

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 10/01/2023 and ending 09/30/2024	
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) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/13/2025	DANIEL GRACE - UNION TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/16/2025	DOMINIC ORIGLIO - EMPLOYER TRUSTEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2318
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) 408 6a(2) 375 6b 1026 6c 550 6d 1951 6e 322 6f 2273 6g(1) 6g(2) 6h 8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 10

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

1B

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

4L

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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 10/01/2023 and ending 09/30/2024

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

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

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

1a Enter the valuation date: Month 10 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 165880899
(2) Actuarial value of assets for funding standard account	1b(2) 177414958
c (1) Accrued liability for plan using immediate gain methods	1c(1) 176006604
(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) 176006604
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) 291703662
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3460561
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 14974219
(3) Expected plan disbursements for the plan year	1d(3) 14974219

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

SIGN HERE	06/12/2025
Signature of actuary BRYAN MCCORMICK	Date 23-07345
Type or print name of actuary KEYSTONE 74 BENEFITS AND ADMIN	Most recent enrollment number 267-606-1428
Firm name 3031 WALTON ROAD, BUILDING B PLYMOUTH MEETING, PA 19462	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	165880899
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1338	159505224
(2) For terminated vested participants	555	59262433
(3) For active participants:		
(a) Non-vested benefits		678447
(b) Vested benefits		72257558
(c) Total active	396	72936005
(4) Total	2289	291703662
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.87 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/01/2024	3756930	0			
04/01/2024	318398	0			
10/01/2024	217377	0			
Totals ▶			3(b)	4292705	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 318398

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	100.8 %
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		3.07 %
	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	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.50 %	7.50 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	5.61 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.8 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	6.8 %	
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)	750000	
(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	3713643	391357

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2312350

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)	46789453	6554547
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d**

665017

e Total charges. Add lines 9a through 9d**9e**

9531914

Credits to funding standard account:**f** Prior year credit balance, if any**9f**

25948720

g Employer contributions. Total from column (b) of line 3**9g**

4292705

h Amortization credits as of valuation date**9h**

22249087

3260243

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i**

2340734

j Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**9j(1)**

41265783

(2) "RPA '94" override (90% current liability FFL)**9j(2)**

85740444

(3) FFL credit**9j(3)**

0

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

0

(2) Other credits**9k(2)**

0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l**

35842402

m Credit balance: If line 9l is greater than line 9e, enter the difference**9m**

26310488

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****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 10/01/2023 and ending 09/30/2024		
A Name of plan TEAMSTERS LOCAL 830 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LOCAL 830 PENSION PLAN	D Employer Identification Number (EIN) 23-1990755	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

 If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

BOYD WATERSON ASSETS MANAGEMENT LLC

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	213730	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERCONTINENTAL R/E CORP.

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	175775	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PORTFOLIO ADVISORS, LLC

06-1487853

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 72	NONE	158911	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

HARDMAN JOHNSTON GLOBL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	113820	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT PERFORMANCE SERVICES

58-1645832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	100000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAMUEL J. KENISH

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	91100	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)

LOGAN CAPITAL MANAGEMENT INC

23-2744570

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	76388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEDGE CAPITAL MANAGEMENT

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	75980	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	59322	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)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	52229	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	47822	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 62 72	NONE	47548	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

ARISTOTLE CREDIT PARTNERS LLC

23-1415471

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	47548	Yes ☐ No ☒

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

CBIZ

22-2769024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	46213	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNIFER SCHMELTZER

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	41905	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)

ENTRUST GLOBAL PARTNERS LLC

13-4021839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	41778	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

GREAT LAKES ADVISORS LLC

80-0292839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	40160	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRANDON KENISH

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36527	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AGNES BREEN

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36372	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY C. JONIEC

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34764	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATRICIA PERRONE

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28841	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DONNA DI FRANCESCO

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28603	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GABRIEL DEL GAISO

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28573	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNIFER LANGDON

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25823	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

CLEARY JOSEM & TRIGIANI LLP

23-2657967

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	24144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COZEN O'CONNOR

23-1732832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	22500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	20913	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)

JOSEPH GRACE HOLDINGS, INC.

11-3506712

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61 72	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	19097	Yes ☐ No ☒

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

PNC BANK, N.A.

25-1197336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	13255	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
JOSEPH GRACE HOLDINGS, INC.	61 72	19097

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOGAN CAPITAL MANAGEMENT INC 23-2744570	REFERRAL FEE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ARISTOTLE CREDIT PARTNERS LLC	28 52	47548

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMALGAMATED BANK OF CHICAGO 36-0721895	INVESTMENT MANAGEMENT FEES

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

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

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 10/01/2023 and ending 09/30/2024

A Name of plan TEAMSTERS LOCAL 830 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LOCAL 830 PENSION PLAN	D Employer Identification Number (EIN) 23-1990755
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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:	HARDMAN JOHNSTON INTERNATIONAL EQUI
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b Name of sponsor of entity listed in (a):	HARDMAN JOHNSTON GLOBAL ADVISORS LLC
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c EIN-PN 26-6493485-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15840618
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a Name of MTIA, CCT, PSA, or 103-12 IE:	BNYM MELLON AFL-CIO STOCK INDEX FUN
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b Name of sponsor of entity listed in (a):	THE BANK OF NEW YORK MELLON
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c EIN-PN 25-6078093-340	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10736880
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a Name of MTIA, CCT, PSA, or 103-12 IE:	LOOMIS INTERMEDIATE FIXED INCOME TR
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b Name of sponsor of entity listed in (a):	LOOMIS SAYLES TRUST COMPANY
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c EIN-PN 20-8080381-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11115245
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

b Name of sponsor of entity listed in (a):	
--	--

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

b Name of sponsor of entity listed in (a):	
--	--

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

b Name of sponsor of entity listed in (a):	
--	--

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

b Name of sponsor of entity listed in (a):	
--	--

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

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

Part II **Information on Participating Plans (to be completed by DFEs, 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 10/01/2023 and ending 09/30/2024		
A Name of plan TEAMSTERS LOCAL 830 PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LOCAL 830 PENSION PLAN	D Employer Identification Number (EIN) 23-1990755	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	257912	217377
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5393278	3299399
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4276682	6203850
(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)	6691699	8976004
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	33076560	38718930
(5) Partnership/joint venture interests	1c(5)	56535146	59271924
(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)	20410149	21852125
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	19795306	15840618
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	22790614	25465502

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	169227346	179845729
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	193884	223558
i Acquisition indebtedness	1i		
j Other liabilities	1j		37470
k Total liabilities (add all amounts in lines 1g through 1j)	1k	193884	261028
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	169033462	179584701

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)	4102277	
(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)		4102277
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	261148	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	528507	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1411158	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2200813
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	459288	
(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)		459288
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	30164622	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	27305303	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2859319
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6977885	
(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)		6122888
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		3438703
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		26161173

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13523708	
(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)		13523708
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)	396368	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	1040	
(4) IQPA audit fees.....	2i(4)	51188	
(5) Investment advisory and investment management fees	2i(5)	1243772	
(6) Bank or trust company trustee/custodial fees	2i(6)	59322	
(7) Actuarial fees	2i(7)	46212	
(8) Legal fees	2i(8)	46644	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	3537	
(11) Other expenses	2i(11)	238143	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2086226
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15609934

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10551239
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		84737426
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 540742.

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.
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan TEAMSTERS LOCAL 830 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS LOCAL 830 PENSION PLAN		D Employer Identification Number (EIN) 23-1990755
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 23-1990755		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 27
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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 **MULLER INC**

b EIN **23-1491334**

c Dollar amount contributed by employer **727682**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **01** Year **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) **137.70**

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

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

b EIN **23-2829095**

c Dollar amount contributed by employer **545496**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **02** Day **04** Year **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) **108.58**

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

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

b EIN **23-1541334**

c Dollar amount contributed by employer **1110455**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **01** Year **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) **137.70**

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

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

b EIN **23-1397236**

c Dollar amount contributed by employer **867080**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **01** Year **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) **137.70**

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

a Name of contributing employer **BUNZL DISTRIBUTION**

b EIN **13-1884179**

c Dollar amount contributed by employer **258200**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **03** Year **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) **178.40**

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

a Name of contributing employer **ARAMARK**

b EIN **95-2051630**

c Dollar amount contributed by employer **176786**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **02** Day **05** Year **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) **123.90**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer BANKO BEVERAGE

b EIN 23-1649848

c Dollar amount contributed by employer 149490

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 01 Year 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) 98.00

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

a Name of contributing employer TEAMSTERS LOCAL 830 FUNDS

b EIN 23-1990755

c Dollar amount contributed by employer 92431

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 01 Day 01 Year 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) 152.50

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

a Name of contributing employer TEAMSTERS LOCAL 830 UNION

b EIN 23-0725246

c Dollar amount contributed by employer 76791

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 02 Year 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) 178.40

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

a Name of contributing employer ROUTE MESSENGERS OF PA

b EIN 23-2798117

c Dollar amount contributed by employer 4746

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 01 Day 01 Year 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) 48.96

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14a	
14b	
14c	

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

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

b The corresponding number for the second preceding plan year

15a	0.99
15b	0.98

- 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

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

16a	
16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 45.0 % Private Equity: 6.1 % Investment-Grade Debt and Interest Rate Hedging Assets: 11.4 %
 High-Yield Debt: 0.0 % Real Assets: 19.6 % Cash or Cash Equivalents: 3.5 % Other: 14.4 %

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 _____.

TEAMSTERS LOCAL 830 PENSION PLAN

FINANCIAL STATEMENTS

SEPTEMBER 30, 2024

TEAMSTERS LOCAL 830 PENSION PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

SEPTEMBER 30, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of the Teamsters Local 830 Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

Bala Cynwyd, Pennsylvania
March 20, 2025

TEAMSTERS LOCAL 830 PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS - at fair value		
Common stock	\$ 38,718,930	\$ 33,076,560
Corporate obligations	8,758,050	6,606,541
Foreign obligations	217,954	85,158
103-12 investment entity - international equity	15,840,618	19,795,306
Common collective trust - equity	10,736,880	8,790,535
Common collective trust - fixed income	11,115,245	11,619,614
Limited partnership - international equity	14,118,591	5,002,602
Limited partnerships - real estate	34,489,626	40,062,636
Limited partnerships - private equity	10,663,707	11,469,908
Hedge funds of funds - multistrategy	24,465	29,877
Hedge funds of funds - opportunistic	25,441,037	22,760,737
Money market mutual funds	4,000,373	3,345,834
Interest bearing cash	2,203,477	930,848
Total investments	<u>176,328,953</u>	<u>163,576,156</u>
RECEIVABLES		
Employer contributions	217,377	257,912
Withdrawal liability - net of allowance	2,962,135	3,152,563
Due from related parties	142,901	128,034
Accrued interest and dividends	178,073	144,366
Pending investment trades receivable	-	1,963,400
Total receivables	<u>3,500,486</u>	<u>5,646,275</u>
PREPAID EXPENSES	<u>16,290</u>	<u>4,915</u>
Total assets	<u>179,845,729</u>	<u>169,227,346</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	223,558	193,884
Pending investment trades payable	<u>37,470</u>	<u>-</u>
Total liabilities	<u>261,028</u>	<u>193,884</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 179,584,701</u>	<u>\$ 169,033,462</u>

TEAMSTERS LOCAL 830 PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in		
fair value of investments	\$ 19,398,795	\$ 9,276,276
Interest and dividends	2,648,719	2,835,892
Other investment income	11,382	63,445
	22,058,896	12,175,613
Less: investment expenses	(1,303,094)	(1,307,717)
Investment income - net	20,755,802	10,867,896
Employer contributions	3,974,307	4,001,601
Withdrawal liability contributions and interest	127,970	132,502
Total additions	24,858,079	15,001,999
DEDUCTIONS		
Benefits		
Monthly retirement benefits	13,496,708	12,930,112
Death	27,000	39,000
Total benefits	13,523,708	12,969,112
Administrative expenses	783,132	744,631
Total deductions	14,306,840	13,713,743
NET INCREASE	10,551,239	1,288,256
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	169,033,462	167,745,206
End of year	\$ 179,584,701	\$ 169,033,462

See accompanying notes to financial statements.

TEAMSTER LOCAL 830 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

Withdrawal Liability Receivable - The receivable for withdrawal liability and the related income are recorded when the obligation of the specific employer has been determined. Allowance for credit losses totaled \$2,045,494 and is netted with the receivable.

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

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

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

NOTE 2. DESCRIPTION OF PLAN

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

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

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

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

NOTE 3. PRIORITIES UPON TERMINATION

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

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

NOTE 4. TAX STATUS

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

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

NOTE 5. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of October 1, 2023. Information in the report included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants and beneficiaries	
currently receiving benefits	\$ 109,794,687
Other participants	64,884,964
	<u>174,679,651</u>
Nonvested benefits	1,326,953
	<u>1,326,953</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 176,006,604</u>

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended September 30, 2023 were as follows:

Actuarial present value of accumulated plan	
benefits at beginning of year	<u>\$ 175,490,944</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial gains and losses	809,293
Interest due to decrease in the discount period	12,675,479
Benefits paid	<u>(12,969,112)</u>
Net increase	<u>515,660</u>
Actuarial present value of accumulated plan	
benefits at end of year	<u>\$ 176,006,604</u>

NOTE 5. ACTUARIAL INFORMATION (continued)

The actuarial valuation was made using the projected unit credit cost method. Some of the more significant actuarial assumptions used in the valuation as of October 1, 2023 were as follows:

Funding interest rate:	7.50% per year, compounded annually.
Current liability interest rate:	3.07% per year, compounded annually for RPA '94.
Administrative expenses:	An amount equal to the core expenses (excluding investment expenses) paid in the preceding Plan Year, rounded up to the next \$10,000, added to the Normal Cost. (\$750,000 for 2023, expense loading of 48.0%).
Health mortality:	The RP-2006 Mortality Table, with mortality improvements projected with Scale MP-2021 on a generational basis. An adjustment factor of 1.10 was applied to the healthy male rates.
Disability mortality:	The RP- 2006 Mortality Table for disabled retirees, with mortality improvements projected with Scale MP-2021 on a generational basis.
Current liability mortality:	IRS 2023 Mortality Table, as prescribed.

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

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

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

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

NOTE 5. ACTUARIAL INFORMATION (continued)

Asset valuation method:	Recognition of gains and losses above or below the assumed rate of return over a 5-year period, adjusted, if necessary, to remain within a corridor of 80% to 120% of the market value of plan assets.
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The following change was made in the actuarial assumptions from the prior year:

1. The current liability interest rate was changed from 2.38% to 3.07%, in compliance with IRS regulations. Additionally, the RPA current liability mortality table was changed to the 2023 Static Mortality Table in accordance with IRS regulations.

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

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

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

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

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

Since information on the actuarial present value of accumulated plan benefits as of September 30, 2024 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of September 30, 2024 and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended September 30, 2024. The complete financial status is presented as of September 30, 2023.

NOTE 5. ACTUARIAL INFORMATION (continued)

The actuary reported that the Plan has met minimum funding standards as of September 30, 2024.

Under the Pension Protection Act of 2006, the Plan is required to provide an actuarial certification as to its funded status. As of October 1, 2024, the Plan is neither in endangered status nor critical status.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at September 30, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 38,718,930	\$ 38,718,930	\$ -	\$ -
Corporate obligations	8,758,050	-	8,758,050	-
Foreign obligations	217,954	-	217,954	-
Money market mutual funds	4,000,373	4,000,373	-	-
Interest bearing cash	2,203,477	2,203,477	-	-
Total assets in the fair value hierarchy	53,898,784	<u>\$ 44,922,780</u>	<u>\$ 8,976,004</u>	<u>\$ -</u>
Investments measured at net asset value (a)	122,430,169			
Total investments at fair value	<u>\$ 176,328,953</u>			

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

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

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

For the years ended September 30, 2024 and 2023, there were no transfers in or out of levels 1, 2, or 3.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments and redemption information are as follows at September 30, 2024 and 2023:

	2024 Fair Value	2023 Fair Value	2024 Unfunded Commitments	2023 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
103-12 investment entity - international equity:						
Hardman Johnston International						
Equity Group Trust	\$ 15,840,618	\$ 19,795,306	\$ -	\$ -	Monthly	10 Business Days
Common collective trust - equity:						
BNYM Mellon AFL-CIO SL						
Stock Index Fund	10,736,880	8,790,535	-	-	Daily	1 Day
Common collective trust - fixed income:						
NHIT: Intermediate Duration						
Fixed Income Trust	11,115,245	11,619,614	-	-	Daily	3 Business Days
Limited partnership - international equity						
First Eagle International						
Value Fund, LP	14,118,591	5,002,602	-	-	Monthly	10 Business Days
Limited partnership - real estate:						
American Core Reality Fund, LP	3,960,718	4,956,394	-	-	*Quarterly	*10 Business Day
Boyd Watterson GSA Fund, LP	4,600,677	5,304,628	-	-	+Quarterly	+60 Days
Boyd Watterson State						
Government Fund, LP	11,331,307	12,990,448	-	-	+Quarterly	+60 Days
US Real Estate Investment Fund, LLC	14,596,924	16,811,166	-	-	@Quarterly	@90 Days
Limited partnerships - private equity:						
Portfolio Advisors Secondary						
Fund III (Offshore), LP	4,400,212	6,357,693	563,318	563,318	(a)	(a)
Portfolio Advisors Secondary						
Fund IV (Offshore), LP	6,263,495	5,112,215	685,575	1,036,431	(a)	(a)
Hedge funds of funds - multistrategy:						
EnTrust Capital Diversified Fund						
Class X, Series 3/31/2018	-	15,305	-	-	(b)	(b)
EnTrust Capital Diversified Fund						
Class X, Series 12/31/2017	24,465	14,572	-	-	(b)	(b)
Hedge funds of funds opportunistic:						
Corbin ERISA Opportunity Fund, LP	10,814,475	9,779,117	-	-	#Quarterly	65 Days
EnTrustPermal Special						
Opportunities Fund, IB, Ltd.	3,450,224	3,221,676	-	-	(c)	(c)
GoldenTree Multi-Sector Fund Offshore						
ERISA, Ltd.	11,176,338	9,759,944	-	-	Quarterly	90 Days
	<u>\$ 122,430,169</u>	<u>\$ 119,531,215</u>	<u>\$ 1,248,893</u>	<u>\$ 1,599,749</u>		

* - Requests for redemptions of units in the Fund may be made at any time, with 10 business day's notification by submitting a Redemption Notice form signed by a representative of the Plan and are effective at the end of the calendar quarter in which the request is received by American Realty Advisors (ARA). The units that are subject to a redemption notice may be redeemed in full or in installments on a pro-rata basis as funds become available for such purpose and the redemption price will be the value per unit based on ARA's estimate of the fair value of the Fund's net assets as computed under generally accepted accounting principles at such time that each payment is made. Although ARA is required to use reasonable efforts to cause the Fund to pay the redemption price as soon as practicable after the effective date of the request, redemptions are subject to the availability of cash flow arising from investment transactions, sales and other Fund operations occurring in the normal course of business. ARA is not required to liquidate or encumber assets or defer investments in order to satisfy redemption requests. In 2024, ARA put up a redemption gate on all redemption requests.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

+ - Partial redemptions of units shall only be permitted in increments of \$250,000 and shall not be permitted for amounts less than \$250,000. Because of the illiquidity of the Fund's assets, there is no guarantee that cash will be available at any particular time to fund a particular redemption request, and the Fund will be under no obligation to make such cash available through the sale of assets, borrowings, acceptance of new Capital Commitments, capital calls or otherwise. Further, the General Partner may decline to redeem all, or any portion of the Units held by an Investor in the General Partner's sole and absolute discretion. To the extent that available cash is insufficient to provide for outstanding redemption requests, Fund Partners may not receive their requested distribution at the requested time. Consequently, there can be no assurance as to the extent or timing of any redemption, particularly if other Fund Partners are seeking to redeem at the same time. Fund Partners might therefore be unable to use redemption as an effective means of terminating their investment in the Fund. In 2024, the Funds instituted a redemption queue.

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

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

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

- Quarterly with a 25% gate.

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

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

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

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

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

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

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

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

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

NOTE 7. WITHDRAWAL LIABILITY

In October 2018, an employer withdrew from the Plan and was assessed a withdrawal liability that required 240 monthly payments of \$2,170. This employer incurred partial withdrawals in prior years that previously required monthly payments of \$1,561. Through September 30, 2024, the Plan received withdrawal liability principal and interest payments totaling \$18,734. During the year ended September 30, 2019, the employer stopped making the required payments to the Plan. Due to the default, the remaining balance owed as of September 30, 2024 and 2023 totaled approximately \$813,318. An allowance for the full amount has been recorded as of September 30, 2024 and 2023, as the amount is not considered collectible.

In 2019, an employer withdrew from the Plan and was assessed a withdrawal liability that required 240 monthly payments of \$13,524 starting in April 2019. During each of the years ended September 30, 2024 and 2023, the Plan received withdrawal liability principal and interest payments totaling \$162,288. As of September 30, 2024, the remaining balance owed totaled \$1,775,209 and the allowance totaled \$554,558. As of September 30, 2023, the remaining balance totaled \$1,863,292 and the allowance totaled \$554,558.

NOTE 7. WITHDRAWAL LIABILITY (continued)

In 2021, an employer withdrew from the Plan and was assessed a withdrawal liability that required 240 monthly payments of \$14,192 starting in January 2022. During the years ended September 30, 2024 and 2023, the Plan received withdrawal liability principal and interest payments totaling \$156,110 and \$170,302, respectively. As of September 30, 2024, the remaining balance owed totaled \$2,419,102 and the allowance totaled \$677,618. As of September 30, 2023, the remaining balance owed totaled \$2,521,447 and the allowance totaled \$677,618.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN

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

- a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.
- c. If the Plan chooses to stop participating in the multiemployer defined benefit pension plan, the Plan may be required to pay the multiemployer defined benefit pension plan an amount based on the underfunded status of the multiemployer defined benefit pension plan, referred to as a withdrawal liability.

The Teamsters Local 830 Benefits Funds' participation in this multiemployer defined benefit pension plan for the annual periods ended September 30, 2024 and 2023 is outlined in the table below. The zone status is based on information that the Teamsters Local 830 Benefit Funds received from the multiemployer defined benefit pension plan and is certified by the multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
Teamsters Local 830 Pension Plan	23-1990755	001	Green as of 10/1/2024	No	Green as of 10/1/2023	No	*

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

Legal Name of Pension Plan	Contribution to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan Contributions (Plan year ending)	Employer Contribution Rates	Number of Employees Covered by Plan	
	9/30/2024	9/30/2023			9/30/2024	9/30/2023
Teamsters Local 830 Pension Plan	\$ 86,553	\$ 85,232	No, Plan year ending 9/30/2024.	\$152.50 per week	10	11

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

NOTE 9. RELATED PARTY TRANSACTIONS

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

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

NOTE 9. RELATED PARTY TRANSACTIONS (continued)

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

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

During the years ended September 30, 2024 and 2023, the expenses reimbursed to the Pension Plan from the related organizations totaled:

	2024	2023
Health Fund	\$ 759,467	\$ 723,228
Retirement Savings Plan	362,473	345,176
Legal Fund	69,042	65,748
Scholarship Fund	5,000	5,000
Total	<u>\$ 1,195,982</u>	<u>\$ 1,139,152</u>

At September 30, 2024 and 2023, the amounts owed to the Pension Plan for unreimbursed operating expenses totaled:

	2024	2023
Health Fund	\$ 90,700	\$ 80,243
Retirement Savings Plan	42,978	38,287
Legal Fund	9,223	8,254
Scholarship Fund	-	1,250
Total	<u>\$ 142,901</u>	<u>\$ 128,034</u>

The Plan leases office space from Teamsters Local Union No. 830 under the terms of an operating lease which expires in December 2024. The monthly rental payments totaled \$56,220 for the year ended September 30, 2024 and \$56,161 for the year ended September 30, 2023. The rent is allocated to the other related organizations in accordance with the percentages noted above.

The Plan reimbursed the Union for janitorial and maintenance personnel and utilities totaling \$26,837 for the year ended September 30, 2024 and \$25,869 for the year ended September 30, 2023. The Union reimbursed the Plan for metered postage, computer services, and for the use of an image scanner totaling \$8,634 and \$1,434 for the years ended September 30, 2024 and 2023, respectively.

The employees of the Pension Plan participate in the Retirement Savings Plan. During the years ended September 30, 2024 and 2023, the Pension Plan contributed \$31,303 and \$31,356, respectively. The Plan allocates these payments among the other related organizations in accordance with the percentages noted above.

NOTE 9. RELATED PARTY TRANSACTIONS (continued)

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

NOTE 10. RISKS AND UNCERTAINTIES

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

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

NOTE 11. SUBSEQUENT EVENTS

The Board of Trustees and management have evaluated subsequent events through March 20, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

TEAMSTERS LOCAL 830 PENSION PLAN

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	2024	2023
Personnel costs		
Salaries	\$ 287,854	\$ 278,080
Employee benefits	108,514	104,074
Payroll taxes	21,389	20,372
Professional fees		
Actuarial	46,212	45,950
Accounting, audit, payroll compliance reviews and government filings	52,228	50,557
Legal	46,644	53,714
Payroll processing fees	1,541	1,489
Office and data processing		
Office supplies and expense	29,910	16,902
Printing and postage	8,986	6,062
Computer services and software	46,910	39,710
Equipment rental and maintenance	2,149	2,556
Occupancy		
Rent	17,428	17,410
Maintenance and repairs	8,889	7,437
Utilities	5,186	4,456
Insurance		
Pension Benefit Guaranty Corporation	80,150	74,208
Other	14,985	14,910
Other		
Conferences, meetings, and travel	3,537	6,544
Dues and subscriptions	620	
Medical examination and participant search fees	-	200
Total administrative expenses	<u>\$ 783,132</u>	<u>\$ 744,631</u>

TEAMSTERS LOCAL 830 PENSION FUND

SCHEDULE OF ASSETS HELD AT END OF YEAR

SEPTEMBER 30, 2024

Form 5500, Schedule H, Line 4i

EIN No: 23-1990755

Plan No: 001

(a) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d) Cost	(e) Current Value
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	<u>Common stock:</u>					
3M Co		305			\$ 39,917	\$ 41,694
AbbVie Inc		542			64,286	107,034
Abercrombie & Fitch Co		1,127			128,839	157,667
Accenture PLC		528			161,096	186,637
ACI Worldwide Inc		1,437			53,099	73,143
Acuity Brands (Holding CO) Inc RR		471			72,593	129,709
Adobe Inc		381			101,864	197,274
Aercap Holdings NV		1,395			134,290	132,134
Affiliated Managers Group, Inc Com		658			105,018	116,992
AGCO Corp COM		449			44,533	43,939
Agilent Technologies Inc		1,121			47,684	166,446
Alarm.com Holdings Inc		369			20,423	20,173
Allegion PLC		781			101,895	113,823
Allison Transmission Holdings		470			18,270	45,153
Ally Financial Inc		3,846			161,590	136,879
Alphabet Inc Cl A		3,771			293,119	625,420
Alphabet Inc Cl C		1,787			33,681	298,769
Amazon Com Inc Com		3,713			213,909	691,843
Amcpr PLC		2,114			23,472	23,952
Amdocs Limited Com		2,187			184,719	191,319
Amedisys Inc		291			26,851	28,084
Amentum Holdings Inc		279			5,634	8,998
Ameriprise Finl Inc		291			72,907	136,715
Amphenol Corp Cl A		13,645			276,671	889,108
Antero Midstream Corp		5,121			75,659	77,071
API Group Corp		1,056			27,022	34,869
Apple Inc		4,488			179,853	1,045,704
Applied Materials Inc		1,038			143,309	209,728
Applovin Corp		1,410			88,239	184,076
Aptagroup Inc Com		537			77,945	86,022
Archrock Inc		2,139			22,002	43,293
Arista Networks Inc		1,349			175,304	517,773
ASGN Incorporated		672			69,299	62,651
Assurant Inc		227			40,207	45,141
Atkore Inc		465			53,808	39,404
Autoliv Inc		410			36,142	38,282
Avient Corp		762			33,439	38,344
Avnet Inc		885			46,532	48,064
Baker Hughes Co		2,101			55,942	75,951
Balchem Corp Class B		157			23,513	27,632
Bank OZK		1,958			80,133	84,174
Beacon Roofing Supply Inc		291			15,849	25,151
Berry Plastics Group Inc		365			20,323	24,813
Biogen Inc		531			134,750	102,929
Blackbaud Inc		309			24,360	26,166
Block H&R Inc		2,445			158,484	155,380

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
	Shares/ Principal		Interest Rate	Maturity Date		
	Type					
	Common stock (continued):					
Bluelinx Holdings Inc		212			\$ 24,666	\$ 22,349
Boise Cascade Co		314			32,473	44,268
Booz Allen Hamilton Holding CL A		1,216			127,841	197,916
Borg Warner Inc		1,201			40,907	43,584
BP PLC		2,107			61,723	66,139
Brighthouse Financial Inc		838			42,288	37,735
Brinks Co		270			16,661	31,223
Bristol Myers Squibb Co		2,137			102,307	110,568
Broadcom Inc		5,533			55,136	954,443
Brookdale Sr Living Inc		3,275			26,030	22,237
Builders Firstsource Inc		140			14,054	27,140
Burlington Stores Inc		1,122			217,579	295,625
Cabot Corp Com		294			23,491	32,860
Cactus Inc		1,697			75,215	101,260
Cadence Design Systems Inc		712			88,893	192,973
Caleres Inc		599			24,680	19,797
Cardinal Health Inc Com		931			104,361	102,894
Cargurus Inc		1,646			46,185	49,429
Carlisle Cos Inc		100			17,721	44,975
Cars.com Inc		1,321			24,763	22,140
Carter Holdings		499			30,840	32,425
Casey's Gen Stores Inc		429			103,016	161,180
Cencora Inc		446			44,507	100,386
Centene Corp Del		1,453			114,771	109,382
Centerspace		330			24,542	23,255
Century Communities Inc		433			26,680	44,590
CF Inds Hldgs Inc		297			24,121	25,483
Charles River Laboratories		380			89,783	74,849
Chefs' Warehouse Holdings Inc		672			28,652	28,231
Cimpress PLC		354			34,152	29,000
Cintas Corp		2,304			64,386	474,348
Citigroup Inc		2,041			108,277	127,767
CNX Resources Core		1,899			28,431	61,850
Coherent Corp		1,020			80,619	90,688
Coinbase Global Inc		1,018			140,120	181,377
Collegium Pharmaceutical Inc		646			24,949	24,961
Comerica Inc		453			24,117	27,139
Commercial Metals Co		463			19,733	25,446
Compass Diversified Holdings		888			20,890	19,651
Conmed Corp		625			59,873	44,950
Consol Energy Inc		441			26,410	46,151
Copart Inc Com		5,014			100,274	262,734
Copt Defense Properties Reit		1,634			49,955	49,559
Core & Main Inc		1,022			39,711	45,377
Crocs Inc		409			46,162	59,227
CSG SYS Intl Inc Com		712			39,119	34,639
CSW Industrials Inc		142			26,777	52,027
Cummins Inc		135			29,985	43,712
Customers Bancorp Inc		1,346			41,117	62,522
D R Horton Inc Com		840			94,360	160,247
Davita Inc		697			68,384	114,259
Deckers Outdoor Corp		2,844			265,031	453,476
Dicks Sporting Goods Inc		3,368			215,850	702,902
Dnow Inc		2,046			28,755	26,455
Dominion Energy Inc		799			42,061	46,174
Dorman Products Inc		318			33,658	35,972
Dover Corp Com		223			27,946	42,758

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
	Type	Shares/ Principal	Interest Rate	Maturity Date		
		Common stock (continued):				
Dream Finders Homes Inc		1,005			\$ 36,217	\$ 36,391
Duke Energy Holding Corp. Com		393			36,754	45,313
Duolingo Inc		133			21,393	37,509
Eagle Matls Inc		404			47,498	116,211
East West Bancorp Inc		653			40,482	54,029
Eastman Chem Co Com		243			22,579	27,204
Eaton Corp PLC		273			65,846	90,483
Elanco Animal Health Inc		5,832			103,072	85,672
Electronic Arts Inc		1,422			104,627	203,972
Elevance Health Inc		195			78,909	101,400
Elf Beauty Inc		839			146,214	91,476
EMCOR Group Inc Com		108			9,619	46,497
Emerson Electric Co		408			31,473	44,623
Empire State Realty Trust Inc		2,679			29,743	29,683
Encompass Health Corp		1,333			85,200	128,821
Energizer Spinco Inc		601			20,393	19,088
Enersys		582			62,113	59,393
Euronet Worldwide Inc		665			72,505	65,988
Evercore Inc		519			69,956	131,483
Evergy Inc		791			45,737	49,050
Expand Energy Corp		992			82,692	81,592
F5 Inc		1,233			256,353	271,507
Fastenal Co		4,888			188,156	349,101
Fluor Corp New		1,863			78,395	88,884
FNF Group		2,168			93,105	134,546
Fortinet Inc		2,460			136,443	190,773
Franklin BSP Realty Trust Inc REIT		1,935			28,921	25,271
Freshpet Inc		183			23,835	25,029
Frontdoor Inc		1,553			74,629	74,528
Garmin Ltd		861			153,149	151,562
Gartner Inc		394			110,148	199,663
Gentex Corp		1,321			42,387	39,220
Genuine Parts Co		286			34,522	39,948
G-III Apparel Group Ltd		1,178			23,372	35,953
Gilead Sciences Inc		1,316			98,114	110,333
Glaukos Corp		639			65,120	83,249
Globe Life Inc		1,159			97,293	122,750
Godaddy Inc		1,299			200,092	203,657
Goldman Sachs Group Inc		249			94,524	123,282
Graphic Packaging HLDGCO		5,598			136,315	165,645
Guidewire Software Inc		863			99,477	157,877
Halliburton Co		2,476			93,981	71,928
Hancock Whitney Corp		1,141			43,663	58,385
Hartford Financial Services Group		1,129			80,143	132,782
HCA Holdings Inc		280			77,617	113,800
HCI Group Inc		214			23,973	22,911
HealthEquity Inc		341			25,287	27,911
Hilton Grand Vacations Inc		965			39,768	35,049
Hologic Inc Com		1,309			95,437	106,631
Home Depot Inc		402			29,992	162,890
Hubbell Incorporated		318			75,961	136,215
Independent BK Corp Mass Com		589			30,806	34,828
Ingredion Inc		180			16,223	24,737
Innovative Industrial Proper		380			46,132	51,148
Insperity Inc		1,364			150,345	120,032
Installed Building Products		501			54,924	123,381
Intuit Com		304			128,418	188,784

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
	Type	Shares/	Interest	Maturity		
		Principal	Rate	Date		
		Common stock (continued):				
IPG Photonics Corp		619			\$ 68,448	\$ 46,004
Iqvia Holdings Inc		614			79,922	145,500
J&J Snack Foods Corp		213			35,469	36,662
Jabil Inc		830			45,322	99,459
Jackson Financial Inc		1,501			124,702	136,936
Jacobs Solutions Inc		279			26,331	36,521
Janus Henderson Group PLC		1,350			43,134	51,395
Jazz Pharmaceuticals PLC		992			111,489	110,519
Jones Lang Lasalle Inc		283			48,718	76,356
KB Home		1,977			126,992	169,409
Kirby Corp		781			94,919	95,618
KLA Corp		1,298			272,115	1,005,184
Knight-Swift Transportation		767			42,946	41,380
Kyndryl Holdings Inc		2,559			65,436	58,806
Labcorp Holdings Inc		488			95,051	109,058
LAM Research Corp Com		248			172,516	202,388
Lamb Weston Holdings Inc		910			102,164	58,913
Lear Corp		345			50,046	37,657
Leidos Holdings Inc		1,221			179,749	199,023
Light & Wonder Inc		1,434			146,754	130,107
Lincoln Electric Holdings Com		1,230			175,564	236,185
Lithia Motors Inc CL A Com		817			256,713	259,512
Livanova PLC		1,659			94,876	87,164
Lockheed Martin Corp		331			172,930	193,489
Logitech International S.A. ADR		1,633			146,676	146,529
Louisiana PAC Corp		253			21,662	27,187
LPL Financial Holdings Inc		488			98,373	113,523
Lululemon Athletica Inc		355			66,722	96,329
Lyondellbasell Indu-CL A		256			22,390	24,550
Marriott International Inc Class A		624			99,521	155,126
Masco Corp		513			26,495	43,061
Mastec Inc Com		614			72,250	75,583
Mastercard Inc		1,522			95,389	751,564
McKesson Corp		181			42,017	89,490
Merit Medical Sys Inc		728			62,522	71,948
Meritage Homes Corporation		812			153,748	166,517
Meta Platforms Inc CL A		1,574			314,599	901,021
MetLife Inc		1,715			102,774	141,453
Mettler-Toledo Intl Inc		230			64,791	344,931
Microsoft Corp		473			192,168	203,532
Middleby Corp		374			54,913	52,035
MKS Instrs Inc		823			99,575	89,468
Molina Healthcare Inc		305			97,322	105,091
Molson Coors Beverage Co-B		1,915			118,873	110,151
Monster Beverage Corp		2,910			43,355	151,815
Mueller Inds Inc		610			23,837	45,201
Murphy Oil Corp		1,963			73,588	66,232
Murphy USA Inc		299			79,091	147,368
National Fuel Gas Co NJ		1,077			58,974	65,277
National Health Invs Inc		455			37,367	38,247
NCR Athleos Corp		1,278			28,662	36,461
Netapp Inc		1,654			147,494	204,286
Netflix Inc		1,073			101,026	761,047
Nordson Corp		658			71,556	172,811
NRG Energy Inc		1,595			90,939	145,305
Nucor Corp		171			15,786	25,708
Nutanix Inc		898			60,928	53,207

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	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date,	Cost	Current Value
		Rate of Interest, Collateral, Par or Maturity Value		
		Shares/ Type Principal Interest Rate Maturity Date		
		Common stock (continued):		
	Nvent Electric PLC-W/I	1,035	\$ 62,684	\$ 72,719
	OGE Energy Corp Com	1,146	40,381	47,009
	OLD Dominion Freight Lines Inc	1,773	243,819	352,189
	OneMain Holdings Inc	1,107	61,021	52,106
	Onto Innovation Inc	519	43,579	107,724
	Organon & Co	4,958	104,558	94,847
	Oshkosh Corporation	401	39,856	40,184
	OSI Sys Inc Corp Com	212	28,990	32,188
	Ovintiv Inc	1,741	84,821	66,698
	Owens Corning Inc	148	11,708	26,125
	Pacira Biosciences Inc	2,707	57,966	40,740
	Packaging Corp of America	119	16,286	25,633
	Parker Hannifin Corp	69	11,132	43,596
	Parsons Corp	2,004	183,937	207,775
	Paychex Inc	1,427	163,377	191,489
	Paycom Software Inc	662	82,950	110,269
	Pentair PLC	503	42,303	49,188
	Pfizer Inc	3,771	105,815	109,133
	Philip Morris International IN	839	76,557	101,855
	Phinia Inc	875	34,880	40,276
	Pinnacle West Cap Corp	518	38,943	45,890
	Piper Sandler Cos	218	29,753	61,871
	Pool Corporation	222	59,251	83,650
	Post Holdings Inc	903	79,342	104,522
	PPL Corporation	1,428	41,307	47,238
	Primo Water Corp	1,066	24,334	26,917
	Prudential Finl Inc	1,091	118,342	132,120
	Pulte Grp Inc	1,233	93,076	176,972
	Qualcomm Inc	1,177	201,752	200,149
	Quest Diagnostics Inc	697	99,082	108,209
	Regions Finl Corp New	5,792	103,595	135,127
	Reinsurance Group Amer Class A New	455	81,048	99,131
	Reliance Inc	87	13,461	25,161
	Renaissancere Holdings Com	121	17,665	32,960
	Revolution Medicines Inc	671	20,589	30,430
	RH	206	66,037	68,893
	Rhythm Pharmaceuticals Inc	795	42,739	41,650
	Rocket Pharmaceuticals Inc	1,968	49,483	36,349
	Royal Caribbean Cruise	928	82,322	164,590
	Royal Dutch Shell PLC ADR	1,011	50,022	66,675
	Royal Gold Inc	358	48,827	50,227
	Rxsight Inc	1,054	34,539	52,099
	Ryder Sys Inc	297	27,310	43,303
	Seadrill 2021 Ltd	923	45,121	36,680
	Sensient Technologies Corp	374	27,696	30,002
	Sherwin Williams Co	728	35,665	277,856
	Shift4 Payments Inc	516	38,147	45,718
	Sketchers USA Inc	785	38,316	52,532
	SM Energy Co	1,618	63,117	64,671
	Smith AO Corp CL B	1,354	100,567	121,630
	Snap on Inc	145	29,579	42,008
	Sonoco Prods Co	442	25,951	24,146
	Spectrum Brands Hldgs Inc New	275	21,826	26,164
	Sprouts Farmers Markets LLC	1,251	36,594	138,123
	Starbucks Corp Com	2,272	47,023	221,497
	State Street Corp	1,544	114,714	136,598
	Steel Dynamics Inc Com	209	9,890	26,351

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		Shares/ Principal	Interest Rate	Maturity Date			
	Type						
	<u>Common stock (continued):</u>						
Synchrony Financial		2,626			\$ 91,905	\$ 130,985	
Synovus Financial Corp		2,812			102,143	125,050	
Tanger Inc Reit		1,563			48,090	51,860	
Taylor Morrison Home Corp		2,491			143,790	175,018	
Technipfmc Ltd		1,495			29,176	39,214	
Tenet Healthcare Corporation		677			61,900	112,517	
Texas Roadhouse Inc		1,341			143,831	236,821	
Textron Inc		3,542			261,380	313,750	
The Cigna Group		291			72,974	100,814	
Timken Co		515			42,795	43,409	
T-Mobile US Inc		238			31,974	49,114	
Toll Bros Inc		1,106			93,531	170,866	
Totalenergies Se		1,077			57,835	69,596	
Trade Desk Inc		2,592			72,621	284,213	
Transdigm Group Inc		141			140,111	201,225	
Travel + Leisure Co		1,205			55,801	55,526	
Trimble Inc		1,431			39,553	88,851	
Trinet Group Inc		418			44,641	40,533	
Trinity Inds Inc		1,462			47,862	50,936	
UFP Industries Inc		203			17,960	26,636	
UGI Corp New Com		1,893			52,343	47,363	
Ultragenyx Pharmaceutical Inc		989			55,454	54,939	
United Parcel Service-CL B		313			40,435	42,674	
United Rental Inc Com		597			75,674	483,409	
United Therapeutics Corp Del		302			73,277	108,222	
UNUM Group		2,292			91,337	136,236	
Urban Outfitters Incorporated		1,206			38,886	46,202	
US Foods Holding Corp		1,909			102,373	117,404	
Valvoline Inc		871			39,149	36,451	
Verizon Communications		1,090			49,982	48,952	
Vistra Corp		573			11,521	67,923	
Vontier Corp		1,213			38,120	40,927	
Vornado Realty Trust		1,999			77,536	78,761	
Waters Corp		630			52,777	226,731	
Wells Fargo & Co		2,354			87,894	132,977	
Western Alliance Bancorporation		379			23,961	32,780	
Western Union Co/The		9,000			110,465	107,370	
Westlake Chem Corp		167			15,878	25,098	
Williams Sonoma Inc		2,208			69,154	342,063	
Xcel Energy Inc		724			45,899	47,277	
Zebra Technologies Corp CL A		539			198,871	199,602	
Zillow Group Inc		1,256			57,611	77,784	
Zions Bancorp NA		2,731			109,456	128,958	
Zoetis Inc		596			36,677	116,447	
		Total common stock			23,789,441	38,718,930	
		<u>Corporate obligations:</u>					
Acrisure LLC	Bond	70,000	7.500	% 11/06/30	71,435	72,037	
Aecom	Bond	70,000	5.125	03/15/27	65,614	70,304	
AET UNI/AET FIN	Bond	45,000	7.500	10/01/29	45,338	45,596	
Air Canada	Bond	65,000	10.500	07/15/26	70,200	69,997	
Allegheny Technologies	Bond	50,000	5.125	10/01/31	48,938	48,571	
Allegheny Technologies	Bond	60,000	5.875	12/01/27	58,786	59,921	
Allied Universal	Bond	65,000	7.875	02/15/31	65,468	66,397	
Allison Transmis	Bond	98,000	5.875	06/01/29	99,929	98,608	
Amer Airline 21-B	Bond	95,120	3.950	07/11/30	82,111	89,730	
American Axle & MFG	Bond	50,000	6.500	04/01/27	49,969	50,130	

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	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Corporate obligations (continued):</u>						
AmeriGas Part/Fin Co	Bond	110,000	5.875 %	08/20/26	\$ 105,084	\$ 109,240
AMN Healthcare	Bond	104,000	4.625	10/01/27	102,344	101,659
Archrock Partners LP	Bond	55,000	6.625	09/01/32	56,048	56,402
Asbury Automotive Group	Bond	107,000	4.750	03/01/30	100,226	102,416
Beazer Homes USA	Bond	85,000	5.875	10/15/27	89,038	84,980
Boyne USA Inc	Bond	83,000	4.750	05/15/29	77,996	79,790
Buckeye Partners LP	Bond	59,000	4.125	12/01/27	54,402	56,790
Carpenter Technology	Bond	118,000	6.375	07/15/28	122,738	118,809
CCO Hldgs LLC/CA	Bond	262,000	4.500	05/01/32	216,892	226,538
CDI Excrow Issuer	Bond	70,000	5.750	04/01/30	68,689	70,077
Centene Corp	Bond	100,000	4.625	12/15/29	93,742	97,858
Century Communities	Bond	40,000	6.750	06/01/27	40,284	40,384
Chart Industries Inc	Bond	85,000	9.500	01/01/31	91,826	92,643
Civitas Resources	Bond	75,000	8.625	11/01/30	77,025	79,461
Clear Channel	Bond	85,000	9.000	09/15/28	88,681	90,365
Clearwater Paper	Bond	110,000	4.750	08/15/28	97,021	103,538
Cogent Communication	Bond	83,000	7.000	06/15/27	81,397	84,459
Dana Inc	Bond	105,000	5.625	06/15/28	107,093	102,949
Davita Inc	Bond	113,000	4.625	06/01/30	115,292	107,723
Edgewell Persona	Bond	95,000	5.500	06/01/28	89,404	94,443
Edison INTL	Bond	65,000	7.875	06/15/54	67,796	68,277
Emrld Bor/Emrd	Bond	90,000	6.750	07/15/31	90,450	93,857
Encompass Health Cor	Bond	49,000	4.500	02/01/28	50,103	48,094
Energizer Holdings	Bond	85,000	4.375	03/31/29	71,157	80,495
Energy Trans V-A	Bond	185,000	7.125	12/01/49	170,729	188,983
Equipmentsshare.com	Bond	45,000	9.000	05/15/28	46,845	46,992
Fiesta Purchaser Inc	Bond	60,000	7.875	03/01/31	63,600	63,652
Frontier Communi	Bond	65,000	8.625	03/15/31	68,206	70,076
Genesis Energy LP	Bond	20,000	8.250	01/15/29	20,738	20,709
Genesis Energy LP/FI	Bond	100,000	7.750	02/01/28	96,180	101,254
Global Part/GLP Fina	Bond	100,000	6.875	01/15/29	101,821	100,308
GLP Capital LP/Fin	Bond	57,000	5.750	06/01/28	53,317	58,509
Goodyear Tire & Rubb	Bond	80,000	7.000	03/15/28	87,687	81,954
Griffon Corporation	Bond	105,000	5.750	03/01/28	103,688	103,678
H&E Equipment Se	Bond	110,000	3.875	12/15/28	104,520	103,272
Herc Holdings	Bond	77,000	5.500	07/15/27	77,881	76,905
Hess Midstream	Bond	105,000	5.125	06/15/28	105,360	103,882
Icahn Enterprises	Bond	35,000	6.250	05/15/26	31,691	34,727
Icahn Enterprises	Bond	175,000	5.250	05/15/27	150,872	167,692
Jetblue 2020-1 Class	Bond	76,813	7.750	11/15/28	88,961	78,437
Kite Rlty Group LP	Bond	15,000	5.500	03/01/34	14,801	15,452
Kyndryl Holdings Inc	Bond	65,000	3.150	10/15/31	49,911	57,120
L Brands Inc	Bond	100,000	5.250	02/01/28	101,413	99,882
Labl Inc	Bond	60,000	8.625	10/01/31	59,847	59,542
Labl Inc	Bond	75,000	5.875	11/01/28	68,423	70,241
Lamar Media Corp	Bond	48,000	4.875	01/15/29	49,033	47,417
Lithia Motors Inc	Bond	89,000	4.375	01/15/31	71,955	82,819
Magnolia Oil & Gas	Bond	109,000	6.000	08/01/26	108,496	108,480
Marriott Ownership	Bond	125,000	4.750	01/15/28	121,620	120,111
Marriott Ownership	Bond	20,000	4.500	06/15/29	18,798	18,814
Mastec Inc	Bond	70,000	4.500	08/15/28	62,964	68,762
Mercer Intl Inc	Bond	93,000	5.500	01/15/26	88,511	91,283
MGM Resorts Intl	Bond	115,000	6.500	04/15/32	114,552	117,190
Midwest Gaming	Bond	102,000	4.875	05/01/29	94,345	97,835
Murphy Oil Corp	Bond	24,000	6.375	07/15/28	23,955	24,383
Murphy Oil USA Inc	Bond	105,000	4.750	09/15/29	105,563	102,025
Nationstar Mtg	Bond	95,000				

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		Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>Corporate obligations (continued):</u>					
	Nationstar Mtg	Bond	20,000	6.500 %	08/01/29	\$ 20,000	\$ 20,337
	Navient Corp	Bond	70,000	5.875	10/25/24	73,950	69,901
	Navient Corp	Bond	70,000	5.000	03/15/27	68,411	69,381
	Nextera Energy Oper	Bond	65,000	7.250	01/15/29	67,600	68,535
	Nustar Logistics LP	Bond	75,000	6.375	10/01/30	71,387	77,822
	Oceaneering Intl Inc	Bond	40,000	6.000	02/01/28	39,750	40,077
	Oceaneering Intl Inc	Bond	100,000	6.000	02/01/28	92,582	100,192
	Onemain Finance Corp	Bond	20,000	3.500	01/15/27	18,631	19,116
	Onemain Finance Corp	Bond	25,000	3.875	09/15/28	23,133	23,188
	Owens Brockway	Bond	70,000	7.250	05/15/31	70,455	71,913
	Parkland Corp	Bond	130,000	4.500	10/01/29	124,747	123,081
	Patterson - UTI Energy	Bond	53,000	3.950	02/01/28	47,104	51,032
	Performance Food Gro	Bond	45,000	6.125	09/15/32	45,000	45,984
	Pike Corp	Bond	90,000	8.625	01/31/31	96,018	96,230
	Primo Water Holdings	Bond	65,000	4.375	04/30/29	55,488	62,320
	Provident FDG/PF	Bond	63,000	6.375	06/15/25	64,500	62,978
	Ryman Hospitality PR	Bond	75,000	4.750	10/15/27	70,928	74,085
	Sally Hldgs LLC	Bond	67,000	6.750	03/01/32	66,829	68,811
	Seagate HDD Cayman	Bond	50,000	4.125	01/15/31	45,555	46,227
	Six Flags Ent	Bond	85,000	7.250	05/15/31	86,275	88,036
	Southwestern Energy	Bond	91,000	5.700	01/23/25	97,959	90,924
	Speedway Mot/Spe	Bond	121,000	4.875	11/01/27	118,777	118,919
	Spirit AeroSystems	Bond	83,000	9.750	11/15/30	88,574	92,545
	Springleaf Finance	Bond	100,000	7.125	03/15/26	106,550	102,092
	SS&C Technologies	Bond	72,000	5.500	09/30/27	72,085	71,969
	Starwood Property	Bond	48,000	4.750	03/15/25	49,304	47,766
	Suburban Propane	Bond	85,000	5.000	06/01/31	72,649	79,249
	Sunoco LP/Finance	Bond	15,000	4.500	04/30/30	15,000	14,373
	Sunoco LP/Finance Co	Bond	90,000	4.500	05/15/29	88,043	86,524
	Tenet Healthcare	Bond	25,000	6.125	10/01/28	24,870	25,200
	Teva Pharmaceuticals	Bond	105,000	3.150	10/01/26	94,613	100,927
	Tri Pointe Group Inc	Bond	98,000	5.250	06/01/27	101,905	98,091
	United Air 2019-2 B	Bond	135,250	3.500	05/01/28	131,233	128,837
	United Continental	Bond	75,000	4.875	01/15/25	74,475	74,731
	United Rentals North	Bond	60,000	4.000	07/15/30	58,979	56,704
	Univision Comm	Bond	85,000	8.000	08/15/28	83,471	86,910
	USA Com Part	Bond	50,000	7.125	03/15/29	50,880	51,498
	Venture Global Lng	Bond	135,000	9.500	02/01/29	145,549	152,079
	Vista Corp V-S	Bond	40,000	8.000	12/31/99	41,461	41,902
	VR Air Lease Corp	Bond	175,000	4.125	12/15/69	132,413	164,234
	VR Citigroup Inc	Bond	90,000	5.950	11/15/68	85,837	90,115
	Windstream Escrow	Bond	30,000	8.250	10/01/31	30,200	30,499
	Wyndham Worldwide Co	Bond	127,000	4.500	04/01/27	134,577	128,579
		Total corporate obligations				8,581,785	8,758,050
		<u>Foreign obligations:</u>					
	Enerflex Ltd	Bond	95,000	9.000	10/15/27	97,613	98,003
	Vermilion Energy Inc	Bond	120,000	6.875	05/01/30	115,573	119,951
		Total foreign obligations				213,186	217,954
		<u>103-12 investment entity - international equity:</u>					
	Hardman Johnston International Equity Group Trust		361,671			6,490,875	15,840,618
		<u>Common collective trust - equity:</u>					
	BNYM Mellon AFL-CIO SL Stock Index Fund		553,733			5,570,552	10,736,880

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	Shares/ Type Principal Interest Rate Maturity Date			
	<u>Common collective trust - fixed income:</u>			
NHIT: Intermediate Duration Fixed Income Trust	702,607		\$ 10,069,566	\$ 11,115,245
	<u>Common collective trust - international equity:</u>			
First Eagle International Value Fund, LP	4,851		12,311,833	14,118,591
	<u>Limited partnerships - real estate:</u>			
American Core Realty Fund, LP	33		3,848,647	3,960,718
Boyd Watterson GSA Fund, LP	4,605		4,856,127	4,600,677
Boyd Watterson State Government Fund, LP	11,257		12,833,270	11,331,307
U.S. Real Estate Investment Fund, LLC	12,570		15,936,117	14,596,924
	Total limited partnerships - real estate		37,474,161	34,489,626
	<u>Limited partnerships - private equity:</u>			
Portfolio Advisors Secondary Fund III (Offshore), LP	3,551,064		3,551,064	4,400,212
Portfolio Advisors Secondary Fund IV (Offshore), LP	5,271,759		5,271,759	6,263,495
	Total limited partnerships - private equity		8,822,823	10,663,707
	<u>Hedge funds of funds - multistrategy:</u>			
Entrust Capital Diversified Fund Class X, Series 12/31/2016	5,693		495,354	24,465
	<u>Hedge funds of funds - opportunistic:</u>			
Corbin ERISA Opportunity Fund, LP	7,875,000		7,875,000	10,814,475
EnTrustPermal Special Opportunities Fund IV, Ltd.	3,210		3,340,519	3,450,224
GoldenTree Multi-Sector Fund Offshore ERISA, Ltd.	4,871		9,500,000	11,176,338
	Total hedge funds of funds - opportunistic		20,715,519	25,441,037
	<u>Money market mutual funds:</u>			
* Allspring Government Money Market Fund	907,633		907,633	907,633
* Allspring Treasury Plus Money Market Fund	3,092,740		3,092,740	3,092,740
	Total money market mutual funds		4,000,373	4,000,373
	<u>Interest bearing cash:</u>			
* Lending Club Bank	14,641		14,641	14,641
* Principal Bank	415		415	415
* PNC Bank	2,188,421		2,188,421	2,188,421
	Total interest bearing cash		2,203,477	2,203,477
	Total investments		\$ 140,738,945	\$ 176,328,953

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

TEAMSTERS LOCAL 830 PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2024

Form 5500, Schedule H, Line 4j

EIN No: 23-1990755

Plan No: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
*	Allspring Government Money Market Fund	\$ 11,735,003	N/A	\$ 11,735,003	\$ 11,735,003	N/A
*	Allspring Government Money Market Fund	N/A	\$ 13,592,521	13,592,521	13,592,521	\$ -
*	Allspring Treasury Plus Money Market Fund	14,469,266	N/A	14,469,266	14,469,266	N/A
*	Allspring Treasury Plus Money Market Fund	N/A	11,957,209	11,957,209	11,957,209	-

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

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Principal Plan Provisions

Effective Date and Plan Year

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

Employee Participation

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

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

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

Normal Retirement Benefits

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

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

Early Retirement Benefits

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

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

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

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

Benefit and Contribution Levels:

During the plan year ending 9/30/2023, employers contribute and accrue benefits at the following levels:

Employer	Contribution Rate	Accrual Rate
Aramark (1040)	\$120.90	\$87.75
Banko Beverage (1134)	\$96.00	\$69.75
Bunzl Philadelphia (2570)	\$174.40	\$123.75
Muller, Inc. (1390)	\$137.70	\$99.25
Origlio Bev., Inc. (2930)	\$137.70	\$99.25
Penn Distributors, Inc. (3060)	\$137.70	\$99.25
Route Messengers of PA (4150)	\$43.96	\$25.75
Teamsters Local 830 Fund (2470)	\$149.50	\$109.00
Teamsters Local 830 Union (2480)	\$174.40	\$123.75
Thomas Jefferson Univ. Hosp. (2220)	\$105.42	\$77.00

Termination Benefits (Vesting)

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

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

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

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

Disability Benefits

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

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

Pre-Retirement Spouse's Benefit

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

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

Post-Retirement Death Benefit

Qualifications: Receiving a pension at the time of death.

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

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

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

Form of Benefit Payment

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

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

Changes Since Previous Valuation

There were no changes to the plan's provisions or to any benefit accrual rates since the prior valuation.

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Teamster Local 830 Pension Plan
 EIN: 23-1990755 PN: 001
 Attachment to the 2023 Form 5500 Schedule MB

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

	Attained	Years of Credited Service										Total
	Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Number
Average Age: 2023: 48.28 2022: 48.51	Under 25	0	2	0	0	0	0	0	0	0	0	2
	25-29	0	19	5	0	0	0	0	0	0	0	24
Average Service: 2023: 16.52 2022: 17.03	30-34	0	19	2	10	0	0	0	0	0	0	31
	35-39	0	8	6	15	12	0	0	0	0	0	41
# of Males: 377	40-44	0	8	7	15	20	12	0	0	0	0	62
	45-49	0	9	8	12	6	14	4	0	0	0	53
# of Females: 19	50-54	0	5	5	9	9	15	10	5	0	0	58
	55-59	0	2	4	2	7	6	6	14	8	0	49
	60-64	0	2	6	3	3	5	5	8	13	6	51
	65-69	0	0	1	5	2	3	2	1	3	7	24
	70 & Over	0	0	0	0	0	0	0	0	1	0	1
	Total	0	74	44	71	59	55	27	28	25	13	396

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

Schedule MB, line 3 - Withdrawal Liability Amounts

Date	Withdrawal Liability Payment
10/2023	\$13,524.00
10/2023	\$14,191.82
11/2023	\$13,524.00
11/2023	\$14,191.82
12/2023	\$13,524.00
12/2023	\$14,191.82
1/2024	\$13,524.00
1/2024	\$14,191.82
2/2024	\$13,524.00
2/2024	\$14,191.82
3/2024	\$13,524.00
3/2024	\$14,191.82
4/2024	\$13,524.00
4/2024	\$14,191.82
5/2024	\$13,524.00
5/2024	\$14,191.82
6/2024	\$13,524.00
6/2024	\$14,191.82
7/2024	\$13,524.00
7/2024	\$14,191.82
8/2024	\$13,524.00
8/2024	\$14,191.82
9/2024	\$13,524.00

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

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

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)*	Amortization Payment as of Beginning of Year
	(1)	(2)	(3)	(4)	(5)	(6)
A. Charges						
1. Plan Amendment	10/1/1979	767,796	N/A	29,778	1.000	29,778
2. Plan Amendment	10/1/1989	797,611	35	32,986	1.000	32,986
3. Plan Amendment	10/1/1990	571,327	35	51,198	2.000	26,524
4. Plan Amendment	10/1/1991	2,194,646	35	310,063	3.000	110,912
5. Plan Amendment	10/1/1992	435,098	35	84,489	4.000	23,466
6. Plan Amendment	10/1/1993	2,521,141	35	622,556	5.000	143,138
7. Plan Amendment	10/1/1994	401,250	35	119,832	6.000	23,748
8. Plan Amendment	10/1/1995	317,810	35	110,828	7.000	19,465
9. Assumption Change	10/1/1995	1,132,876	35	395,002	7.000	69,373
10. Plan Amendment	10/1/1996	309,583	35	122,868	8.000	19,513
11. Assumption Change	10/1/1997	1,225,980	35	542,935	9.000	79,176
12. Plan Amendment	10/1/1997	1,821,633	35	806,724	9.000	117,644
13. Plan Amendment	10/1/1998	790,133	35	384,451	10.000	52,101
14. Plan Amendment	10/1/1999	2,093,813	35	1,105,505	11.000	140,577
15. Plan Amendment	10/1/2000	6,378,439	35	3,617,256	12.000	435,006
16. Plan Amendment	10/1/2001	1,278,085	35	771,950	13.000	88,372
17. Plan Amendment	10/1/2002	1,234,791	35	788,642	14.000	86,419
18. Plan Amendment	10/1/2003	2,616,553	35	1,756,437	15.000	185,099
19. Plan Amendment	10/1/2004	4,067,940	35	2,855,147	16.000	290,538
20. Assumption Change	10/1/2004	693,401	35	486,663	16.000	49,522
21. Actuarial Loss	10/1/2004	1,190,300	20	65,863	1.000	65,863
22. Plan Amendment	10/1/2005	1,445,873	35	1,056,255	17.000	104,152
23. Plan Amendment	10/1/2006	9,914,313	35	7,508,904	18.000	719,660
24. Actuarial Loss	10/1/2006	4,815,563	20	910,286	3.000	325,618
25. Actuarial Loss	10/1/2007	998,033	20	259,301	4.000	72,018
26. Plan Amendment	10/1/2007	3,038,321	35	2,377,499	19.000	222,071
27. Plan Amendment	10/1/2008	766,924	20	253,385	5.000	58,258
28. Actuarial Loss	10/1/2008	4,751,137	20	1,569,717	5.000	360,910
29. Actuarial Loss	10/1/2009	6,111,676	20	2,442,026	6.000	483,964
30. Plan Amendment	10/1/2009	666,027	20	266,123	6.000	52,741
31. Actuarial Loss	10/1/2010	8,124,616	20	3,790,920	7.000	665,792
32. Actuarial Loss	10/1/2011	708,758	20	376,358	8.000	59,772
33. Plan Amendment	10/1/2011	1,482	20	790	8.000	125
34. Plan Amendment	10/1/2012	532,316	20	315,411	9.000	45,996
35. Actuarial Loss	10/1/2012	1,271,616	20	753,468	9.000	109,878
36. Actuarial Loss	10/1/2013	804,858	20	523,973	10.000	71,010
37. Assumption Change	10/1/2013	5,071,175	20	3,301,413	10.000	447,413
38. Assumption Change	10/1/2014	1,403,187	20	991,248	11.000	126,048
39. Actuarial Loss	10/1/2019	195,868	15	162,326	11.000	20,641
40. Assumption Change	10/1/2021	291,253	15	268,115	13.000	30,693
41. Actuarial Loss	10/1/2022	922,437	15	887,119	14.000	97,210
42. Actuarial Loss	10/1/2023	3,713,643	15	3,713,643	15.000	391,357
Total				\$ 46,789,453		\$ 6,554,547

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

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

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

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)	Amortization Payment as of Beginning of Year
	(1)	(2)	(3)	(4)	(5)	(6)
B. Credits						
1. Assumption Change	10/1/1995	671,016	29	53,367	1.000	53,367
2. Plan Amendment	10/1/1997	92,327	30	26,182	4.000	7,272
3. Actuarial Gain	10/1/2014	3,870,111	15	2,057,941	6.000	407,845
4. Assumption Change	10/1/2015	2,401,500	15	1,440,990	7.000	253,078
5. Actuarial Gain	10/1/2015	1,402,253	15	841,406	7.000	147,775
6. Actuarial Gain	10/1/2016	2,601,537	15	1,726,269	8.000	274,159
7. Assumption Change	10/1/2016	2,218,998	15	1,472,432	8.000	233,846
8. Plan Amendment	10/1/2017	3,189,035	15	2,304,544	9.000	336,071
9. Assumption Change	10/1/2017	2,371,260	15	1,713,582	9.000	249,892
10. Actuarial Gain	10/1/2017	1,645,964	15	1,189,451	9.000	173,458
11. Assumption Change	10/1/2018	634,681	15	493,536	10.000	66,885
12. Actuarial Gain	10/1/2018	810,674	15	630,390	10.000	85,432
13. Assumption Change	10/1/2019	621,657	15	515,196	11.000	65,513
14. Assumption Change	10/1/2020	509,400	15	446,393	12.000	53,683
15. Actuarial Gain	10/1/2020	2,367,753	15	2,074,881	12.000	249,522
16. Actuarial Gain	10/1/2021	5,716,695	15	5,262,527	13.000	602,445
Total				\$ 22,249,087		\$ 3,260,243
C. Net (A - B)				\$ 24,540,366		\$ 3,294,304
D. Balance Test						
1. Credit balance / (funding deficiency)				\$ 25,948,720		
2. Balance test: [C - D(1)]				\$ (1,408,354)		
3. Unfunded accrued liability				\$ (1,408,354)		

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

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

The following are the actuarial assumption changes as of October 1, 2023:

The current liability interest rate was changed from 2.38% to 3.07%, in compliance with IRS regulations. Additionally, the RPA current liability mortality table was changed to the 2023 Static Mortality Table under IRS Notice 2019-67.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

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

Interest Rates

Funding Interest Rate 7.50% per year, compounded annually.
RPA Current Liability 3.07% per year, compounded annually.

Mortality

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

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

RPA Current Liability IRS 2023 Mortality Table, as prescribed.

Withdrawal Rates

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

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

This assumption was chosen by the Plan's prior actuary, and will be reviewed by KBA74 once adequate history has been compiled

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

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

(continued)

Disability Rates

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

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

Retirement Rates

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

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

Expenses

An amount equal to the core expenses (excluding investment expenses) paid in the preceding Plan Year, rounded up to the next \$10,000, added to the Normal Cost. (\$750,000 for 2023, expense loading of 48.0%)

Spouses (marital status)

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

Service Credit

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

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

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

(continued)

Form of Payment:	All who retire are assumed to receive an immediate life annuity with 5 years certain.
Vested Terminated Members Beyond Their Normal Retirement Age:	Benefits for Vested Terminated members who are past their Normal Retirement Date are actuarially increased through age 71. Those members beyond age 71 have a one-time retroactive benefit valued, with 7.0% interest, as of the valuation date for payments due beyond age 71. Liabilities for three Vested Terminated members beyond age 85 are excluded from the valuation.
Data	Data is received from the Fund Office. Retirees and beneficiaries are those who were in receipt of a payment as of the valuation date. Actives are those who were listed as being employed by a Contributing Employer on the valuation date. Terminated Vested members are those with at least 5 years of Vesting Service who were neither in receipt of a pension or actively employed. Records without dates of birth are assumed to have the average birth date of other records in the same status.
Actuarial Valuation Method	Unit Credit cost method.
Asset Valuation Method	Recognition of gains and losses above or below the assumed rate of return over a 5-year period, adjusted, if necessary, to remain within a corridor of 80% to 120% of the market value of plan assets.
Changes since the Prior Valuation	The current liability interest rate was changed from 2.38% to 3.07%, in compliance with IRS regulations. Additionally, the RPA current liability mortality table was changed to the 2023 Static Mortality Table in accordance with IRS regulations.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

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

(continued)

Rationale for Selection of Significant Actuarial Assumptions

Interest Rate	The interest rate assumption used for funding purposes is based on current and future market expectations, and professional judgment. In setting the long-term investment return assumption, the Plan's Investment Consultant provided future investment expectations based on the Plan's asset allocation.
Mortality	The mortality assumption is based on historical and current demographic data and professional judgment. Periodically, we perform experience studies where we compare actual to expected experience.
Retirement from Active and Terminated Vested Status	The retirement age decrements for active and terminated vested participants are based on observations of recent and historical retirements and in consideration of plan design, and the actuary's experience with plans of a similar size, workforce composition, and geography.
Withdrawal	The withdrawal table was selected by the prior actuary. Once KBA74 has adequate data to perform an experience study, the table will either be confirmed or substituted with a more appropriate table.
Plan Expenses	Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust, with consideration of PBGC premiums and other expenditures expected to be paid in this Plan Year.
Marital Status	The current assumption has been selected based on the actuary's experience with plans of a similar size, plan design, and workforce composition.
Disability	Because the Plan does not have enough data to do a fully credible experience analysis with respect to disability during active employment, the current assumption has been selected based on observations of recent disabilities, the actuary's experience with plans of a similar size, plan design, workforce composition and geography.

Teamster Local 830 Pension Plan
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Attachment to the 2023 Form 5500 Schedule MB

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

The portion of the vested benefits that is matched by the Plan's assets is valued using the single spot rate generated by the Plan's payment stream and the FTSE Pension Discount Curve. For withdrawals that happen during the period 10/1/2023 - 9/30/2024, the rate is 5.61%.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

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

Plan Year	Active Participants	Terminated Vested	Retired Participants	Total
2023	\$689,154	\$1,571,808	\$12,702,519	\$14,963,481
2024	\$1,248,395	\$834,328	\$12,367,362	\$14,450,085
2025	\$1,757,006	\$1,123,435	\$12,016,160	\$14,896,601
2026	\$2,212,298	\$1,404,524	\$11,637,929	\$15,254,751
2027	\$2,592,489	\$1,632,660	\$11,220,341	\$15,445,490
2028	\$2,869,936	\$1,806,565	\$10,805,863	\$15,482,364
2029	\$3,078,490	\$1,985,623	\$10,405,213	\$15,469,326
2030	\$3,253,890	\$2,149,273	\$9,996,723	\$15,399,885
2031	\$3,399,915	\$2,310,506	\$9,580,577	\$15,290,998
2032	\$3,530,996	\$2,480,735	\$9,157,113	\$15,168,845
2033	\$3,631,685	\$2,640,231	\$8,726,851	\$14,998,767
2034	\$3,697,237	\$2,762,875	\$8,290,546	\$14,750,658
2035	\$3,737,233	\$2,852,617	\$7,849,193	\$14,439,043
2036	\$3,769,166	\$2,925,479	\$7,403,986	\$14,098,632
2037	\$3,780,540	\$2,985,440	\$6,956,272	\$13,722,253
2038	\$3,809,265	\$3,033,980	\$6,507,511	\$13,350,755
2039	\$3,801,223	\$3,074,684	\$6,059,289	\$12,935,196
2040	\$3,787,834	\$3,113,177	\$5,613,379	\$12,514,389
2041	\$3,784,873	\$3,134,538	\$5,171,753	\$12,091,164
2042	\$3,797,238	\$3,148,568	\$4,736,609	\$11,682,415
2043	\$3,742,811	\$3,137,846	\$4,310,371	\$11,191,028
2044	\$3,729,390	\$3,117,951	\$3,895,633	\$10,742,974
2045	\$3,723,371	\$3,081,939	\$3,495,093	\$10,300,402
2046	\$3,668,582	\$3,038,157	\$3,111,444	\$9,818,182
2047	\$3,554,511	\$2,983,515	\$2,747,271	\$9,285,298
2048	\$3,431,198	\$2,919,124	\$2,404,952	\$8,755,275
2049	\$3,311,520	\$2,840,609	\$2,086,524	\$8,238,653
2050	\$3,175,505	\$2,752,367	\$1,793,605	\$7,721,477
2051	\$3,062,122	\$2,652,986	\$1,527,338	\$7,242,446
2052	\$2,918,826	\$2,540,896	\$1,288,277	\$6,748,000
2053	\$2,769,161	\$2,427,337	\$1,076,361	\$6,272,860
2054	\$2,617,462	\$2,307,051	\$890,901	\$5,815,414
2055	\$2,458,263	\$2,180,794	\$730,606	\$5,369,664
2056	\$2,314,339	\$2,050,347	\$593,719	\$4,958,404
2057	\$2,169,501	\$1,920,703	\$478,154	\$4,568,357
2058	\$2,024,944	\$1,792,396	\$381,643	\$4,198,984
2059	\$1,890,203	\$1,666,292	\$301,882	\$3,858,377
2060	\$1,757,365	\$1,541,274	\$236,627	\$3,535,266
2061	\$1,626,582	\$1,421,407	\$183,760	\$3,231,749
2062	\$1,502,367	\$1,306,102	\$141,346	\$2,949,814
2063	\$1,385,188	\$1,194,792	\$107,648	\$2,687,627

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

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

Plan Year	Active Participants	Terminated Vested	Retired Participants	Total
2064	\$1,273,071	\$1,088,951	\$81,141	\$2,443,163
2065	\$1,166,839	\$988,190	\$60,492	\$2,215,521
2066	\$1,066,227	\$892,917	\$44,563	\$2,003,707
2067	\$970,890	\$803,137	\$32,407	\$1,806,433
2068	\$880,570	\$718,850	\$23,233	\$1,622,652
2069	\$795,135	\$639,882	\$16,396	\$1,451,413
2070	\$714,456	\$566,210	\$11,373	\$1,292,039
2071	\$638,478	\$497,740	\$7,742	\$1,143,960
2072	\$567,188	\$434,452	\$5,165	\$1,006,805

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$3,929,410	\$332,590	\$4,262,000
2024	\$3,803,410	\$332,590	\$4,136,000
2025	\$3,684,410	\$332,590	\$4,017,000
2026	\$3,585,410	\$332,590	\$3,918,000
2027	\$3,487,410	\$332,590	\$3,820,000
2028	\$3,403,410	\$332,590	\$3,736,000
2029	\$3,333,410	\$332,590	\$3,666,000
2030	\$3,256,410	\$332,590	\$3,589,000
2031	\$3,185,410	\$332,590	\$3,518,000
2032	\$3,136,410	\$332,590	\$3,469,000

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2023 Form 5500 Schedule MB

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

**CALCULATION OF MINIMUM REQUIRED CONTRIBUTION
FOR PLAN YEAR ENDING SEPTEMBER 30, 2024**

(with extension)

1. Regular Minimum Contribution		
a. Normal cost	\$	2,312,350
b. Net amortization charges		3,294,304
c. Interest on (a) and (b)		420,499
d. Total, but not less than zero	\$	6,027,153
2. Full funding limitation	\$	85,740,444
3. Minimum required contribution before recognition of credit balance if deposited on or after September 30, 2024: lesser of (1d) or (2)	\$	6,027,153

**CALCULATION OF MINIMUM REQUIRED CONTRIBUTION
FOR PLAN YEAR ENDING SEPTEMBER 30, 2024**

(without extension)

4. Regular Minimum Contribution		
a. Normal cost	\$	2,312,350
b. Net amortization charges		2,935,117
c. Interest on (a) and (b)		393,560
d. Total, but not less than zero	\$	5,641,027
5. Full funding limitation	\$	85,740,444
6. Minimum required contribution before recognition of credit balance if deposited on or after September 30, 2024: lesser of (1d) or (2)	\$	5,641,027
7. Difference in Minimum Required Contribution due to Extension of Amortization Bases: [3] - [6], not less than zero*	\$	386,126

* This does not reflect the use of the Credit Balance. There was no Minimum Required Contribution when reflecting the Credit Balance [\$25,948,720], regardless of whether the Amortization Base extensions were considered.

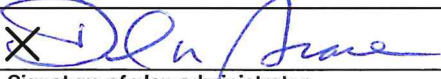
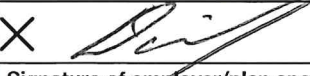
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 10/01/2023 and ending 09/30/2024	
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.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	▶ ☐

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

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

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

SIGN HERE	☒ 	6/13/25	DANIEL GRACE - UNION TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	☒ 	6/16/25	DOMINIC ORIGLIO - EMPLOYER TRUSTEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b EIN
a Sponsor's name c Plan Name	4d PN

5 Total number of participants at the beginning of the plan year	5	2,318
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	408
a (2) Total number of active participants at the end of the plan year	6a(2)	375
b Retired or separated participants receiving benefits	6b	1,026
c Other retired or separated participants entitled to future benefits	6c	550
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,951
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	322
f Total. Add lines 6d and 6e	6f	2,273
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	8

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	10
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B

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

4L

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

A Name of plan TEAMSTERS LOCAL 830 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF I.B.T.C.W.H. OF AMERICA BEER	D Employer Identification Number (EIN) 23-1990755

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

1a Enter the valuation date: Month 10 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	165,880,899
(2) Actuarial value of assets for funding standard account.....	1b(2)	177,414,958
c (1) Accrued liability for plan using immediate gain methods	1c(1)	176,006,604
(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)	176,006,604
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)	291,703,662
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	3,460,561
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	14,974,219
(3) Expected plan disbursements for the plan year.....	1d(3)	14,974,219

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 BRYAN MCCORMICK <i>BMM</i>	6/12/2025
Signature of actuary	Date
BRYAN MCCORMICK	2307345
Type or print name of actuary	Most recent enrollment number
Keystone 74 Benefits and Admin	267-606-1428
Firm name	Telephone number (including area code)
3031 Walton Road, Building B	
Plymouth Meeting PA 19462	
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 ☐

a Current value of assets (see instructions)		2a	165,880,899
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		1,338	159,505,224
(2) For terminated vested participants		555	59,262,433
(3) For active participants:			
(a) Non-vested benefits			678,447
(b) Vested benefits			72,257,558
(c) Total active		396	72,936,005
(4) Total		2,289	291,703,662
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	56.86 %

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/01/2024	3,756,930	0			
04/01/2024	318,398	0			
10/01/2024	217,377	0			
			Totals ►	3(b)	3(c)
				4,292,705	0

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	100.8 %
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	

j If box h is checked, enter period of use of shortfall method	5j	
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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** 3.07 %

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

7.50 %

7.50 %

e Salary scale

6e

%

☒ N/A

f Withdrawal liability interest rate:

(1) Type of interest rate

6f(1)☒ Single rate☐ ERISA 4044☐ Other☐ N/A

(2) If "Single rate" is checked in (1), enter applicable single rate

6f(2)

5.61 %

g Estimated investment return on actuarial value of assets for year ending on the valuation date

6g

4.8 %

h Estimated investment return on current value of assets for year ending on the valuation date

6h

6.8 %

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)

750,000

(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	3,713,643	391,357

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval

8a

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.

☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).

☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.

☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?

☒ Yes ☐ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?

☒ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.

8d(2)

5

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?

☐ Yes ☒ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).

8d(4)

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension

8d(5)

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?

☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2,312,350

c Amortization charges as of valuation date:		Outstanding balance
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	46,789,453 6,554,547
(2) Funding waivers	9c(2)	0 0
(3) Certain bases for which the amortization period has been extended	9c(3)	0 0

d Interest as applicable on lines 9a, 9b, and 9c	9d	665,017
e Total charges. Add lines 9a through 9d.....	9e	9,531,914

Credits to funding standard account:		
f Prior year credit balance, if any	9f	25,948,720
g Employer contributions. Total from column (b) of line 3	9g	4,292,705

h Amortization credits as of valuation date.....		Outstanding balance
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9h	22,249,087 3,260,243
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	41,265,783
(2) "RPA '94" override (90% current liability FFL)	9j(2)	85,740,444
(3) FFL credit	9j(3)	0

k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	35,842,402
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	26,310,488
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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No
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