plan \$570,320 and \$1,847,832, respectively, for the account balances that were not transferred at year end.

NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as reported on the financial statements as of December 31, 2023 and 2022 to the balances as reported on Form 5500:

	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ 876,284,969	\$ 924,491,012
Less: amounts allocated to withdrawing participants	<u>(21,619,578)</u>	<u>(8,829,869)</u>
Net assets available for benefits per Form 5500	<u>\$ 854,665,391</u>	<u>\$ 915,661,143</u>

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

The following is a reconciliation of benefits paid to participants per the 2023 financial statements to Form 5500:

	Year Ended December 31, 2023
Benefits paid per the financial statements	\$ 127,657,352
Less: amounts allocated to withdrawing participants at December 31, 2022	(8,829,869)
Add: amounts allocated to withdrawing participants at December 31, 2023	<u>21,619,578</u>
Benefits paid to participants per Form 5500	<u><u>\$ 140,447,061</u></u>

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

NOTE 13. RISKS AND UNCERTAINTIES

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

NOTE 14. AMENDMENTS

In January 2023, the Plan was amended so that the entire interest of a Participant must be distributed or begin to be distributed no later than the Participant's Required Beginning Date. The Required Beginning Date for a Participant who attained age 70½ prior to January 1, 2020 is the April 1 of the calendar year following the year the Participant attained age 70½. The Required Beginning Date for a Participant who attained age 70½ after December 31, 2019, is the April 1 of the calendar year following the year the Participant attains age 72. The Required Beginning Date for a Participant who attains age 72 after December 31, 2022 is the April 1 of the calendar year after the Participant attains age 73. The Required Beginning Date for a Participant who attains age 73 after December 31, 2032 is the April 1 of the calendar year after the Participant attains age 75.

NOTE 15. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 16, 2024, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Professional fees	\$ 424,154	\$ 510,778
Payroll wages	401,043	381,184
Trustee, fiduciary bond and insurance expense	161,278	169,231
CPT Pension benefits	149,868	149,030
CPT Health and Welfare benefits	124,543	126,176
Data processing expenses	71,803	70,222
Other pension and Health and Welfare benefits	92,984	89,140
Office expenses	97,526	83,500
Rent	48,338	48,433
Postage	26,670	30,040
Payroll taxes	31,699	30,198
Meetings, conferences and seminars	27,525	24,136
Repairs and maintenance	11,410	11,488
Telephone	12,629	12,897
Depreciation and amortization expense	63,817	66,617
Utilities	3,439	3,666
Payroll audit	<u>66</u>	<u>-</u>
Total	<u><u>\$ 1,748,792</u></u>	<u><u>\$ 1,806,736</u></u>

**CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2023

Form 5500 Schedule H, Item 4i

EIN: 23-6262789

Plan No. 009

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Principal	Interest Rate	Maturity Date		
		<u>Common stock:</u>				
	1st Indl Rlty Tr Inc	9,917			\$ 516,626	\$ 522,328
	Abbott Labs	15,490			1,770,405	1,704,984
	AbbVie Inc	5,871			720,703	909,829
	Advanced Energy INDS INC COM	3,953			423,479	430,561
	Agilysys Inc. Com STK	3,853			266,476	326,811
	Air Prod & Chem INC	3,891			1,178,385	1,065,356
	Allegiant Travel Co	3,088			575,776	255,100
	Alphabet Inc	8,159			861,271	1,139,731
	Alteryx Inc	6,302			446,705	297,202
	American Express	4,054			646,653	759,476
	American Tower Corp	4,723			897,554	1,019,601
	Ameris Bancorp	8,336			438,561	442,225
	Amgen Inc	3,211			841,322	924,832
	Avantor Inc	61,368			1,816,906	1,401,031
	Avery Dennison Corp	4,790			888,610	968,346
	Axcelis Technologies Inc.	2,330			401,494	302,178
	Axon Enterprise Inc	4,380			869,585	1,131,485
	Azek Co Cl A	11,156			217,901	426,717
	Badger Meter Inc	1,727			136,996	266,597
	Balchem Corp	2,471			307,209	367,561
	Bank of America Corp	46,780			1,928,478	1,575,083
	Becton Dickinson & Co	3,714			996,624	905,585
	Berkshire Hathaway Inc	4,371			1,340,239	1,558,961
	Berry Global Group Inc	6,757			415,415	455,354
	Bio Rad Laboratories Inc	1,460			664,416	471,419
	Bio-Techne Corp	5,443			525,904	419,982
	Blackrock Inc	2,116			1,596,516	1,717,769
	Blue Owl Cap	45,050			558,622	671,245
	BOOZ Allen Hamilton	3,290			309,674	420,824
	Boston Scientific Corp	28,510			1,237,856	1,648,163
	Bright Horizons FA	6,800			628,343	640,832
	Bristol Myers	16,945			1,093,761	869,448
	Broadcom Inc	1,054			953,692	1,176,528
	BRP Inc	5,490			369,495	393,578
	Builders Firstsource Inc	7,850			680,981	1,310,479
	CACI INTL INC	1,832			537,078	593,312
	Carlisle Companies Inc	1,826			382,110	570,497
	Carrier Global Corporation	19,532			1,051,550	1,122,113
	Carter Inc	3,989			284,288	298,736
	Casella Waste Sys	5,235			420,993	447,383
	Caseys Gen Stores Inc.	1,419			276,992	389,856
	Caterpillar Inc	4,059			1,054,969	1,200,125
	CCC Intelligent Solutions Hldgs	49,483			465,179	563,611
	Cencora Inc	5,816			1,114,023	1,194,490
	Chemed Corp New	930			474,375	543,818
	Choice Hotels Intl	1,791			223,892	202,920

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
			<u>Common stock (continued):</u>			
	Chord Energy Corp		1,621			\$ 252,056 \$ 269,459
	Churchill Downs Inc		2,929			304,474 395,210
	Ciena Corp		7,878			402,594 354,589
	Civitas Res Inc		5,208			374,859 356,123
	Coca-Cola Consolidated Inc		290			142,957 269,236
	Columbia Sportswear Co		2,492			168,229 198,214
	Comcast Corp.		27,977			1,510,425 1,226,791
	Comfort Sys USA		2,470			472,610 508,005
	CONOCOPHILLIPS COM		14,345			1,649,906 1,665,024
	Crane Co		6,126			406,179 723,726
	Crane NXT		8,116			318,916 461,557
	CSX Corp COM		37,962			1,239,687 1,316,143
	CVS Health Corp		14,762			1,297,030 1,165,608
	Darden Restaurants Inc.		6,367			1,080,101 1,046,098
	Deckers Outdoor Corp Com		993			295,436 663,751
	Diamondback Energy Inc		3,709			331,189 575,192
	Donaldson Inc		3,088			197,307 201,801
	Duke Energy Corp		13,900			1,318,836 1,348,856
	Dupont De Nemours Inc		13,154			959,754 1,011,937
	Dynatrace Inc		12,930			654,737 707,142
	Eagle Matls Inc		1,954			287,135 396,349
	East West Bancorp Inc		9,980			629,162 718,061
	Element Solution Inc		25,582			564,147 591,967
	EMCOR Group Inc		2,394			291,293 515,739
	Encompass Health Corp		3,745			191,723 249,866
	Enersys		3,772			332,187 380,821
	Enpro Inds Inc		5,947			512,965 932,133
	Ensign Group Inc		4,438			408,884 497,988
	EOG RESOURCES INC		9,284			1,175,559 1,122,900
	EQTY Lifestyle		9,045			647,761 638,034
	Equity Commonwealth		16,380			431,868 314,496
	EXXON MOBIL		24,443			2,580,182 2,443,812
	F5 Inc		3,680			605,163 658,646
	Five Below Inc		5,703			906,291 1,215,651
	Five9 Inc		4,787			375,999 376,689
	Flywire Corp		27,020			771,840 625,513
	Fox Corp		22,519			746,776 668,139
	Fox Factory Hldg Corp		5,640			531,002 380,587
	Freeport-Mcmoran		17,202			578,960 732,289
	Gen MTRS		18,604			726,201 668,256
	Gentex Corp		13,938			389,822 455,215
	Glacier Bancorp Inc		10,454			505,344 431,959
	Globus Med Inc		7,513			540,899 400,368
	Graphic Packaging Hldg Co		15,144			308,793 373,300
	Guidewire Software		7,951			648,637 866,977
	Hain Celestial Corp		7,033			279,252 77,011
	Halozyme Therapeutics		8,532			332,739 315,343
	Hancock Whitney Corp		9,564			469,333 464,715
	Harmonic Inc.		16,190			179,871 211,118
	Hartford FINL SVCS		14,582			1,090,475 1,172,101
	Hexcel Corp		8,010			563,221 590,738
	Honeywell Intl		7,986			1,672,258 1,674,744
	HubSpot Inc		4,500			393,972 413,730
	Hubbell Inc		3,070			873,806 1,009,815
	IDEX Corp		3,580			680,897 777,254
	Impinj Inc		3,110			245,537 279,993
	Inspire Med Sys Inc		3,100			704,521 630,633
	Insulet Corp		5,627			1,321,736 1,220,946

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Principal	Interest Rate	Maturity Date		
		Common stock (continued):				
	Intercontinental Exchange Inc	9,689			\$ 1,127,207	\$ 1,244,358
	ITT Inc	5,814			554,673	693,726
	Jacobs Solutions Inc	4,001			542,153	519,330
	Johnson & Johnson COM	7,105			1,217,416	1,113,638
	JPMORGAN Chase	17,129			2,702,515	2,913,643
	KBR Inc	16,420			696,676	909,832
	Lamb Weston Hldgs	6,847			577,835	740,092
	Landstar Sys Inc	2,256			401,379	436,874
	Lantheus Hldgs Inc	9,050			604,093	561,100
	Lattice Semiconductor Corp	4,840			312,109	333,912
	Lincoln Elec Hldgs	4,650			554,572	1,011,189
	Littlefuse Inc	1,896			526,130	507,294
	LKQ Corp	8,139			402,973	388,963
	Lowes Cos INC	5,245			1,227,307	1,167,275
	LPL Financial Hldgs	3,920			617,537	892,270
	M/I Homes Inc	7,520			707,263	1,035,805
	Macom Technology Solutions	5,050			364,239	469,398
	Madden Steve LTD	9,337			324,257	392,154
	Marqueta Inc	31,970			206,602	223,151
	Martin Marietta Matls	1,999			916,478	997,321
	Masco Corp	6,318			391,387	423,180
	Masimo Corp	4,160			738,322	487,594
	Matador Res Co	9,491			518,524	539,658
	Materion Corp	3,078			262,822	400,540
	Maximus Inc.	4,925			360,918	413,011
	Medpace Hldgs	734			224,585	224,993
	Merck & Co. Inc	18,215			1,466,227	1,985,799
	Meta Platforms Inc	3,703			790,556	1,310,714
	Micron Tech Inc	12,055			789,928	1,028,774
	Microsoft Corp	3,031			1,049,567	1,139,777
	MKS Instrs	2,180			218,130	224,257
	Modine MFG	12,833			437,608	766,130
	Mondelez Intl Inc	17,945			1,334,091	1,299,756
	Monolithic PWR Sys Inc	455			192,272	287,005
	Morningstar Inc	1,999			529,449	572,194
	Motorola Solutions Inc	3,937			1,165,516	1,232,635
	Neurocrine Biosciences	6,510			677,412	857,758
	Nextera Energy Inc	17,689			1,335,442	1,074,430
	Northrop Grumman Corp	1,316			596,409	616,072
	OKTA Inc Cl A	5,400			350,636	488,862
	On Semiconductor Corp	13,846			1,359,152	1,156,556
	Onto Innovation	3,096			256,839	473,378
	Option Care Health Inc	27,320			759,118	920,411
	Oracle Corp	11,165			1,318,070	1,177,126
	Ovintiv Inc	15,900			748,162	698,328
	Owens Corning New	7,104			929,043	1,053,026
	Parker-Hannifin Corp	3,776			1,502,550	1,739,603
	Paypal Hldgs Inc	14,439			1,062,035	886,699
	Paylocity Hldg Corp	5,090			968,547	839,087
	Pepsico Inc	6,124			1,169,773	1,040,100
	Permain Res	52,290			728,022	711,144
	Phillips 66 Com	6,021			644,412	801,636
	Plexus Corp Com	3,270			303,528	353,585
	Pool Corp Com	1,370			495,297	546,233
	Procter & Gamble Com	4,290			658,509	628,657
	Prologis Inc Com	9,409			1,195,275	1,254,220
	Prudential Finl Inc	5,365			564,880	556,404
	PTC Inc	5,340			757,469	934,286

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		Common stock (continued):				
	Pub Service Enterprise Group		3,744			\$ 1,105,516 \$ 1,141,920
	Pure Storage Inc		19,351			540,513 690,057
	Quanta SVCS		7,584			1,548,135 1,636,627
	Red Rock Resorts Inc Cl A		15,330			680,927 817,549
	Regal Rexnord Corp		2,800			416,005 414,456
	Repligen Corp Com		3,290			579,660 591,542
	Rocket Pharmaceuticals		24,230			552,859 726,173
	RTX Corp		15,100			1,435,375 1,270,514
	S & P Global		3,281			1,390,298 1,445,346
	S.W. Airl Co Com		16,433			606,005 474,585
	Saia Inc		2,090			433,827 915,880
	Schlumberger LTD		28,605			1,007,237 1,488,604
	Seacost Banking Corp		18,904			589,617 538,008
	Silgan Hldgs		12,686			548,136 574,042
	Silicon Laboratories		2,908			425,586 384,641
	Smartsheet Inc		12,090			491,347 578,144
	Southstate Corp Com		5,397			412,420 455,777
	Stag Indl Inc		11,412			413,322 448,035
	State Str Corp		5,771			416,720 447,021
	Sun Communities Inc		6,350			979,472 848,677
	Tapestry Inc		11,920			550,284 438,775
	Target Corp		5,815			785,373 828,172
	Tenable HDLGS		14,713			717,898 677,681
	Texas Roadhouse Inc		10,250			1,010,305 1,252,857
	Textron Inc Com		13,186			896,848 1,060,418
	Thermo Fisher Scientific		2,896			1,654,794 1,537,168
	Timken Co Com Cuspi		3,992			323,101 319,959
	Topbuild Corp		1,422			357,465 532,198
	Tradeweb Mkts Inc Cl A		5,300			388,832 481,664
	Transunion		9,210			495,957 437,683
	Travelers Cos Inc		4,777			832,679 909,971
	Truist Finl Corp		9,669			322,225 356,979
	Tyler Technologies Inc		856			294,635 357,911
	Tyson Foods Inc		10,345			554,779 556,044
	UFP Industries Inc		4,131			358,508 518,647
	United Health Group		2,598			1,096,222 1,367,769
	Universal Display Corp		4,071			592,090 778,619
	Vail Resorts Inc		1,828			393,598 390,223
	Vaxcyte Inc		7,140			339,522 448,392
	Veracyte Inc		9,394			349,407 258,429
	Verizon Communications		23,301			793,141 878,448
	Vertiv Holdings LLC		16,460			638,545 790,574
	Vicor Corp Com		3,808			204,462 171,131
	Walt Disney Co		13,948			2,307,409 1,259,365
	Waste Connections Inc		3,363			413,405 501,995
	Wells Fargo & Co		28,477			1,316,824 1,401,638
	Western Alliance Bancorporation		2,797			214,686 184,014
	Willscott Mobile Mini HLDGS Corp		18,470			733,516 821,915
	Xcel Energy		10,512			683,951 650,798
			Total common stock			149,308,909 159,734,398
			Foreign stock:			
	ADR Legend Biotech Corp		11,610			799,445 698,574
	ADR Ascendis Pharma A/S Sponsored		12,060			1,466,747 1,518,957
	ADR Nice LTD		3,800			827,335 758,138
	ADR WNS Hldgs LTD		8,403			622,803 531,070
	ADR Silicon Motion Technology		4,480			251,667 274,490
	Descartes SYS Group INC		8,032			602,934 675,170

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	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Principal	Interest Rate	Maturity Date		
		<u>Foreign stock (continued):</u>				
	Genpact Limited Com	17,670			\$ 759,028	\$ 613,326
	Gildan Activewear Inc	13,023			474,210	430,540
	Monday Com LTD COM NPV	3,440			614,517	646,066
	REORG/QIAGEN Exchange	9,924			471,798	430,999
	Total foreign stock				6,890,484	6,577,330
		<u>United States Government and Government Agency obligations:</u>				
	Federal Home LN MTG Corp Pool	1,857	6.000 %	03/01/38	1,922	1,937
	Federal Home LN MTG Corp Pool	3,726	6.000	01/01/38	3,945	3,900
	Federal Home LN MTG Corp Pool	97,743	3.000	10/01/29	101,463	94,325
	Federal Home LN MTG Corp Pool	712,259	2.500	09/01/31	744,979	674,221
	Federal Home LN MTG Corp Pool	467,259	4.500	09/01/37	474,706	465,302
	Federal Home LN MTG Corp Pool	960,242	4.500	10/01/37	958,597	956,220
	Federal Home LN MTG Corp Pool	601,212	5.000	03/01/38	601,024	604,653
	Federal Home Loan Mortgage Corp	473,783	4.000	10/01/37	473,450	464,551
	Federal Home Loan Mortgage Corp	730,461	5.500	02/01/38	724,128	740,923
	Federal NATL MTG ASSN GTD MTG Pool	54,124	4.500	09/01/41	58,191	54,115
	Federal NATL MTG ASSN GTD MTG Pool	42,725	3.500	08/01/31	44,841	41,677
	FHLMC Multiclass SER	31,686	1.500	06/15/41	30,622	29,792
	FHLMC Pool	138,162	4.500	03/01/38	135,723	137,415
	FHLMC Pool	1,402	6.000	02/01/26	1,444	1,425
	FHLMC Pool	3,801	5.000	06/01/28	3,732	3,797
	FHLMC Pool	13	5.500	02/01/24	13	13
	FHLMC Pool	67,445	5.500	01/01/35	72,835	69,511
	FHLMC Pool	6,959	6.000	12/01/36	7,615	7,275
	FHLMC Pool	5,749	6.000	04/01/38	6,053	6,007
	FHLMC Pool	3,735	6.000	02/01/39	4,078	3,889
	FHLMC Pool	11,958	6.000	10/01/38	13,025	12,490
	FHLMC Pool	202,725	3.000	08/01/32	210,042	193,709
	FHLMC Pool	5,039	6.000	07/01/37	5,202	5,268
	FHLMC Pool	4,916	4.000	03/01/29	4,939	4,826
	FHLMC Pool	11,409	6.000	08/01/37	12,369	11,926
	FHLMC Pool	2,741	6.000	11/01/37	2,994	2,864
	FHLMC Pool	3,900	6.000	11/01/37	4,131	4,065
	FHLMC Pool	7,085	6.000	05/01/37	7,674	7,406
	FHLMC Pool	2,339	6.000	04/01/39	2,443	2,445
	FHLMC Pool	62,864	4.000	12/01/40	62,665	61,383
	FHLMC Pool	111,943	4.000	10/01/42	117,125	109,028
	FHLMC Pool	497,290	2.500	10/01/31	520,601	469,353
	FHLMC Pool	340,796	3.500	07/01/37	343,112	327,409
	FHLMC Pool	535,089	4.000	07/01/37	539,159	524,663
	FHLMC Pool	361,955	4.000	11/01/37	356,692	355,160
	FHLMC Pool	344,773	5.000	10/01/37	347,007	346,746
	FHLMC Pool	378,918	5.500	04/01/38	380,457	384,345
	FHLMC Pool	331,133	5.000	05/01/38	333,202	333,028
	FHLMC Pool	689,217	6.000	09/01/38	692,877	705,418
	Freddie Mac	624,486	2.500	04/01/37	578,527	576,189
	Fed Home Ln MTG	530,000	2.920	06/25/32	477,400	474,682
	Federal Home LN MTG Corp Multiclass SER	622,500	3.430	01/25/27	659,145	605,175
	Federal Home LN MTG Corp SER	814,636	3.750	08/25/25	900,746	800,433
	FHLMC Multiclass SER	355,753	3.303	07/25/24	346,831	351,554
	FHLMC Multiclass Tranche	445,000	2.995	12/25/25	437,073	431,063
	United States of Ameri Treas Bond	795,000	3.125	11/15/28	779,011	768,759
	United States of Ameri Treas Notes	1,950,000	0.625	08/15/30	1,825,769	1,584,146
	United States of Amer Treas Notes	295,000	2.250	11/15/25	316,863	284,191
	United States of Amer Treas Noted DTD	1,415,000	4.125	11/15/22	1,457,726	1,441,034

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	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
	Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>United States Government and</u>				
		<u>Government Agency obligations (continued):</u>				
	United States Treasury	100,000	2.375 %	08/15/24	\$ 105,422	\$ 98,367
	United States Treasury	165,000	1.625	09/30/26	170,798	154,771
	United States Treasury	2,330,000	2.750	02/15/28	2,572,144	2,229,064
	United States Treas BDS	775,000	1.500	08/15/26	798,876	725,654
	United States Treas DTD	300,000	2.000	02/15/25	312,164	291,199
	United States Treas NTS	1,240,000	2.750	08/15/32	1,118,136	1,137,748
	United States NTS DTD	1,385,000	2.000	11/15/26	1,475,109	1,310,015
	United STS TREAS NTS	1,920,000	1.125	02/15/31	1,858,549	1,605,300
	US TREASURY N/B	1,835,000	1.250	08/15/31	1,674,099	1,521,115
	US TREASURY N/B	1,305,000	1.500	02/15/30	1,306,535	1,138,511
	US TREASURY N/B	2,175,000	2.375	05/15/29	2,340,250	2,018,332
	WI Treasury SEC	1,565,000	3.375	05/15/33	1,522,702	1,505,090
	FHLCMC MTN	330,000	6.250	07/15/32	382,920	383,267
	FNMA	1,220,000	0.870	08/05/30	1,143,389	995,836
	FNMA DTD	325,000	6.625	11/15/30	402,019	374,620
	FNMA TRANCHE	400,000	0.375	08/25/25	397,505	374,041
	Total United States Government and Government Agency obligations				33,764,785	31,402,636
		<u>Municipal obligations:</u>				
	Colorado HSG & FIN AUTH	460,000	4.381	11/01/26	460,000	455,114
	Columbia S C Wtrwrks & SWR SYS Rev	105,000	2.318	02/01/27	105,000	98,901
	Dallas For Worth TEX INTL	225,000	4.671	11/01/27	225,000	226,778
	Metro Wastewtr Reclamation Dist Colo Swrrev	235,000	2.713	04/01/31	235,000	209,490
	Municipal Elec Auth Ga	900,000	1.581	01/01/26	900,000	843,712
	New York St Urban Dev Corp Rev	220,000	3.270	03/15/28	215,235	208,311
	Oregon Ed Dist Full Faith & CR Pension Obligs	750,000	0.592	06/30/24	750,000	734,065
	Pima Cnty Ariz Pledged Rev Obligs	590,000	0.520	05/01/24	590,000	581,524
	Prince Georges Cnty MD	70,000	1.186	09/15/26	70,000	64,494
	Sioux Falls S D Sch Dist	400,000	0.564	08/01/24	400,000	390,170
	Texas St	165,000	2.704	04/01/31	165,000	147,662
	Texas St Univ Sys Fing Rev	745,000	2.351	03/15/26	788,485	709,902
	University Mich Univ Revs	85,000	1.372	04/01/27	85,000	77,544
	Virginia St Res Auth Infrastructure Rev	410,000	2.530	11/01/28	410,000	378,769
	Total municipal obligations				5,398,720	5,126,436
		<u>Corporate obligations:</u>				
	Air Prods and Chems Fixed	320,000	1.850	05/15/27	330,262	295,164
	Air Prods and Chems Inc	300,000	4.800	03/03/23	303,749	310,282
	Allstate Corp	490,000	0.750	12/15/25	487,140	451,862
	Amazon Com Inc	645,000	3.150	08/22/27	684,428	620,481
	American Express	685,000	3.375	05/03/24	684,585	679,758
	Amern Wtr Cap Corp	315,000	3.400	03/01/25	344,890	308,424
	Amphenol Corp	640,000	4.750	03/03/26	638,820	640,678
	Analog Devices Inc	595,000	2.950	04/01/25	639,632	582,264
	Anheuser-Busch	500,000	4.750	01/23/29	589,109	508,217
	Apple Inc	435,000	2.050	09/11/26	450,392	409,996
	Arizona Pub Svc Co	715,000	3.350	06/15/24	768,181	706,769
	AT&T Inc	680,000	2.300	06/01/27	655,950	631,746
	Automatic Data Processing Inc	610,000	1.700	05/15/28	613,556	550,731
	Avery Dennison	655,000	4.875	12/06/28	761,487	662,965
	Bank Amer Corp	280,000	3.824	01/20/28	312,872	269,191
	Bristol Myers	590,000	5.750	02/01/31	599,251	633,123
	Brown Forman Corp	375,000	4.750	04/15/23	377,254	383,058
	CBOE Global Mkts	550,000	1.625	12/15/30	519,702	453,354
	CDN Natl Ry Co	550,000	6.900	07/15/28	723,939	604,730
	Cin Gas & Elec Co	435,000	6.900	06/01/25	532,168	444,939

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		Shares/ Principal	Interest Rate	Maturity Date		
		Type				
		Corporate obligations (continued):				
	Cintas Corp		740,000	3.700 %	04/01/27	\$ 835,729 \$ 723,489
	Citigroup Inc		355,000	3.200	10/21/26	337,254 338,773
	CMS Energy Corp		720,000	3.875	03/01/24	767,661 717,580
	CNH INDL Cap LLC		315,000	5.500	01/12/29	313,107 325,005
	Comcast Corp New		625,000	4.250	10/15/30	610,731 616,903
	Conoco Inc		560,000	6.950	04/15/29	612,069 624,614
	Contl Airls Inc		340,393	4.000	04/29/26	353,872 332,832
	Cummins Inc		330,000	0.750	09/01/25	322,844 309,451
	Delta Air Lines		675,000	3.204	10/25/25	702,004 669,560
	Dicks Sporting Goods Inc		265,000	3.150	01/15/32	265,275 226,113
	Dominion Energy		235,000	2.250	08/15/31	230,889 194,893
	Eaton Corp		475,000	4.150	03/15/33	452,405 465,407
	Emerson Elec Co Fixed		425,000	1.800	10/15/27	429,945 388,214
	Estee Lauder Companies		195,000	4.650	05/15/23	191,701 196,338
	Evergy Inc		800,000	2.450	09/15/24	840,671 781,795
	Florida Power & Light		575,000	5.050	04/01/28	573,048 588,232
	General Mtrs Finl Co Inc		660,000	1.250	01/08/26	652,873 610,853
	Georgia Pac Corp		520,000	7.375	12/01/25	634,716 540,669
	Georgia PWR CO		535,000	4.650	05/16/28	535,685 538,938
	Grainger WW Inc		730,000	1.850	02/15/25	750,493 704,685
	HCA INC		375,000	5.875	02/15/26	375,581 378,275
	Home Depot		310,000	4.950	09/30/26	310,120 314,573
	Intel Corp Fixed		555,000	3.750	08/05/27	552,771 544,036
	Jacobs Engr Group		265,000	6.350	08/18/28	265,708 276,757
	John Deere Capital Corp		210,000	2.050	01/09/25	219,221 204,315
	Kenvue Inc.		530,000	5.350	03/22/24	529,807 538,955
	KLA Corp		430,000	4.650	11/01/24	456,880 427,450
	Lowes Cos Inc		625,000	3.125	09/15/24	671,091 615,457
	Martin Marietta		635,000	4.250	07/02/24	674,200 630,163
	National Rural Utils Coop Fin Corp		510,000	2.400	03/15/30	501,886 443,448
	Norfolk Southern Corp		195,000	4.450	03/01/33	193,887 192,835
	Nvent Finance		230,000	4.550	04/15/28	258,396 223,696
	O Reilly		610,000	3.900	06/01/29	578,219 589,050
	Oracle Corp		365,000	6.150	11/09/29	376,024 393,169
	PAC GAS & ELEC		185,000	5.900	06/15/32	188,012 188,450
	Paccar Finl Corp		305,000	5.200	11/09/26	304,513 311,648
	PepsiCo Inc		670,000	2.750	03/19/30	705,948 616,289
	PG&E Recovery FDG LLC		638,252	11.460	07/15/33	638,244 566,251
	Phillips 66		265,000	3.900	03/15/28	285,467 257,821
	PUB Svc Elec Gas Fixed		545,000	3.050	11/15/24	585,428 533,254
	Public Service Colorado		373,000	2.900	05/15/25	387,900 361,601
	Public Service Colorado		275,000	4.100	06/01/32	276,141 263,902
	Quanta SVCS INC		325,000	0.950	10/01/24	303,257 313,155
	Republic Svcs Inc		455,000	3.950	05/15/23	433,834 446,390
	T-Mobile USA		430,000	3.500	04/15/25	464,382 420,980
	Transcont Gas Pipe Line		285,000	4.000	03/15/28	323,151 276,320
	UN Pac RR Co		1,180,589	3.227	05/14/26	1,250,989 1,136,435
	Waste Management Inc Del		627,000	3.500	05/15/24	675,733 621,764
	Wells Fargo & Co		280,000	3.000	04/22/26	257,184 268,305
	WI Elec Pwr Co		750,000	3.100	06/01/25	807,295 730,887
			Total corporate obligations			35,281,608 33,127,707
			Preferred corporate obligations:			
	Abbott Labs		680,000	3.750	11/30/26	778,277 670,758
	Adobe Inc Fixed		320,000	2.150	02/01/27	330,818 300,386
	Caterpillar Financial		625,000	4.350	05/15/26	619,409 623,873
	Connecticut Light & Power		470,000	4.769	12/01/25	455,058 435,690
	Exxon Mobil		651,000	2.440	08/16/29	660,203 592,872

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		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>Preferred corporate obligations (continued):</u>				
	Hershey Company		670,000	3.200 %	08/21/25	\$ 738,175
	Hormel Foods Corp Fixed		295,000	0.650	06/03/24	295,147
	IL Tool WKS		710,000	2.650	11/15/26	770,027
	Kimberly Clark Corp		700,000	3.950	11/01/28	792,715
	Progressive Corp		360,000	4.000	03/01/29	406,247
	United Parcel Service		520,000	4.875	03/03/33	526,096
	Visa Inc		410,000	3.150	12/14/25	451,601
	Total preferred corporate obligations					6,823,773
						6,233,347
		<u>Common collective trust fund - international equity:</u>				
	CF Causeway International Value Equity		2,026,581			24,873,941
						29,689,411
		<u>Common collective trust funds - equity:</u>				
	CF Sierra Franklin EAFE Plus Equity Trust		1,298,604			42,500,000
	CF Loomis Sayles High Yield Conservative Trust		3,826,451			109,362,645
*	MFB NT Collective Russell 1000 Growth Index Fund		53,260			71,073,901
	Total common collective trust funds - equity					222,936,546
						226,208,821
		<u>Asset backed securities:</u>				
	BK OF AMER CR CARD		205,000	4.98	11/15/28	204,972
	Capital One Multi-Asset Execution		505,000	2.800	03/15/27	504,962
	Daimler Trucks Tr 2022		59,525	5.070	09/16/24	59,453
	Daimler Trucks Tr 2023		550,000	5.900	03/15/27	549,992
	John Deere Owner Tr		141,207	3.730	06/15/25	140,913
	PVTPL CWABS 2004-R		22,653	0.000	08/39/22	22,653
	Verizon Master		660,000	0.990	04/20/28	659,905
	Total asset backed securities					2,142,850
						2,117,857
		<u>Non-Government backed C.M.O's:</u>				
	CMO Citigroup Mtg Ln Tr		3,052	7.110	10/25/35	3,165
	CMO Citigroup Mtg Ln Tr		7,859	7.860	03/25/36	7,911
	CMO JPMorgan Mtg Tr		10,289	5.330	10/25/35	10,082
	CMO Sequoia Mtg Tr		22,040	4.146	07/20/37	18,604
	Total non-government backed C.M.O's					39,762
						36,657
		<u>Limited partnerships - real estate:</u>				
	Boyd Watterson GSA Fund LP		91,700,446			91,700,446
	Boyd Watterson State Government Fund		20,856,961			20,856,961
	U.S. Real Estate Investment Fund		41,170,529			41,170,528
	Total limited partnerships - real estate					153,727,935
						152,811,309
		<u>Limited partnership - private equity:</u>				
	Hamilton Lane Secondary Feeder Fund V-A LP		18,085,458			18,085,458
						23,192,401
		<u>Limited partnership:</u>				
	Corbin Erisa Opportunity Fund		20,564,196			20,564,196
						20,376,452
		<u>Foreign hedged fund of funds:</u>				
	GCM Grosvenor Opportunistic Credit Fund V, Ltd.		24,389,568			24,389,568
						26,171,391
		<u>Common collective trust - STIF:</u>				
*	NT Collective Govt Short-Term Fund		8,385,577			8,385,577
						8,385,577

(a)	(b)	(c)			(d)	(e)
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		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>103-12 investment entities:</u>				
	CF Goldentree Multi-Sector Fund Offshore ERISA LTD		42,604			\$ 83,349,351 \$ 89,796,374
	CF Wacap JMT Real Estate Equity		409,517			32,848,692 37,631,848
	Wacap SP Infrastructure Fund IV Feeder LLC		11,741,606			11,741,606 13,391,904
	Wacap - Odirect Lending Fund Unlevered Feeder LLC		720,350			720,350 744,815
			Total 103-12 investment entities			<u>128,659,999</u> <u>141,564,941</u>
			<u>Foreign currency</u>			
	Polish zloty		1,874			<u>1,838</u> <u>1,874</u>
			Total investments			<u>\$ 841,275,949</u> <u>\$ 872,758,545</u>

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

**CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2023

Form 5500 Schedule H, Item 4j

EIN: 23-6262789
Plan No. 009

(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain (Loss) on Transaction
*	NT Collective Government Short Term Investment Fund	\$ 193,014,697	N/A	\$ 193,014,697	\$ 193,014,697	N/A
*	NT Collective Government Short Term Investment Fund	N/A	\$ 194,571,125	194,571,125	194,571,125	\$ -

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

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS