

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 SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 12/15/1955
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND 1171 COMMERCE DRIVE, UNIT 1 WEST CHICAGO, IL 60185	2b Employer Identification Number (EIN) 36-6155778 2c Plan Sponsor's telephone number 630-293-0390 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.	10/10/2024	DOMINIC ROMANAZZI
	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	Filed with authorized/valid electronic signature.	10/10/2024	WILLIAM BRACH
	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 9972
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) 3131 6a(2) 3044 6b 3689 6c 2504 6d 9237 6e 710 6f 9947 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 375

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

1B

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

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 1
- (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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND	D Employer Identification Number (EIN) 36-6155778	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	623,8096,990623	9947	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	74569066
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	302322317

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

76178769

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

3463865

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

3463865

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

79642634

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

4655071

(2) Administration charge made by carrier

7e(2)

418497

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)

5073568

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

74569066

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

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

A Name of plan SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND	D Employer Identification Number (EIN) 36-6155778

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

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 770294573
(2) Actuarial value of assets for funding standard account	1b(2) 862052035
c (1) Accrued liability for plan using immediate gain methods	1c(1) 902849504
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 902849504
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 1647334194
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 49954844
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 64719964
(3) Expected plan disbursements for the plan year	1d(3) 67514303

Statement by Enrolled Actuary

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

SIGN HERE	10/02/2024
Signature of actuary MICHAEL J. NOBLE	Date 23-06711
Type or print name of actuary CHEIRON, INC.	Most recent enrollment number 703-893-1456
Firm name 230 W. MONROE ST., SUITE 650, CHICAGO, IL 60606	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	770294573
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4504	801992260
(2) For terminated vested participants	2563	317696865
(3) For active participants:		
(a) Non-vested benefits		31742262
(b) Vested benefits		495902807
(c) Total active	3131	527645069
(4) Total	10198	1647334194
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.76 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/15/2023	1955983		07/15/2023	4448879	
03/15/2023	2322195		08/15/2023	5294258	
04/15/2023	2639268		09/15/2023	4430965	
05/15/2023	4108752		10/15/2023	5215944	
06/15/2023	4405176		11/15/2023	4563106	
Totals ▶			3(b)	47553112	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total				3(d)	38269

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	95.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

2 Operational information as of beginning of this plan year:

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

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/15/2023	4111362				
01/15/2024	4057224				
Totals ▶			3(b)		3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	2.55 %
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.25 %	7.25 %	
e Salary scale	6e	% ☒ N/A		
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.1 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-12.1 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	1800000		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1842847	191647

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	21160586

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	222074639	32130407
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 3863597**e** Total charges. Add lines 9a through 9d**9e** 57154590**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 71945006**g** Employer contributions. Total from column (b) of line 3**9g** 47553112**h** Amortization credits as of valuation date

	Outstanding balance	
9h	109332164	21219085

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 8024496**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	242020911	
9j(2)	652147696	
9j(3)	0	

k (1) Waived funding deficiency**(2)** Other credits

9k(1)	
9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 148741699**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 91587109**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND	D Employer Identification Number (EIN) 36-6155778

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

X

YesNo
- 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
JENNISON ASSOCIATES LLC	
13-2631108	

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

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

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

PGIM QUANTITATIVE SOLUTIONS LLC

33-1077887

(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	1803932	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

PRUDENTIAL INSURANCE CO.

22-1211670

(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 21 25 28 51 72	NONE	911510	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

JOSE COLIN

36-6155778

(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?
14 30	EMPLOYEE	163761	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)

LEGACY PROFESSIONALS LLP

32-0043599

(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 15	NONE	124432	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHERIE FRANKLIN

36-6155778

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	97671	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASHER, GITTLER & D'ALBA

36-2786883

(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	NONE	94522	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)

LISA SOWINSKI

36-6155778

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	87628	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CJBS, LLC

36-3524803

(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 15	NONE	84733	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TAYLOR ZITKUS

36-6155778

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77048	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)

ARNOLD & KADJAN LLP

36-2498571

(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	NONE	76469	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEATHER MONTALBANO

36-6155778

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73365	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEIRON, INC.

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	72607	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)

SEGAL MARCO ADVISORS

13-2646110

(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	NONE	70000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(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?
16 49	NONE	44704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHELLE NGUYEN

36-6155778

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41266	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)

JANET HUNTER

36-6155778

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27524	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOMMERS & FAHRENBACH, INC.

36-1796440

(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	NONE	27215	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LASALLE CONSULTING PARTNERS

36-4030449

(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?
16 49	NONE	11908	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)

AUTOMATIC DATA PROCESSING

13-3036745

(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	NONE	9363	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TCMS

32-0112720

(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	NONE	8851	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIDWEST DECORATING INC.

71-0952474

(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	NONE	6882	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)

UNITED GRAPHICS MAILING GROUP

36-1896730

(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	NONE	5258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOND BROTHERS & COMPANY

36-2433269

(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	NONE	5190	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND</u>	D Employer Identification Number (EIN) <u>36-6155778</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: PRUDENTIAL CORE BOND FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY

c EIN-PN <u>23-6994310-125</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>141920753</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QS INTL CORE EQUITY FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY

c EIN-PN <u>23-6994310-235</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>81745420</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON U.S. SMALL CAP EQUITY FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY

c EIN-PN <u>23-6994310-046</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>46888286</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: QS MARKET PARTICIPATION STRATEGY

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY

c EIN-PN <u>23-6994310-184</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>47310683</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL CORE CONSERVATIVE FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY

c EIN-PN <u>23-6994310-126</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>55346404</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL HIGH YIELD FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY

c EIN-PN <u>23-6994310-127</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>21199638</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL INFLATION PROT. SECURITY

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY

c EIN-PN <u>23-6994310-121</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>15299804</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: QS EMERGING MARKETS CORE EQUITY FD		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY		
c EIN-PN 23-6994310-119	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3323316
a Name of MTIA, CCT, PSA, or 103-12 IE: QUANT. SOLUTIONS US CORE EQUITY		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118542431
a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA ACCOUNT		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-038	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42761236
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QUANT. SOLUTIONS S&P 500 INDEX		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-011	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72941038
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QS MIDCAP CORE EQUITY		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-010	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45921543
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPORARY INVESTMENT ACCOUNT (TIA)		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-044	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28783524
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QUANT. SOLUTIONS VALUE EQUITY		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-009	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16663269
a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON STOCK ACCOUNT VCA-25		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19927216
a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA II ACCOUNT		
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA		
c EIN-PN 22-1211670-039	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10389676
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, 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 SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND	D Employer Identification Number (EIN) 36-6155778

Part I	Asset and Liability Statement
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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	170067	145554
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4533555	3781326
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	157659	152566
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	45165	119617
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(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)	352516313	413034304
(10) Value of interest in pooled separate accounts	1c(10)	335864814	355929933
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(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)	76178769	74569066
(15) Other	1c(15)		

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	1067145	1115840
f Total assets (add all amounts in lines 1a through 1e)	1f	770533487	848848206
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	233735	244866
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	233735	244866
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	770299752	848603340

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)	47514843	
(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)		47514843
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	133	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3163845	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3163978
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		
(3) Rents	2b(3)		99543
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		41159992
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		52702144
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		131030
d Total income. Add all income amounts in column (b) and enter total	2d		144771530

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	61734612	
(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)		61734612
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)	652663	
(2) Contract administrator fees.....	2i(2)	131506	
(3) Recordkeeping fees.....	2i(3)	169028	
(4) IQPA audit fees.....	2i(4)	49500	
(5) Investment advisory and investment management fees	2i(5)	2653936	
(6) Bank or trust company trustee/custodial fees	2i(6)	203	
(7) Actuarial fees	2i(7)	72607	
(8) Legal fees	2i(8)	170991	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2533	
(11) Other expenses	2i(11)	830363	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4733330
j Total expenses. Add all expense amounts in column (b) and enter total	2j		66467942

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		78303588
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

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?	☒		4000000
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?	☒		53150912
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)

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 521951.

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 <u>SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND</u>	D Employer Identification Number (EIN) <u>36-6155778</u>

Part I	Distributions
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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): <u>22-1211670</u>		
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	<u>0</u>

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

Part III	Amendments
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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
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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.
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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 **WASTE MANAGEMENT**

b EIN **36-2660859**

c Dollar amount contributed by employer **4339899**

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 **OZINGA ILLINOIS RMC, INC.**

b EIN **26-3757838**

c Dollar amount contributed by employer **3506860**

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 **GROOT INDUSTRIES, INC.**

b EIN **36-3527116**

c Dollar amount contributed by employer **2726290**

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 **VCNA PRAIRIE ILLINOIS, INC.**

b EIN **26-1320351**

c Dollar amount contributed by employer **2190222**

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 **ROADSAFE TRAFFIC SYSTEMS**

b EIN **26-1084418**

c Dollar amount contributed by employer **1427132**

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 **K. HOVING RECYCLING & DISPOSAL**

b EIN **36-4311126**

c Dollar amount contributed by employer **1162050**

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): _____

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 **GRUNDY REDI-MIX**

b EIN **36-3398145**

c Dollar amount contributed by employer **1215048**

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 **04** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **532.80**

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

a Name of contributing employer **H2 CARTAGE, LLC**

b EIN **82-4914138**

c Dollar amount contributed by employer **1289449**

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 **NARVICK BROS READY MIX**

b EIN **36-2465072**

c Dollar amount contributed by employer **1116976**

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 **TKT, INC.**

b EIN **20-5140673**

c Dollar amount contributed by employer **960795**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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) **530.45**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	47
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	60
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	32
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	1.00
b The corresponding number for the second preceding plan year	15b	1.00
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	4
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	26917
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: 47.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 25.0 %

High-Yield Debt: 4.0 % Real Assets: 9.0 % Cash or Cash Equivalents: 0.0 % Other: 15.0 %

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 _____.

**SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS
PENSION FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2023

SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2023 AND 2022

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REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
Suburban Teamsters of
Northern Illinois Pension Fund

Opinion

We have audited the financial statements of Suburban Teamsters of Northern Illinois Pension Fund (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 Suburban Teamsters of Northern Illinois Pension Fund as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2022, and the changes in its accumulated plan benefits for the year 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 *Auditors' 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 within one year after the date that the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements (continued)

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.

Auditors' 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 auditors' 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; and
- 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.

Legacy Professionals LLP

Westchester, Illinois

August 14, 2024

SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
INVESTMENTS - at fair value		
Common and collective trusts	\$ 413,034,304	\$ 352,516,313
Pooled separate accounts	355,929,933	335,864,814
Insurance company general account	<u>74,569,066</u>	<u>76,178,769</u>
Total investments	<u>843,533,303</u>	<u>764,559,896</u>
RECEIVABLES		
Employer contributions - net	3,781,326	4,533,555
Employer withdrawal liability assessments	-	5,179
Due from related organization	<u>114,147</u>	<u>114,404</u>
Total receivables	<u>3,895,473</u>	<u>4,653,138</u>
PROPERTY AND EQUIPMENT		
Land, building and improvements	1,035,000	1,035,000
Furniture and equipment	<u>336,145</u>	<u>277,190</u>
	1,371,145	1,312,190
Less accumulated depreciation	<u>(255,305)</u>	<u>(245,045)</u>
Net property and equipment	<u>1,115,840</u>	<u>1,067,145</u>
CASH	<u>265,171</u>	<u>215,232</u>
PREPAID EXPENSES	<u>38,419</u>	<u>38,076</u>
Total assets	848,848,206	770,533,487
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	<u>244,866</u>	<u>233,735</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 848,603,340</u>	<u>\$ 770,299,752</u>

See accompanying notes to financial statements.

SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND

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	\$ 71,628,339	\$ (127,331,210)
Interest and dividends	<u>25,397,775</u>	<u>22,709,684</u>
	97,026,114	(104,621,526)
Less investment expenses	<u>(2,653,936)</u>	<u>(2,453,707)</u>
Investment income (loss) - net	94,372,178	(107,075,233)
Employer contributions	47,514,843	45,906,616
Employer withdrawal liability assessments	33,090	109,379
Rental income	99,543	99,543
Other income	<u>14,130</u>	<u>12,694</u>
	<u>142,033,784</u>	<u>(60,947,001)</u>
DEDUCTIONS		
Pension benefits	60,352,066	58,134,300
Death benefits	1,382,546	1,241,706
Administrative expenses	1,913,086	1,717,172
Building expenses - net	<u>82,498</u>	<u>58,400</u>
Total deductions	<u>63,730,196</u>	<u>61,151,578</u>
NET INCREASE (DECREASE)	78,303,588	(122,098,579)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>770,299,752</u>	<u>892,398,331</u>
End of year	<u>\$ 848,603,340</u>	<u>\$ 770,299,752</u>

See accompanying notes to financial statements.

SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements of Suburban Teamsters of Northern Illinois Pension Fund (the Plan) have been prepared using the accrual basis of accounting.

New Accounting Pronouncement - In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments - Credit Losses* (Topic 326), which is effective for the year ended December 31, 2023. This new standard provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other commitments to extend credit held by a reporting entity at each reporting date. The standard replaced the incurred loss impairment model with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to inform credit loss estimates. The standard had no material impact on the Plan's financial statements.

Investments - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Promissory notes due from employers for uncollected deficiencies as well as uncollected employer contribution deficiencies established through payroll compliance audits are recorded net of amounts deemed uncollectible. Allowances for doubtful accounts of \$802,686 and \$946,925 at December 31, 2023 and 2022, respectively, are based on the likelihood of future collections, as determined by a review of historical losses and the aging of receivables, adjusted for management's assessment of current conditions, and reasonable and supportable forecasts regarding future events.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Withdrawal Liability Assessments - The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. As set forth in the Employee Retirement Income Security Act of 1974 (ERISA), as amended, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the years before withdrawal compared with total employers' contributions during the same period. The Plan recognizes withdrawal liability assessment income when entitlement has been determined, net of amounts deemed uncollectible. Allowances for doubtful accounts are based on the likelihood of future collections, as determined by a review of historical losses and the aging of receivables, adjusted for management's assessment of current conditions, and reasonable and supportable forecasts regarding future events. No allowance for doubtful accounts was considered necessary at either December 31, 2023 or 2022.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed by the straight-line method over the following estimated useful lives of the related assets:

Building and improvements	40 years
Furniture and equipment	5 years

Depreciation expense was \$10,260 and \$9,425 for the years ended December 31, 2023 and 2022, respectively.

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

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours or weeks worked in covered employment and the contribution rates set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within the transportation industry in a jurisdiction primarily located in northern Illinois.

Benefit Payments - Benefit payments to participants are recorded upon distribution.

Leases - Arrangements for shared office space with related parties are described in Note 7. Due to the immaterial nature of the amounts owed pursuant to the leasing agreement, the Plan has not adopted the provisions of accounting guidance for leases required by generally accepted accounting principles.

Expenses - Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles 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.

Subsequent Events - Subsequent events have been evaluated through August 14, 2024 which is the date the financial statements were available to be issued.

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established during 1955 as a result of collective bargaining agreements. The purpose of the Plan is to provide retirement and death benefits for eligible participants. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of ERISA.

Under current provisions, a participant enters the Plan upon the completion of 10 weeks, or 435 hours for hourly employees, of covered employment. However, if a participant's first covered hour is on the day the employer is first obligated to contribute, then the participant enters the Plan on that day.

A year of vesting credit is earned for each Plan year in which the participant has at least 20 weeks, or 870 hours for hourly employees, of covered employment. A future benefit credit is earned based on the number of weeks or hours of covered employment.

For benefits earned on or after January 1, 2008, a participant becomes eligible for a normal retirement benefit after attaining age 62, or the fifth anniversary of the date the participant entered the Plan, or the accumulation of five vesting credits. For benefits earned prior to January 1, 2008, a participant becomes eligible for a normal retirement benefit after attaining age 60, or the fifth anniversary of the date the participant entered the Plan, or the accumulation of five vesting credits.

Beneficiaries of retired or disabled participants who have reached age 55 and retired prior to May 1, 2010, are eligible for a death benefit. The Plan offers a lump-sum death benefit ranging from \$1,000 to \$30,800 depending on the retirement date and applicable contribution rate at the time of retirement.

Participants should refer to the summary plan description for more complete information.

NOTE 3. PRIORITIES UPON TERMINATION

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

NOTE 3. PRIORITIES UPON TERMINATION (CONTINUED)

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

NOTE 4. TAX STATUS

The Plan's latest determination letter is dated December 30, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in continued 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 determination letter. The Plan's administrator 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 and, therefore, believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan 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 tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by Cheiron as of December 31, 2022. Information in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 531,471,653
---	----------------

Other participants	380,526,856
--------------------	-------------

Total vested benefits	911,998,509
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Nonvested benefits	16,130,781
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Total actuarial present value of accumulated plan benefits	<u>\$ 928,129,290</u>
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NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

As reported by the actuary, the changes in the present value of accumulated plan benefits for the year ended December 31, 2022 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 902,828,830
Increase (decrease) during the year attributable to:		
Benefits accumulated	\$ 18,614,897	
Interest	64,631,695	
Benefits paid	(59,376,006)	
Administrative expenses paid	(1,775,572)	
Change in administrative expense assumptions	1,805,699	
Experience loss	<u>1,399,747</u>	
Net increase		<u>25,300,460</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 928,129,290</u>

The actuarial valuation was made using the unit credit cost method.

Some of the more significant actuarial assumptions used in the valuation were as follows:

- Investment rate of return - 7.25% per annum
- Mortality:

Non-annuitants - RP-2014 Blue Collar Employee Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

Healthy annuitants - 115%, males only, of the RP-2014 Blue Collar Healthy Annuitant Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

Disabled annuitants - RP-2014 Disabled Retiree Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

- Retirement (less than 25 benefit credits) - Participants are assumed to retire at a rate of 0% prior to age 55, 5% at ages 55 to 60, 10% at age 61, 20% at ages 62 to 64, 35% at ages 65 to 69, and 100% at age 70 or greater.
- Retirement (25 or more benefit credits) - Participants are assumed to retire at a rate of 5% prior to age 55, 10% at ages 55 to 59, 30% at age 60, 25% at ages 61 to 64, 35% at ages 65 to 69, and 100% at age 70 or greater.

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

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

Because information on the accumulated plan benefits at December 31, 2023 and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2023 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2023. The complete financial status is presented as of December 31, 2022.

Prior to January 1, 2019, the Plan's actuary certified that the Plan was in endangered status ("yellow zone") within the meaning of the Pension Protection Act of 2006 (PPA), as amended. The Plan was considered to be in the yellow zone because the funded percentage was below 80%. The PPA requires that a plan in the yellow zone adopt a Funding Improvement Plan (FIP) that will enable the plan to improve its funded position to meet statutory funding requirements by the end of the ten year funding improvement period, which began on January 1, 2018 and will end on December 31, 2027. To comply with the PPA, the Plan adopted the FIP on November 16, 2015, which went into effect as of January 1, 2016. The FIP resulted in the adoption of four schedules of benefits: Default, Standard, Preferred and Preferred Plus. The Default Schedule, as required by law, required no increase in an employer's previous contribution rate for either 2023 or 2022. The Standard and Preferred schedules of benefits were eliminated effective January 1, 2022. The remaining schedule of benefits, the Preferred Plus schedule, required a minimum percentage increase of the previous total contribution rate in 2023 and 2022.

The Plan's actuary has certified as of January 1, 2024, that the Plan is in neither critical nor endangered status ("green zone") within the meaning of the PPA.

NOTE 6. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The common and collective trusts and pooled separate accounts are direct filing entities (DFEs) that file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments.

For two of the pooled separate accounts with a combined fair value of \$53,150,912 and \$70,632,673 as of December 31, 2023 and 2022 respectively, redemptions are permitted on a quarterly basis with a 90-day notice requirement. There are no redemption restrictions on any of the other investments and no notice period prior to redemption is required.

NOTE 7. RELATED ORGANIZATIONS

The Plan is related to several entities which include a welfare plan and three affiliated local unions.

The Plan shares facilities, equipment and staff with the welfare plan. Expenses associated with the shared staff and building are initially paid by the Plan and reimbursed based on an allocation using estimates of time spent and space used, and totaled \$926,347 and \$865,028 for the years ended December 31, 2023 and 2022, respectively. At December 31, 2023 and 2022, the welfare plan owed the Plan \$114,147 and \$114,404 respectively, for shared expenses.

NOTE 7. RELATED ORGANIZATIONS (CONTINUED)

Effective January 1, 2024, the Plan began leasing office space to the welfare plan under an agreement which expires on December 31, 2028. Rent is based on the total square footage occupied by the welfare plan at a rate of \$16 per square foot. Monthly rent as of January 1, 2024 is \$8,295 for the term of the lease. In addition, the welfare plan is responsible for a pro rata share of real estate taxes and operating expenses, including utilities and maintenance, which are netted in total against building expenses. Building expenses reimbursed by the welfare plan totaled \$83,810 and \$100,258 for the years ended December 31, 2023 and 2022, respectively. Future minimum lease receipts under the lease are as follows:

Year ending December 31,	
2024	\$ 99,543
2025	99,543
2026	99,543
2027	99,543
2028	99,543
Total	<u>\$ 497,715</u>

NOTE 8. PARTICIPATION IN MULTIEMPLOYER PLANS**Defined Benefit Pension Plan**

All of the Plan's full-time employees are covered by a multiemployer defined benefit pension plan. The risk of participating in multiemployer defined benefit pension plans is different from single employer plans. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

The Plan's participation in the multiemployer defined benefit pension plan for the years ended December 31, 2023 and 2022 is outlined in the following table. Plans that are considered to be significant are required to be identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates whether a funding improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates.

NOTE 8. PARTICIPATION IN MULTIEMPLOYER PLANS (CONTINUED)**Defined Benefit Pension Plan (continued)**

<u>Pension Plan</u>	<u>EIN/PN</u>	<u>Pension Protection Act Zone Status</u>		<u>FIP/RP Status Pending/Implementation</u>	<u>Contributions</u>		<u>Most Recently Available Annual Report (Form 5500)</u>
		<u>2023</u>	<u>2022</u>		<u>2023</u>	<u>2022</u>	
Suburban Teamsters of Northern Illinois Pension Fund	36-6155778/001	Green as of 1/1/24	Green as of 1/1/23	Implemented	<u>\$ 92,395</u>	<u>\$ 82,215</u>	12/31/2022

Contributions are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan's contributions do not represent more than 5% of total contributions to this plan as indicated in the plan's most recently available annual report.

Welfare Plan that Provides Postretirement Benefits

All full-time employees are also covered by a multiemployer welfare plan that provides health benefits to retirees and to eligible employees working under collective bargaining agreements, and their dependents. Contributions to this plan for the years ended December 31, 2023 and 2022 totaled \$129,500 and \$114,088 respectively.

NOTE 9. RISKS AND UNCERTAINTIES

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

Due to inherent uncertainties involved in the valuations of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

The Plan holds several alternative investments in which the general partner or investment manager is generally required to value the Plan's underlying investments at estimated fair values using various subjective techniques. In addition, the Plan has ownership interest in real estate investment funds. The estimated fair values of these funds, as determined by the investment manager, may vary significantly from the prices at which the real estate investments within the fund would sell, and the amounts could be material.

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

NOTE 10. FUNDING POLICY

The participating employers contribute such amounts as specified in the collective bargaining agreements. Weekly contribution rates for the years ended December 31, 2023 and 2022 ranged from \$32.54 to \$682.58 and from \$30.69 to \$652.58 respectively. Hourly contribution rates for the years ended December 31, 2023 and 2022 ranged from \$9.36 to \$15.17 and from \$8.96 to \$14.57 respectively.

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of January 1, 2023.

NOTE 11. WITHDRAWAL LIABILITY ASSESSMENTS

Under federal law, employers who partially or completely withdraw from a multiemployer pension plan are assessed a withdrawal liability for their proportionate share of the Plan's unfunded vested liabilities as of the beginning of the year in which they withdraw. Withdrawal liability is typically paid in quarterly installments as determined by a statutory formula and under most circumstances, is limited to 20 years of payments. At December 31, 2023 and 2022, the Plan recognized net receivables of \$0 and \$5,179 respectively, representing the present value of future quarterly payments being made through June 2023 by one employer who has withdrawn from the Plan. The Trustees at times approve settlements and payment plan arrangements for assessment amounts owed to the Plan. The receivables were calculated using a present value discount rate of 7.25% and was evaluated for collectability, as described in Note 1. Withdrawal liability assessments received, excluding interest, during the years ended December 31, 2023 and 2022 totaled approximately \$38,000 and \$541,000 respectively.

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Suburban Teamsters of
Northern Illinois Pension Fund

We have audited the financial statements of Suburban Teamsters of Northern Illinois Pension Fund (the Plan) as of and for the years ended December 31, 2023 and 2022, and our report thereon dated August 14, 2024, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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.

Legacy Professionals LLP

Westchester, Illinois

August 14, 2024

SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND
EIN 36-6155778 PLAN 001
Y/E: 12/31/23

	FAIR VALUE	COST
INVESTMENT IN POOLED SEPARATE ACCOUNTS:		
PRUDENTIAL INSURANCE CO.		
QUANTITATIVE CORE EQUITY	118,542,431	87,018,745
QMA S&P INDEX FUND	72,941,038	56,304,582
PRISA ACCOUNT	42,761,236 <i>A</i>	27,508,022
MIDCAP QUANT. CORE EQUITY	45,921,543	22,995,608
VALUE EQUITY	16,663,269	13,130,690
JENNISON STOCK	19,927,216	8,314,417
SHORT TERM	28,783,524	28,783,524
PRISA II	10,389,676 <i>A</i>	7,055,697
TOTAL	<u>355,929,933</u>	<u>251,111,285</u>
INVESTMENT IN COMMON COLLECTIVE TRUSTS:		
PRUDENTIAL TRUST CO.:		
PGIM QUANT SOLUTIONS INTERNATIONAL EQUITY FUND	81,745,420	82,182,312
PRUDENTIAL CORE BOND FUND	141,920,753	153,859,131
JENNISON U.S. SMALL CAP EQUITY FUND	46,888,286	21,478,251
QMA EMERGING MARKETS EQUITY FUND	3,323,316	3,117,294
PRUDENTIAL HIGH YIELD BOND FUND	21,199,638	22,496,819
QMA MARKET PARTICIPATION STRATEGY FUND	47,310,683	24,784,944
PRUDENTIAL CORE CONSERVATIVE BOND FUND	55,346,404	58,425,530
PRUDENTIAL INFLATION PROTECTED SECURITIES FUND	15,299,804	16,288,394
TOTAL	<u>413,034,304</u>	<u>382,632,675</u>
INVESTMENT IN INSURANCE GENERAL ACCOUNT:		
PRUDENTIAL INSURANCE CO.:	<u>74,569,066</u>	<u>74,569,066</u>
INVESTMENT IN INTEREST-BEARING CASH:		
STATE BANK OF ILLINOIS - CHECKING	<u>119,617</u>	<u>119,617</u>
TOTAL	<u>843,652,920</u>	<u>708,432,643</u>

***SUM A* = 53,150,912**

Schedule H, Page 4, Line 4g

Individual transactions - purchases and sales on separate lines

a. Identity of party involved*	b. Description of asset (Include interest rate & maturity in case of a loan)	c. Purchase price	d. Selling price	e. Lease rental	f. Expense incurred with transaction	g. Cost of asset**	h. Current value of asset on trans. date	i. Net gain or (loss)

* Not applicable for purchases or sales of marketable securities.
** Book value is current value at end of prior year or at purchase date if purchased during the reporting period.

Series of securities transactions - include all purchases and sales of one security on same line and apply 5% test to total.

a. Description of security	b. Total number of purchases	c. Total number of sales	d. Total value of purchases	Sales	
				e. Total value	f. Incr (decr) by
PRUDENTIAL - SHORT TERM	NUMEROUS	NUMEROUS	117,595,162	(113,936,542)	-
PGIM Quant Solutions S&P 500 Index	8	19	38,738,000	(41,483,000)	(2,745,000)
PGIM Quant Solutions US Core	5	5	19,321,000	(10,328,000)	8,993,000

FOOTNOTES

STATEMENT 1

SCHEDULE C, PART 2, ITEM D

THE AMOUNT OF DIRECT COMPENSATION ATTRIBUTABLE TO PLAN EMPLOYEES AND REPORTED ON SCHEDULE C HAS BEEN DETERMINED IN ACCORDANCE WITH THE DEPARTMENT OF LABOR RULES AND REGULATIONS FOR COMPLETING FORM 5500. THESE AMOUNTS MAY CONSIST OF ELEMENTS CONSIDERED TO BE TAXABLE AS WELL AS NON-TAXABLE AS DETERMINED UNDER THE INTERNAL REVENUE CODE.

SCHEDULE C	OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT	2
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NAME	SERVICE CODES
PRUDENTIAL INSURANCE CO.	19
PRUDENTIAL INSURANCE CO.	21
PRUDENTIAL INSURANCE CO.	25
PRUDENTIAL INSURANCE CO.	28
PRUDENTIAL INSURANCE CO.	51
PRUDENTIAL INSURANCE CO.	72

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT	3
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DESCRIPTION	BEGINNING	ENDING
PREPAID EXPENSES	38,076.	38,419.
DUE FROM SUBURBAN TEAMSTERS WELFARE	114,404.	114,147.
EMPLOYER WITHDRAWAL LIABILITY (NET)	5,179.	0.
TOTAL TO SCHEDULE H, LINE 1B(3)	157,659.	152,566.

SCHEDULE H	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
MISCELLANEOUS INCOME	14,130.
EMPLOYER WITHDRAWAL LIABILITY	33,090.
BUILDING EXPENSE REIMBURSEMENTS	83,810.
TOTAL TO SCHEDULE H, LINE 2C	131,030.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT	5
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DESCRIPTION	AMOUNT
DEPRECIATION	10,260.
FIDUCIARY LIABILITY AND BONDING INSURANCE	114,913.
PLAN TERMINATION INSURANCE	330,855.
PRINTING AND POSTAGE	58,501.
OTHER INSURANCE	19,478.
OFFICE SUPPLIES AND EXPENSE	17,974.
TELEPHONE	13,748.
BUILDING EXPENSES	110,852.
UTILITIES	27,179.
COMPUTER PROGRAMING FEES	60,048.
CONFERENCES AND MEETING EXPENSE	5,351.
PAYROLL TAXES	32,854.
REAL ESTATE TAXES	28,277.
MISCELLANEOUS	73.
TOTAL TO SCHEDULE H, LINE 2I(11)	830,363.

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>		
▶ Round off amounts to nearest dollar.		
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan Suburban Teamsters of Northern Illinois Pension Plan	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees of Suburban Teamsters of Northern Illinois Pension Fund	D Employer Identification Number (EIN) 36-6155778	
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2023</u>		
b Assets		
(1) Current value of assets	1b(1)	<u>770,294,573</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>862,052,035</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>902,849,504</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>902,849,504</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>1,647,334,194</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>49,954,844</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>64,719,964</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>67,514,303</u>
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE	 Signature of actuary	<u>October 2, 2024</u> Date
<u>Michael J. Noble</u> Type or print name of actuary		<u>23-06711</u> Most recent enrollment number
<u>Cheiron, INC.</u> Firm name		<u>(703) 893-1456</u> Telephone number (including area code)
<u>230 W. Monroe ST., Suite 650</u> Address of the firm		
<u>Chicago</u> Address of the firm		
<u>IL 60606</u> Address of the firm		

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

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

Schedule MB (Form 5500) 2023
v. 230728

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	770,294,573
b "RPA '94" current liability/participant count breakdown:		
(1) For retired participants and beneficiaries receiving payment	(1) Number of participants	(2) Current liability
(2) For terminated vested participants	4,504	801,992,260
(3) For active participants:	2,563	317,696,865
(a) Non-vested benefits		31,742,262
(b) Vested benefits		495,902,807
(c) Total active	3,131	527,645,069
(4) Total	10,198	1,647,334,194
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.76 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/15/2023	1,955,983		07/15/2023	4,448,879	
03/15/2023	2,322,195		08/15/2023	5,294,258	
04/15/2023	2,639,268		09/15/2023	4,430,965	
05/15/2023	4,108,752		10/15/2023	5,215,944	
06/15/2023	4,405,176		11/15/2023	4,563,106	
Totals ▶			3(b)	47,553,112	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					38,269

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	95.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.55 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.25 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.1%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-12.1%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,800,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,842,847	191,647

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	21,160,586

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	222,074,639	32,130,407
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 3,863,597**e** Total charges. Add lines 9a through 9d.....**9e** 57,154,590**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 71,945,006**g** Employer contributions. Total from column (b) of line 3.....**9g** 47,553,112**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	109,332,164	21,219,085

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 8,024,496**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	242,020,911	
9j(2)	652,147,696	
9j(3)		0

k (1) Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 148,741,699**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 91,587,109**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

[illegible]

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 3(d) — Withdrawal Liability Amounts

Below is a schedule of Withdrawal Liability amounts paid for the 2023 plan year.

Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/15/2023	\$ 0	\$ 0	\$ 0
2/15/2023	0	0	0
3/15/2023	13,287	1,811	15,098
4/15/2023	13,288	0	13,288
5/15/2023	0	0	0
6/15/2023	0	0	0
7/15/2023	5,179	0	5,179
8/15/2023	0	0	0
9/15/2023	0	0	0
10/15/2023	0	0	0
11/15/2023	0	0	0
12/15/2023	0	4,704	4,704
Total	\$ 31,754	\$ 6,515	\$ 38,269

The total contribution amount for 1/15/2023 in line 3 is reduced by the beginning of year contribution receivable which results in a net contribution amount of \$0.

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
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Schedule MB, line 6 — Summary of Plan Provisions

1. Effective date of plan

December 15, 1955

On November 16, 2015, the Trustees adopted a Funding Improvement Plan (FIP). The FIP contains four schedules (Default Schedule, Standard Schedule, Preferred Schedule, and Preferred Plus Schedule. The Preferred Plus schedule, which has an increase over the previous benefit level, was approved by the IRS in 2017. The schedule is selected during collective bargaining and varies by employer. In the case where a plan benefit differs between schedules, each benefit will be listed.

2. Participation

An employee becomes a participant on the day he completes ten weeks of covered employment. However, if an employee's first covered hour is on the day his employer is first obligated to contribute for him, he becomes a participant on that day.

3. Plan year

Calendar year

4. Vesting credits

A year of vesting credit is earned for each plan year in which the participant has at least 20 weeks of employment.

5. Benefit credits

a. Future

Weeks of Employment	Benefit Credits
40-52	1.0
36-39	.9
32-35	.8
28-31	.7
24-27	.6
20-23	.5
16-19	.4
12-15	.3
8-11	.2
4-7	.1
Less than 4	none

b. Past

One tenth of a credit for each 100 hours of contiguous employment in a year prior to the employer's obligation to contribute. No more than five past credits or more than the future service benefit credits will be granted.

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
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Schedule MB, line 6 — Summary of Plan Provisions (Continued)

c. Maximum

No maximum number of benefit credits.

6. Period of benefit accrual

Each distinct period during which an active participant earns benefit credit beginning on the first day first covered hour (not included in a previous period of benefit accrual) and ending on the day when he becomes inactive (a year with less than ten weeks of employment).

7. Accrued benefit during a period of benefit accrual

Benefit credits for the period of benefit accrual multiplied by the benefit level factor for that period.

Benefit accrual formulas have changed effective January 1, 2022, as shown below.

8. Accrued benefit

The total of the accrued benefits earned for each period of benefit accrual. Effective January 1, 2004, the accrued benefit for a participant is equal to:

- a. The accrued benefit as of December 31, 2003, plus
- b. The sum of the benefits earned for all periods of benefit accrual beginning January 1, 2004 through December 31, 2010. The benefit earned during a period of benefit accrual is equal to 0.7 times the employer contribution rate times the number of benefit service credits earned at that employer contribution rate, plus
- c. The sum of the benefits earned for all periods of benefit accrual beginning January 1, 2011 through December 31, 2015. The benefit will depend on the schedule elected by each participating employer under the Rehabilitation Plan. The schedules are as follows:

Default Schedule: 1.00% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Preferred Schedule: 0.75% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

****Creditable contributions do not include the frozen non-benefit bearing portion of the contribution.***

Schedule MB Attachment (Form 5500) — 2023 Plan Year
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Schedule MB, line 6 — Summary of Plan Provisions (Continued)

- d. The sum of the benefits earned for all periods of benefit accrual beginning January 1, 2016, through December 31, 2021. The benefit will depend on the schedule elected by each participating employer under the Funding Improvement Plan. The schedules are as follows:

Default Schedule: 0.65% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Standard Schedule: 1.00% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Preferred Schedule: 0.75% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Preferred Plus Schedule: 1.00% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

**Creditable contributions do not include the frozen non-benefit bearing portion of the contribution.*

- e. The sum of the benefits earned for all periods of benefit accrual beginning January 1, 2022, will depend on the schedule elected by each participating employer under the Funding Improvement Plan. The schedules are as follows:

Default Schedule: 0.65% of total contributions* received on behalf of the participant during the period of benefit accrual.

Preferred Plus Schedule: 1.00% of total contributions* received on behalf of the participant during the period of benefit accrual.

**All contributions are deemed as creditable contributions.*

9. Normal retirement

a. Eligibility

Attained age of 62 (age 60 if *Benefits earned before January 1, 2008*) or the fifth anniversary of the date the employee became a participant or the accumulation of five vesting credits.

b. Benefit

Accrued benefit

Schedule MB Attachment (Form 5500) — 2023 Plan Year
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Schedule MB, line 6 — Summary of Plan Provisions (Continued)

10. Early retirement

a. Eligibility

Attainment of age 55 and 5 or more vesting or benefit credits

b. Benefit

Benefits earned before January 1, 2008:

Default Schedule: Accrued benefit reduced by actuarial equivalence for each year that retirement precedes age 60.

Preferred Plus Schedule: Accrued benefit reduced by 6% for each year that retirement precedes age 60.

Benefits earned after December 31, 2007:

Default Schedule: Accrued benefit reduced by actuarial equivalence for each year that retirement precedes age 62.

Preferred Plus Schedule: Accrued benefit reduced by 6% for each year that retirement precedes age 62.

11. 25 and Out Retirement

Default Schedule: There is no 25 and Out provision under these schedules.

Preferred Plus Schedule:

a. Eligibility

25 contributory benefit credits

b. Benefit

- Accrued benefit unreduced for retirement at age 60 and later
- Accrued benefit reduced by 6% for each year that retirement precedes age 60

12. 30 and Out Retirement

Default Schedule: There is no 30 and Out provision under these schedules.

Preferred Plus Schedule:

a. Eligibility

30 contributory benefit credits

Schedule MB Attachment (Form 5500) — 2023 Plan Year
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Schedule MB, line 6 — Summary of Plan Provisions (Continued)

b. Benefit

- Accrued benefit unreduced for retirement at age 57 and later
- Accrued benefit reduced by 6% for each year that retirement precedes age 57

13. Disability retirement

Default Schedule: There is no disability provision under these schedules.

Preferred Plus Schedule:

a. Eligibility

Cessation of covered employment due to onset of permanent and total disability benefit after becoming vested and being active in at least one year during the three years preceding the onset of disability. Onset of disability must be prior to age 62.

b. Benefit

Accrued benefit, payable for life only

14. Deferred Vested Retirement

a. Eligibility

5 or more vesting or benefit credits.

b. Benefit

Accrued benefit payable at normal retirement age, or if the participant retires early, the benefit is actuarially reduced.

15. Pre-Retirement Spouse Death Benefit

a. Eligibility

5 or more Vesting or Benefit Credits

b. Benefit

50% of the accrued benefit, reduced for the Joint and Survivor form.

Benefits earned before January 1, 2008:

Default Schedule: Earliest date benefit payable is age 60, which is the date that the deceased participant could have retired with a pension.

Preferred Plus Schedule: Earliest date benefit payable is age 55 and is reduced by 6% for each year that retirement precedes age 60. If the participant would have been eligible for an unreduced retirement benefit, the benefit is unreduced.

Schedule MB Attachment (Form 5500) — 2023 Plan Year
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Schedule MB, line 6 — Summary of Plan Provisions (Continued)

Benefits earned after December 31, 2007:

Default Schedule: Earliest date benefit payable is age 62, which is the date that the decreased participant could have retired with a pension.

Preferred Plus Schedule: Earliest date benefit payable is age 55 and is reduced by 6% for each year that retirement precedes age 62. If the participant would have been eligible for an unreduced retirement benefit, the benefit is unreduced.

16. 10-Year Survivor Benefit

a. Eligibility

10 or more Benefit Credits and unmarried for the full year prior to death (not eligible for the Pre-Retirement Spouse Death Benefit).

b. Benefit

50% of the accrued benefit, unreduced for payment before normal retirement age, and payable for 10 years only.

17. Post-Retirement Lump Sum Death Benefit

a. Eligibility

Current Retirees and Disabled participants as of May 1, 2010

b. Benefit

12 times the retiree's monthly benefit at retirement calculated in the form of a level ten-year certain and life option without regard to any increases beyond the date of retirement, if retired after December 31, 1995, but no more than \$30,800. If retired prior to January 1, 1996, either \$5,000, \$3,000, \$2,000, or \$1,000.

18. Benefit Forms

- Life Annuity
- Life Annuity with a 120 Month Guarantee
- 50%, 75%, or 100% Joint and Survivor benefit

Preferred Plus Schedule: (additional benefit forms)

- Joint and Survivor (with pop-up) equal to 50%, 75%, or 100% joint and survivor benefit

19. Changes since last valuation

None

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

1. Funding Method: Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the Unit Credit method. This is one of a family of valuation methods known as an accrued benefits method. The chief characteristic of an accrued benefits method is that the funding pattern follows the pattern of benefit accrual. Under the Unit Credit Actuarial cost method, the normal cost is determined as that portion of each Participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each participant as of each valuation date, represents the Actuarial Present Value of the participant's current accrued benefit as of the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost could increase over time.

2. Asset Valuation Method

The asset method is to phase-in the excess of actual asset return over expected over four years at a rate of 25% per year subject to a minimum of 80% of market value and a maximum of 120% of market value.

3. PRA 2010 Funding Relief

The Plan's Board of Trustees elected funding relief under §431(b)(8) of the Code added by the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 (PRA 2010) and § 304(b)(8) of ERISA, specifically:

- The "special amortization rule" which allows the plan to amortize the Plan's asset loss for the plan year ending December 31, 2008, over 29 years instead of 15 years.
- The "special asset valuation rule" in determining the actuarial value of plan assets which allows the Plan to recognize the 2008 investment loss over ten years, at 10% per year.

The Trustees elected to waive the 2014 amortization extension. Amortization extensions prior to 2014 remain in place.

4. Withdrawal Liability and Unfunded Vested Benefits

The Present Value of Vested Benefits developed for the determination of unfunded vested benefits is based on the valuation assumptions. The Withdrawal Liability does not include the post-retirement lump sum death benefit whereas the ASC 960 vested benefits does include it.

5. Changes in Methods Since Last Valuation

None

Schedule MB Attachment (Form 5500) — 2023 Plan Year
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Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

1. Valuation date

January 1, 2023

2. Cost Method

Unit Credit

3. Interest Rate

- a. Funding: 7.25% per annum
- b. RPA '94 current liability: 2.55%
- c. Withdrawal Liability: 7.25%

4. Mortality

Funding and Withdrawal Liability

a. Non-Annuitants

RP-2014 Blue Collar Employee Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

b. Healthy Annuitants

115%, males only, of the RP-2014 Blue Collar Healthy Annuitant Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

c. Disabled

RP-2014 Disabled Retiree adjusted to 2006 with generational mortality improvement using Scale MP-2019

RPA '94 current liability

2023 Static Mortality Table as prescribed under IRS regulation

5. Termination

During the first five years of participation, the separation rates are:

Years of Participating	Rate
0	35.0%
1	20.0%
2-4	15.0%

Schedule MB Attachment (Form 5500) — 2023 Plan Year
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Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

Separation rates (after the first five years of participation) at sample ages are shown below:

Age	Rate
20	15.0%
30	14.0%
40	8.5%
50	6.0%
60	4.5%
62	0.0%

6. Disability

70% of the 1985 Pension Disability Table Class 1

Disability rates at sample ages are shown below:

Age	Rate
20	0.02%
30	0.03%
40	0.08%
50	0.25%
60	0.88%
62	0.00%

7. Retirement

Age	Rate	
	< 25 Years of Service	25+ Years of Service
<55	0%	5%
55-59	5%	10%
60	5%	30%
61	10%	25%
62-64	20%	25%
65-69	35%	35%
70+	100%	100%

8. Post-Termination Retirement

Age	Rate
60	70%
61-64	20%
65+	100%

Schedule MB Attachment (Form 5500) — 2023 Plan Year
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Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

9. Percent Married

65%

10. Age of Spouse

Husbands are assumed to be three years older than wives

11. Expected expenses

\$1,800,000 , payable at the beginning of plan year.

12. Reciprocity

Active non-vested liability is loaded with 1% of the terminated vested liability.

13. Disclosures regarding Models Used

Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies for the intended purpose of calculating liabilities and projected benefit payments. We have examined the reasonableness of the input data and assumptions, reviewed sample calculations for accuracy, reconciled the actuarial gain loss, and find the aggregate results reasonable and appropriate. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect this report.

Projections in this report were developed using P-Scan, our proprietary tool for the intended purpose of developing projections. The projections shown in this report cover multiple individual scenarios and the variables are not necessarily correlated. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect the projections shown in this report.

14. Rationale for Assumptions

In accordance with Actuarial Standard of Practice No. 27, the justification for the 7.25% discount rate is based on the historical returns of the Plan, the Plan's current asset allocation, and the investor manager's capital market outlook. The historical geometric average return from 1996 through 2021 is 7.0%

For purposes of calculating Current Liability per IRC section 431(c)(6), the top of the permissible range was used as published in the applicable IRS Notice based on the historical practice of the Plan.

In accordance with Actuarial Standard of Practice No. 35, the demographic assumptions used in this report were based on an experience study covering the period from January 1, 2014 through December 31, 2018. The new assumptions represent the actuary's best estimate of future experience. The results of this study were presented in December 2019 and went into effect starting with the January 1, 2020 valuation.

Schedule MB Attachment (Form 5500) — 2023 Plan Year
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Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

15. Changes Since Last Valuation

- i. The RPA '94 Current Liability interest rate was changed from 2.22% to 2.55% to comply with appropriate guidance.
- ii. The RPA '94 Current Liability mortality table was changed from the 2022 static mortality table to the 2023 static mortality table to comply with the appropriate guidance.
- iii. Administrative expense increased from \$1,700,000 to \$1,800,000 per year payable at the beginning of the year to reflect plan experience.

Schedule MB Attachment (Form 5500) — 2023 Plan Year
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Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	\$ 3,341,439	\$ 2,993,043	\$ 59,315,713	\$ 65,650,195
2024	6,429,993	4,823,406	57,541,034	68,794,433
2025	9,169,527	6,669,218	55,724,171	71,562,916
2026	11,686,001	8,274,070	53,867,339	73,827,410
2027	13,962,261	9,645,261	51,973,284	75,580,806
2028	15,935,061	10,509,976	50,044,556	76,489,593
2029	17,680,624	11,454,200	48,084,055	77,218,878
2030	19,177,409	12,366,326	46,095,414	77,639,148
2031	20,492,869	13,122,202	44,082,409	77,697,479
2032	21,667,746	13,767,979	42,044,035	77,479,759
2033	22,686,436	14,241,793	39,985,459	76,913,687
2034	23,447,318	14,657,170	37,924,561	76,029,049
2035	24,103,717	15,121,119	35,858,415	75,083,251
2036	24,712,879	15,407,890	33,792,918	73,913,688
2037	25,089,289	15,655,974	31,734,079	72,479,342
2038	25,408,403	15,732,848	29,688,469	70,829,720
2039	25,543,423	15,796,278	27,662,828	69,002,530
2040	25,562,362	15,787,526	25,664,488	67,014,376
2041	25,469,498	15,710,860	23,700,974	64,881,332
2042	25,227,647	15,539,053	21,780,317	62,547,017
2043	24,916,810	15,276,914	19,910,897	60,104,622
2044	24,504,957	14,923,619	18,101,220	57,529,796
2045	23,997,601	14,542,885	16,359,885	54,900,372
2046	23,477,731	14,039,881	14,695,151	52,212,764
2047	22,838,679	13,526,874	13,114,579	49,480,132

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
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Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments (Continued)

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2048	\$ 22,074,967	\$ 13,012,985	\$ 11,625,271	\$ 46,713,223
2049	21,321,745	12,437,603	10,232,799	43,992,146
2050	20,528,393	11,837,550	8,941,628	41,307,571
2051	19,734,393	11,222,955	7,754,803	38,712,151
2052	18,837,057	10,603,026	6,673,718	36,113,800
2053	17,939,793	9,946,420	5,698,148	33,584,360
2054	17,012,541	9,291,844	4,826,268	31,130,653
2055	16,079,705	8,654,658	4,054,689	28,789,051
2056	15,158,742	8,015,024	3,378,594	26,552,361
2057	14,211,032	7,400,984	2,792,066	24,404,082
2058	13,270,830	6,790,649	2,288,349	22,349,828
2059	12,347,104	6,201,994	1,860,173	20,409,271
2060	11,444,329	5,640,373	1,499,946	18,584,648
2061	10,575,456	5,104,593	1,200,008	16,880,058
2062	9,734,555	4,598,947	952,836	15,286,338
2063	8,931,465	4,124,585	751,228	13,807,278
2064	8,172,163	3,682,168	588,429	12,442,761
2065	7,454,413	3,271,917	458,232	11,184,562
2066	6,781,319	2,893,587	355,041	10,029,947
2067	6,151,832	2,546,626	273,930	8,972,387
2068	5,566,089	2,230,244	210,636	8,006,969
2069	5,023,266	1,943,425	161,539	7,128,230
2070	4,521,585	1,684,949	123,636	6,330,170
2071	4,059,742	1,453,358	94,469	5,607,569
2072	3,635,763	1,247,064	72,068	4,954,896

Notes on the Expected Annual Benefit Payments

- Based on 2023 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, the benefit payments do not include additional accruals, new entrants, or expected expenses.

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
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Schedule MB, line 8b(2) — Schedule of Active Participant Data

Distribution Of Active Members By Age And Service As Of January 1, 2023																				
Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben
Under 25	19	N/A	53	160.17	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	15	N/A	138	229.00	34	674.00	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	23	52.00	214	251.67	90	698.42	11	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	20	44.50	145	239.75	111	719.67	32	947.67	16	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	14	N/A	116	275.08	119	709.58	37	916.67	60	1,475.17	18	N/A	0	N/A	0	N/A	0	N/A	0	N/A
45 to 49	18	N/A	77	295.67	99	772.92	44	1,167.00	81	1,414.08	83	2,117.50	17	N/A	0	N/A	0	N/A	0	N/A
50 to 54	17	N/A	85	285.67	85	705.50	48	1,171.08	79	1,573.58	110	1,995.42	58	2,518.42	19	N/A	0	N/A	0	N/A
55 to 59	5	N/A	45	309.42	51	797.75	38	1,146.00	71	1,519.00	82	2,071.50	69	2,574.08	45	2,836.42	23	3,951.08	0	N/A
60 to 64	3	N/A	33	263.17	58	700.92	37	1,206.42	49	1,531.75	91	2,095.00	41	2,598.00	36	3,035.25	20	3,849.67	11	N/A
65 to 69	1	N/A	8	N/A	17	N/A	9	N/A	14	N/A	20	1,973.50	14	N/A	10	N/A	11	N/A	5	N/A
70 & up	0	N/A	2	N/A	0	N/A	0	N/A	0	N/A	2	N/A	1	N/A	1	N/A	1	N/A	0	N/A
Total	135	56.75	916	254.08	664	722.08	256	1,117.58	371	1,498.08	407	2,057.33	200	2,572.75	111	2,941.33	55	3,861.42	16	N/A

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$ 46,762,728	\$ 0	\$ 46,762,728
2024	47,346,033	0	47,346,033
2025	47,514,409	0	47,514,409
2026	47,521,847	0	47,521,847
2027	47,521,847	0	47,521,847
2028	47,521,847	0	47,521,847
2029	47,521,847	0	47,521,847
2030	47,521,847	0	47,521,847
2031	47,521,847	0	47,521,847
2032	47,521,847	0	47,521,847

Contributions used in the certification of the status in line 4(b).

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Bases

Table VI-4 Schedule of Amortization Charges Required for Minimum Required Contribution As of January 1, 2023						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan amendment	1/1/1994	\$ 10,309,208	30.00	\$ 807,803	1.00	\$ 807,803
2. Plan amendment	1/1/1995	5,097,103	30.00	771,736	2.00	399,367
3. Plan amendment	1/1/1996	28,370,705	30.00	6,227,464	3.00	2,222,688
4. Plan amendment	1/1/1997	9,469,404	30.00	2,677,289	4.00	741,144
5. Change in assumptions	1/1/1998	6,564,679	30.00	2,242,217	5.00	513,307
6. Plan amendment	1/1/1999	17,078,151	30.00	6,767,936	6.00	1,334,137
7. Change in assumptions	1/1/1999	3,462,977	30.00	1,372,344	6.00	270,525
8. Plan amendment	1/1/2000	17,260,107	30.00	7,719,015	7.00	1,347,130
9. Plan amendment	1/1/2001	19,459,310	30.00	9,624,551	8.00	1,517,438
10. Plan amendment	1/1/2002	15,616,237	30.00	8,412,234	9.00	1,216,718
11. Plan amendment	1/1/2003	13,013,053	30.00	7,543,724	10.00	1,013,055
12. Plan amendment	1/1/2004	10,634,133	30.00	6,570,513	11.00	827,194
13. Change in assumptions	1/1/2007	12,515,783	30.00	8,975,894	14.00	971,365
14. Recognized Portion of the 2008 ENIL	1/1/2009	70,466,771	29.00	53,065,288	15.00	5,518,525
15. Recognized Portion of the 2008 ENIL	1/1/2010	10,312,526	28.00	7,848,285	15.00	816,183
16. Recognized Portion of the 2008 ENIL	1/1/2011	11,166,025	27.00	8,595,869	15.00	893,927
17. Recognized Portion of the 2008 ENIL	1/1/2012	11,915,708	26.00	9,288,191	15.00	965,925
18. 2011 Bifurcated Base	1/1/2012	16,345,120	15.00	6,183,100	4.00	1,711,644
19. Recognized Portion of the 2008 ENIL	1/1/2013	24,195,105	25.00	19,117,948	15.00	1,988,171
20. Experience loss	1/1/2014	1,118,517	15.00	593,067	6.00	116,909
21. Experience loss	1/1/2015	6,473,353	15.00	3,873,408	7.00	675,990
22. Change in assumptions	1/1/2015	21,750,850	15.00	13,014,868	7.00	2,271,366
23. Experience Loss	1/1/2016	5,798,464	15.00	3,837,177	8.00	604,981
24. Experience Loss	1/1/2017	4,859,902	15.00	3,502,738	9.00	506,624
25. Experience Loss	1/1/2018	9,592,144	15.00	7,439,897	10.00	999,113
26. Experience Loss	1/1/2019	8,762,003	15.00	7,243,446	11.00	911,913
27. Plan amendment	1/1/2021	6,002,716	15.00	5,517,100	13.00	624,253
28. Plan amendment	1/1/2022	1,455,505	15.00	1,398,690	14.00	151,365
29. Experience Loss	1/1/2023	1,842,847	15.00	1,842,847	15.00	191,647
Total Charges		\$ 380,908,406		\$ 222,074,639		\$ 32,130,407

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Bases (Continued)

Table VI-5 Schedule of Amortization Credits Required for Minimum Required Contribution As of January 1, 2023						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Change in assumptions	1/1/1996	\$ 15,175,191	30.00	\$ 3,331,006	3.00	\$ 1,188,892
2. Plan amendment	1/1/1998	9,555,172	30.00	3,263,648	5.00	747,141
3. Change in assumptions	1/1/2003	11,064,013	30.00	6,413,859	10.00	861,325
4. Plan amendment (formula)	1/1/2004	24,803,948	30.00	15,325,593	11.00	1,929,415
5. Plan amendment	5/1/2010	29,757,146	15.00	7,146,401	2.33	3,206,133
6. 2008 Bifurcated Base	1/1/2009	528,708	15.00	55,537	1.00	55,537
7. 2009 Bifurcated Base	1/1/2010	21,329,693	15.00	4,324,896	2.00	2,238,094
8. 2010 Bifurcated Base	1/1/2011	18,636,194	15.00	5,473,235	3.00	1,953,489
9. Plan amendment	1/1/2011	17,743,785	15.00	5,211,142	3.00	1,859,944
10. 2012 Bifurcated Base	1/1/2013	10,866,085	15.00	4,965,724	5.00	1,136,795
11. Change in assumptions	1/1/2020	11,582,191	15.00	10,125,161	12.00	1,204,490
12. Experience Gain	1/1/2020	2,970,158	15.00	2,596,514	12.00	308,882
13. Experience Gain	1/1/2021	17,921,313	15.00	16,471,491	13.00	1,863,727
14. Experience Gain	1/1/2022	25,628,351	15.00	24,627,957	14.00	2,665,221
Total Credits		\$ 217,561,948		\$ 109,332,164		\$ 21,219,085
Net Charge				\$ 112,742,475		\$ 10,911,322

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

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

1. The RPA '94 Current Liability interest rate was changed from 2.22% to 2.55% to comply with appropriate guidance, and remains within the required corridor as prescribed by the IRS.
2. The RPA '94 Current Liability mortality table was changed from the 2022 static mortality table to the 2023 static mortality table to comply with appropriate guidance.
3. Administrative expense increased from \$1,700,000 to \$1,800,000 per year payable at the beginning of the year to reflect plan experience.

SCHEDULE R, PART V, LINE D AND E
SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND
EIN: 36-6155778
SCHEDULE R, CERTAIN INFORMATION FOR MULTIEMPLOYER PLANS
YEAR ENDED DECEMBER 31, 2023

5500 Effective Pension Rates & Contract Dates

<u>Employer #</u>	<u>Contract Dates</u>		<u>Pension Rate</u>
	<u>Beginning</u>	<u>End</u>	
Waste Management (36-2660859)			
1033	11/1/2020	11/1/2025	\$277.62
1132	11/1/2020	11/1/2025	\$376.76
1136	11/1/2020	11/1/2025	\$178.74
2995	11/1/2020	11/1/2025	\$277.62
2996	11/1/2020	11/1/2025	\$125.51
3141	11/1/2020	11/1/2025	\$188.65
3142	11/1/2020	11/1/2025	\$198.57
3143	11/1/2020	11/1/2025	\$208.49
4002	2/1/2019	1/1/2024	\$373.16
4418	11/1/2020	11/1/2025	\$277.62
4419	11/1/2020	11/1/2025	\$125.51
4439	2/1/2019	1/31/2024	\$208.49
4758	4/1/2023	3/31/2028	\$277.62
5049	11/1/2020	11/1/2025	\$277.62
5050	11/1/2020	11/1/2025	\$277.62
5051	11/1/2020	11/1/2025	\$125.51
5056	11/1/2020	11/1/2025	\$292.73
5057	11/1/2020	11/1/2025	\$197.11
5094	11/1/2020	11/1/2025	\$376.76
5148	2/1/2019	1/1/2024	\$376.76
5275	11/1/2020	11/1/2025	\$277.62
5276	11/1/2020	11/1/2025	\$125.51
5277	11/1/2020	11/1/2025	\$277.62
5278	11/1/2020	11/1/2025	\$125.51
Ozinga Illinois, RMC, Inc. (26-3757838)			
2197	5/1/2019	4/30/2024	\$532.80
3177	5/1/2019	4/30/2024	\$532.54
4486	5/1/2019	4/30/2024	\$497.32
5279	5/1/2019	4/30/2024	\$500.29

SCHEDULE R, PART V, LINE D AND E
SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND
EIN: 36-6155778
SCHEDULE R, CERTAIN INFORMATION FOR MULTIEMPLOYER PLANS
YEAR ENDED DECEMBER 31, 2023

5500 Effective Pension Rates & Contract Dates

<u>Employer #</u>	<u>Beginning</u>	<u>End</u>	<u>Pension Rate</u>
Groot Industries, Inc. (36-3527116)			
814	3/1/2019	2/28/2024	\$299.60
2921	3/1/2019	2/28/2024	\$299.60
2923	3/1/2019	2/28/2024	\$332.60
4169	3/1/2019	2/28/2024	\$332.60
4183	3/1/2019	2/28/2024	\$299.60
4433	3/1/2019	2/28/2024	\$332.60
5381	3/1/2019	2/28/2024	\$299.60
VCNA Prairie Illinois, Inc. (26-1320351)			
617	5/1/2019	4/30/2024	\$532.80
618	5/1/2019	4/30/2024	\$497.32
Roadsafe Traffic Systems (26-1084418)			
224	4/1/2021	3/31/2024	\$404.80
5157	4/1/2021	3/31/2024	\$384.80
H2 Cartage, LLC (82-4914138)			
5409	5/1/2019	4/30/2024	\$500.22
5430	5/1/2019	4/30/2024	\$367.60
Grundy Redi-Mix (36-3398145)			
1248	5/1/2019	4/30/2024	\$532.80
K. Hoving Recycling & Disposal (36-4311126)			
4017	10/1/2019	9/30/2024	\$336.56
4018	10/1/2019	9/30/2024	\$116.63
4019	10/1/2019	9/30/2024	\$122.15
4020	10/1/2019	9/30/2024	\$127.69
4021	10/1/2019	9/30/2024	\$133.21
Narvick Bros. Ready Mix (36-2465072)			
2019	5/1/2019	4/30/2024	\$532.80
2077	1/16/2021	1/15/2024	\$279.18
TKT, Inc. (20-5140673)			
4667	6/1/2021	5/31/2025	\$530.45

ACTIVE PARTICIPANT DATA

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**

JUSTIFICATION FOR CHANGE IN ACTUARIAL
ASSUMPTION

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**

ACTUARIAL ASSUMPTION METHODS

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**

SUMMARY OF PLAN PROVISIONS

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**

WITHDRAWAL LIABILITY AMOUNTS

**THE REQUIRED ATTACHMENT IS
INCLUDED IN THE SIGNED SCHEDULE MB**