

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/1952
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND 1055 SPRING STREET WYOMISSING, PA 19610
2b	Employer Identification Number (EIN) 23-6263170
2c	Plan Sponsor's telephone number 610-320-5500
2d	Business code (see instructions) 484120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2025	WILLIAM M. SHAPPELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	5913
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)	5329
a(2) Total number of active participants at the end of the plan year	6a(2)	4958
b Retired or separated participants receiving benefits	6b	438
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	5396
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	
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)	
g(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	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	96

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

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

4A 4D 4E 4F 4L 4U

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 2
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND	B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-6263170	

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

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	10254626	4521	08/01/2023	07/31/2024

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

(a) Total amount of commissions paid 43376	(b) Total amount of fees paid 53067
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EMERSON ROGERS LLC
669 RIVER DR. CENTER II STE 305
ELMWOOD PARK, NJ 07407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	53067	OVERRIDES AND BROKER BONUS.	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ALAN C KIFFERSTEIN
570 LEXINGTON AVE STE 1600
NEW YORK, NY 10022

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21688			3

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

FABRICANT & FABRICANT INC.

1251 OLD NORTHERN BLVD.
ROSLYN, NY 11576

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21688			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	542190
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND	B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-6263170	

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

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	400255731	55	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 2982	(b) Total amount of fees paid 3811
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EMERSON ROGERS LLC
669 RIVER DR. CENTER II STE 305
ELMWOOD PARK, NJ 07407

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3811	OVERRIDES AND BROKER BONUS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ALAN C KIFFERSTEIN
570 LEXINGTON AVE STE 1600
NEW YORK, NY 10022

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1491			3

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

FABRICANT & FABRICANT INC.

1251 OLD NORTHERN BLVD.
ROSLYN, NY 11576

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1491			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	37285
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-6263170

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST CORPORATION
36-2723087

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

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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)

GLOBAL PHARMACEUTICAL BENEFITS LLC

27-3340151

(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?
12 50	NONE	3422181	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERITAIN HEALTH INC.

16-1264154

(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?
12 50	NONE	1663439	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES, LLC

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	570985	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)

HIGHMARK, INC.

23-1294723

(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?
12 50	NONE	483616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIANCE COMMUNITY HEALTHCARE INC.

22-1831695

(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?
12 50	NONE	374103	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

AMERICAN HEALTH HOLDING, INC.

31-1368946

(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?
12 50	NONE	340142	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)

DELTA DENTAL OF PENNSYLVANIA

23-1667011

(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?
12 50	NONE	257164	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BICC SYSTEMS, INC.

36-2852073

(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?
12 50	NONE	230270	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIG, WILLIAMS & DAVIDSON

23-2416488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	212528	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)

CHARTWELL INVESTMENT PARTNERS, LLC

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	198772	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHERIE FREEMAN

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	182376	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSEPH SAMOLEWICZ

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	175928	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MORGAN, LEWIS & BOCKIUS, LLP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	159430	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAPHNE ROSSI

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	154961	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEDEXPERT INTERNATIONAL, INC.

94-3360248

(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	151955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNA SMITH

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	148760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRICIA MOODY

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	147896	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTINA RIVERA

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	145539	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KASEY MOYER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	140309	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLOTTE HOUSER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	138944	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRISTINE BROWN

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	138780	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMBER CARNES

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	137704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STACIE WEBER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	137641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY LEONE

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	137334	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONICA HASSLER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	136466	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARTIN CULLEN

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	132519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARCIA MOYER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	132499	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)

APRIL MAISONET

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	132413	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOROTHY FAIR

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	130206	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAMES STRICKER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	125964	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)

FOSTER & FOSTER/BEYER-BARBER CO.

59-1921114

(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 16 50	NONE	121568	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUSTY KEMP

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	101894	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGALL, BRYANT & HAMILL

35-2679129

(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 50	NONE	94769	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)

MICHELLE BICKHAM

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	93777	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHERYL BURKE

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	93340	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT GENSLINGER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	91644	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)

KYLE WELLER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	87813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LV PRINT CENTER

93-1517255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	87468	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JUDITH STRICKER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	87046	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

INTERCONTINENTAL R/E CORPORATION

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	83696	Yes ☐ No ☐

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

PETER SHIFFER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	82227	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORI KEMMERER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	80260	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)

CAILIN ADAMS

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	77178	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBRA PFENNIG

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76473	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LISA MARDERNESS

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76237	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)

BELINDA STOUTD

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	75891	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAMIEN WILD

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	75645	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLYN SEIDELL

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 30	EMPLOYEE	74960	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICHARD PASTUSZEK

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	73659	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JILL SCHMALE

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	71443	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEIDENHAMMER SYSTEMS CORP

23-2054990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	70607	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	70115	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WOTRING LAW LLC

6128 OVERLEA RD.
BETHESDA, MD 20816

(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	66377	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY SNYDER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	65734	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LISA MIECZKOWSKI

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	63992	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEMERE PEARSON

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	61132	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMANDA PATTON

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	60165	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ESSEX TECHNOLOGY GROUP INC.

22-3679815

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	54494	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVIS VISION INC

11-3051991

(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?
12 50	NONE	37344	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TELADOC HEALTH MEDICAL GROUP, PA

04-3705970

(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?
12 50	NONE	35003	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)

GREAT LAKES ADVISORS

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?
27 50	NONE	34923	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATIX SYSTEMS INC.

23-1878527

(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	24358	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT PERFORMANCE SERVICES LLC

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	21500	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)

DELAWARE VALLEY HEALTH CARE COAL.

23-2813763

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	20460	Yes ☐ No ☒

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	18363	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

KENNETH A. ROSS

23-6263170

(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?
20 50	TRUSTEE	17625	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)

KEVIN M. BOLIG

23-6263170

(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?
20 50	TRUSTEE	15704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHANGE HEALTHCARE

20-5731067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	14171	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PACKET WATCH (WGM ASSOC. LLC DBA)

27-4637065

(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	11057	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)

EDWARDS BUSINESS SYSTEMS

23-1672672

(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	10771	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FABRICANT & FABRICANT INC

13-1942233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	10389	Yes ☐ No ☒

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

JIM'S DELIVERY SERVICE

527 LONG LANE
OLEY, PA 19547

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9471	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)

NAVITUS HEALTH SOLUTIONS, LLC

04-3608530

(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?
12 50	NONE	9311	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON CONTROLS SECURITY SYSTEMS

39-0380010

(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	7264	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRIVATA GLOBAL, LLC

88-1671826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	7000	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
DELAWARE VALLEY HEALTH CARE COAL.	22 53	20460
(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.	
DELTA DENTAL OF PENNSYLVANIA 23-1667011	INSURANCE BROKER FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	2082
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HUDSON INS. CO. 13-5150451	COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	50
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY & DEPOSIT CO 13-3046577	COMMISSIONS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	3223

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	430

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	406

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	741
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SENECA INS. CO. 13-2941133	COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	127
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMGUARD INSURANCE CO. 23-2240321	COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	3330
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NORTH AMERICAN CO. 36-2428931	COMMISSIONS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INTERCONTINENTAL R/E CORPORATION	28 52	83696

(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.
US REAL ESTATE INVESTMENT FU 11-3786306	MANAGEMENT FEE

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND				B Three-digit plan number (PN) ▶ 501	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND				D Employer Identification Number (EIN) 23-6263170	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COMMON RUSSELL 1000 GROWTH INDEX					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.					
c EIN-PN 45-6138593-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14638607	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d			

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
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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
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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
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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
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan CENTRAL PENNSYLVANIA TEAMSTERS HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-6263170

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)	9814976	9699023
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2055442	1900998
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	23225069	20346583
(2) U.S. Government securities	1c(2)	23018599	26276742
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4136259	
(B) All other	1c(3)(B)	68089352	81376242
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	12512276	12020550
(5) Partnership/joint venture interests	1c(5)	27589408	24854304
(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)	14646338	14638607
(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)		
(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)	2889485	2025237

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	459692	408500
f Total assets (add all amounts in lines 1a through 1e)	1f	188436896	193546786
Liabilities			
g Benefit claims payable	1g	20989930	22399697
h Operating payables	1h	1035383	792337
i Acquisition indebtedness	1i		
j Other liabilities	1j	10018	203482
k Total liabilities (add all amounts in lines 1g through 1j)	1k	22035331	23395516
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	166401565	170151270

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)	120160477	
(B) Participants	2a(1)(B)	3180387	
(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)		123340864
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	199085	
(B) U.S. Government securities	2b(1)(B)	766278	
(C) Corporate debt instruments	2b(1)(C)	3654985	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1535555	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6155903
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	228265	
(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)		228265
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	43324384	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	40889902	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2434482
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1259763	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1259763

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2513614
(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)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		508144
d Total income. Add all income amounts in column (b) and enter total	2d		133921509

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	115825873	
(2) To insurance carriers for the provision of benefits	2e(2)	542853	
(3) Other	2e(3)	2535392	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		118904118
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)	4192984	
(2) Contract administrator fees	2i(2)	3716689	
(3) Recordkeeping fees	2i(3)	3202	
(4) IQPA audit fees	2i(4)	70115	
(5) Investment advisory and investment management fees	2i(5)	361027	
(6) Bank or trust company trustee/custodial fees	2i(6)	18363	
(7) Actuarial fees	2i(7)	121568	
(8) Legal fees	2i(8)	438904	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	95504	
(11) Other expenses	2i(11)	2249330	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		11267686
j Total expenses. Add all expense amounts in column (b) and enter total	2j		130171804

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3749705
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?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		24854304
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 _____.

**CENTRAL PENNSYLVANIA TEAMSTERS
HEALTH AND WELFARE FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**CENTRAL PENNSYLVANIA TEAMSTERS
HEALTH AND WELFARE FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplemental Information	
Schedules of Benefits Paid	26
Schedules of Administrative Expenses	27
Schedule of Assets Held at End of Year	28
Schedule of Reportable Transactions	34

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Central Pennsylvania Teamsters
Health and Welfare Fund

Opinion

We have audited the financial statements of the Central Pennsylvania Teamsters Health and Welfare Fund (the Fund), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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 Fund as of December 31, 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 Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Fund; and determining that the Fund's transactions that are presented and disclosed in the financial statements are in conformity with the Fund'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 Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

Bala Cynwyd, Pennsylvania
September 10, 2025

**CENTRAL PENNSYLVANIA TEAMSTERS
HEALTH AND WELFARE FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
INVESTMENTS - at fair value		
Common stock	\$ 12,020,550	\$ 12,512,276
Corporate obligations	79,767,540	66,600,180
Preferred corporate obligations	-	4,136,259
U.S. Government and Government Agency obligations	26,276,742	23,018,599
Asset-backed securities	1,608,702	1,489,172
Municipal obligations	2,025,237	2,889,485
Common collective trust - equity	14,638,607	14,646,338
Limited partnerships - real estate	24,854,304	27,589,408
Short-term cash equivalents	4,369,173	2,953,747
Total investments	<u>165,560,855</u>	<u>155,835,464</u>
RECEIVABLES		
Employer contributions - net	9,699,023	9,814,976
Miscellaneous	6,598	83,969
Accrued interest and dividends	1,183,693	1,011,465
Retiree drug subsidy - Medicare Part D	92,219	109,864
Prescription drug rebates	523,796	758,976
Total receivables	<u>11,505,329</u>	<u>11,779,250</u>
PREPAID EXPENSES	<u>94,692</u>	<u>91,168</u>
PROPERTY AND EQUIPMENT		
Office equipment and software	3,064,922	3,008,846
Leasehold improvements	681,611	644,977
	<u>3,746,533</u>	<u>3,653,823</u>
Less: accumulated depreciation and amortization	<u>(3,338,033)</u>	<u>(3,194,131)</u>
Net property and equipment	<u>408,500</u>	<u>459,692</u>
CASH	<u>15,977,410</u>	<u>20,271,322</u>
Total assets	<u>193,546,786</u>	<u>188,436,896</u>

See accompanying notes to financial statements.

	<u>2024</u>	<u>2023</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Due to related party	\$ 95,546	\$ 146
Accrued administrative expenses	792,337	1,035,383
Due to broker for purchases of securities	<u>107,936</u>	<u>9,872</u>
Total liabilities	<u>995,819</u>	<u>1,045,401</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 192,550,967</u></u>	<u><u>\$ 187,391,495</u></u>

See accompanying notes to financial statements.

**CENTRAL PENNSYLVANIA TEAMSTERS
HEALTH AND WELFARE FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 3,583,580	\$ 3,677,883
Interest and dividends	5,782,532	5,433,051
Other investment income	706,389	765,171
	<u>10,072,501</u>	<u>9,876,105</u>
Less investment expenses	(349,819)	(330,380)
Investment income - net	<u>9,722,682</u>	<u>9,545,725</u>
Contributions		
Employer	120,160,477	126,451,697
Participant	3,180,387	4,009,843
Total contributions	<u>123,340,864</u>	<u>130,461,540</u>
Retiree drug subsidy - Medicare Part D	<u>505,906</u>	<u>639,828</u>
Other income	<u>2,238</u>	<u>283,652</u>
Total additions	<u>133,571,690</u>	<u>140,930,745</u>
DEDUCTIONS		
Benefits paid to or for participants and beneficiaries	117,494,351	125,110,833
Fees mandated by ACA	43,637	39,970
Administrative expenses	<u>10,874,230</u>	<u>9,064,728</u>
Total deductions	<u>128,412,218</u>	<u>134,215,531</u>
NET INCREASE	5,159,472	6,715,214
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>187,391,495</u>	<u>180,676,281</u>
End of year	<u><u>\$ 192,550,967</u></u>	<u><u>\$ 187,391,495</u></u>

See accompanying notes to financial statements.

**CENTRAL PENNSYLVANIA TEAMSTERS
HEALTH AND WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF FUND

The following description of the Central Pennsylvania Teamsters Health and Welfare Fund (the Fund) provides only general information.

General

The Fund is a multiemployer health and welfare fund. The Fund covers all eligible employees of participating employers who are covered by collective bargaining agreements as well as certain other non-collectively bargained participants, usually local union employees, Fund employees, and employees of related plans. The Fund is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits

The Fund provides health benefits (medical, hospital, surgical, major medical, organ transplant, vision, dental, and prescription drugs) and disability benefits for those who are eligible. Eligible persons include participants, their spouses and dependents, as well as any covered beneficiaries. Eligibility is determined on an “hours per quarter” basis or on a month-to-month basis depending upon the terms of the collective bargaining agreement. A total of 420 hours of contributions during a three-month period are required for eligibility during a subsequent calendar quarter under the hourly contribution plan. Hours worked in excess of 520 do not require additional employer contributions. The requirements for contributions on the monthly plans vary according to the collective bargaining agreement in effect. Benefits paid depend upon the plan under which the employee is covered when a claim is incurred.

The Fund has a health reimbursement arrangement (HRA) for certain participants that are funded solely through employer contributions. The HRA allows eligible participants to be reimbursed tax free for qualified medical expenses that would generally qualify for the medical and dental deduction on the participant’s federal income taxes. The maximum reimbursement amount that a participant can receive is equal to the participant’s account balance at the time of the reimbursement request. Amounts remaining at the end of the plan year can generally be carried over to the next plan year. The Fund is not permitted to refund any part of the balance to the participant; the account cannot be used for anything other than reimbursements for qualified medical expenses; and remaining amounts are not portable upon termination once the participant leaves the contributing employer and/or the participant’s COBRA coverage ends. Reimbursement is not permitted for expenses incurred before or after the individual was a participant or dependent of the Fund. As of December 31, 2024, and 2023, the unused participant account balances totaled \$531,697 and \$718,930, respectively.

NOTE 1. DESCRIPTION OF FUND (continued)

The Fund provides death benefits and accidental death and dismemberment benefits that are fully insured with Lincoln Financial. The Fund also provides dental benefits which are self - insured but administered through Delta Dental of Pennsylvania.

Contributions

The Fund is principally financed by employers' contributions, although retired individuals make their own contributions. Under certain circumstances, employees are allowed to pay their own contributions for a limited period of time while on lay-off and under other special circumstances. In addition, coverage is available under the terms of the Consolidated Omnibus Budget Reconciliation Act (COBRA). The Fund consists of six basic plans. Contributions vary depending upon the conditions of the plan and coverage within that plan.

The costs of the postretirement benefits are shared by the Fund's participating employers and retirees. In addition to deductibles and co-payments, participant contributions for 2022 through 2024 are as follows:

<u>Retiree Plan</u>	<u>2024 Retiree Contribution</u>	<u>2023 Retiree Contribution</u>	<u>2022 Retiree Contribution</u>
R7	Non-Medicare retirees and non-Medicare spouses of any retiree contribute \$1,320 per month. This represents 100% of the cost of providing postretirement benefits.	Non-Medicare retirees and non-Medicare spouses of any retiree contribute \$1,285 per month. This represents 100% of the cost of providing postretirement benefits.	Non-Medicare retirees and non-Medicare spouses of any retiree contribute \$1,250 per month. This represents 100% of the cost of providing postretirement benefits.
R765	Plan R7-65 is offered to Medicare retirees and Medicare spouses of any retiree. Medicare retirees contribute \$245 per month to participate in coverage. This represents 27% of the cost of providing this postretirement benefit. Medicare spouses contribute \$610 per month to participate in coverage. This represents 68% of the cost of providing this postretirement benefit.	Plan R7-65 is offered to Medicare retirees and Medicare spouses of any retiree. Medicare retirees contribute \$225 per month to participate in coverage. This represents 30% of the cost of providing this postretirement benefit. Medicare spouses contribute \$560 per month to participate in coverage. This represents 75% of the cost of providing this postretirement benefit.	Plan R7-65 is offered to Medicare retirees and Medicare spouses of any retiree. Medicare retirees contribute \$210 per month to participate in coverage. This represents 29% of the cost of providing this postretirement benefit. Medicare spouses contribute \$525 per month to participate in coverage. This represents 72% of the cost of providing this postretirement benefit.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investments - Investments in common stock, corporate obligations, preferred corporate obligations, U.S. government and government agency obligations, asset - backed securities and municipal obligations are carried at fair value as provided by the investment custodian which generally represents quoted market prices as of the last business day of the year. Investments in fixed income mutual funds, the equity mutual fund, the money market mutual fund and the common collective trust are carried at fair value as provided by the investment custodian which generally represents net asset value as of the last business day of the year. The investment in the limited partnerships is carried at estimated fair value as provided by the partnerships as of the last business day of the year.

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

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the useful lives of the related assets are expensed currently. Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the related assets. Depreciation and amortization expense for the years ended December 31, 2024 and 2023 totaled \$143,902 and \$156,770, respectively.

Property and equipment purchased by a related party and used by the Fund was still being depreciated at December 31, 2024 and 2023. The Fund's share of depreciation expense for the years ended December 31, 2024 and 2023, totaled \$0 and \$64, respectively.

Benefit Obligations - Claims payable, claims incurred but not reported, accumulated eligibility credits, post employment benefits and postretirement benefits were estimated by the Fund's consultant.

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

Health Reimbursement Arrangement (HRA) - The HRA is set up for certain participants of the Fund whose employers contribute at a level above the rates otherwise required to cover the Fund's traditional health benefits. The HRA is funded through monthly employer contributions. A participant account is setup for each eligible participant which only can be used for qualified medical expenses. The remaining amount is not portable once the participant leaves the Fund. A liability is included in the benefit obligations reported in Note 8 for the unused participant account balances at year-end. The change in the unused participant account balances is reported as a change in the benefit obligation reported in Note 8.

NOTE 2. 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.

Funding Policy and Revenue Recognition - The Fund 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.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Fund in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Fund is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Fund. Any remaining Fund assets will be distributed in such a manner as will in the opinion of the Trustees bring about the purpose of the Fund. Termination shall not permit any part of the Fund to be used for or diverted to purposes other than the exclusive benefit of the participants.

NOTE 4. TAX STATUS

The Fund obtained its latest determination letter on July 30, 1996 in which the Internal Revenue Service stated that the Fund, as then designed, was in compliance with the applicable requirements under Section 501(c)(9) of the Internal Revenue Code and was, therefore, not subject to tax under present Federal income tax laws. The Fund has been amended since receiving the determination letter. The Fund Trustees and the Fund's legal counsel believe that the Fund 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 Fund management to evaluate tax positions taken by the Fund and recognize a tax liability if the Fund has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, Fund tax years will remain open for three years; however, this may differ depending upon the circumstances of the Fund.

NOTE 5. CASH CONCENTRATIONS

Cash at December 31, 2024 and 2023 consisted of the following:

	<u>2024</u>	<u>2023</u>
Wells Fargo:		
Operating checking account	\$ 16,515,894	\$ 20,718,917
Benefits checking account	(538,634)	(447,745)
Petty cash	<u>150</u>	<u>150</u>
Total	<u>\$ 15,977,410</u>	<u>\$ 20,271,322</u>

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

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 Fund 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 December 31, 2024				
	Total	Level 1	Level 2	Level 3
Common stock	\$ 12,020,550	\$ 12,020,550	\$ -	\$ -
Corporate obligations	79,767,540	-	79,767,540	-
U.S. Government and government agency obligations	26,276,742	26,276,742	-	-
Asset-backed securities	1,608,702	-	1,608,702	-
Municipal obligations	2,025,237	-	2,025,237	-
Short-term cash equivalents	4,369,173	4,369,173	-	-
Total assets in the fair value hierarchy	126,067,944	<u>\$ 42,666,465</u>	<u>\$ 83,401,479</u>	<u>\$ -</u>
Investments measured at NAV	39,492,911			
Total investments	<u>\$ 165,560,855</u>			

Fair Value Measurements at December 31, 2023				
	Total	Level 1	Level 2	Level 3
Common stock	12,512,276	\$ 12,512,276	\$ -	\$ -
Corporate obligations	66,600,180	-	66,600,180	-
Preferred corporate obligations	4,136,259	-	4,136,259	-
U.S. Government and government agency obligations	23,018,599	23,018,599	-	-
Asset-backed securities	1,489,172	-	1,489,172	-
Municipal obligations	2,889,485	-	2,889,485	-
Short-term cash equivalents	2,953,747	2,953,747	-	-
Total assets in the fair value hierarchy	113,599,718	<u>\$ 38,484,622</u>	<u>\$ 75,115,096</u>	<u>\$ -</u>
Investments measured at NAV	42,235,746			
Total investments	<u>\$ 155,835,464</u>			

In accordance with ASU 2015-7 Fair Value Measurement (820), Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent), investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

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 period.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2 or 3.

The unfunded commitments and redemption information are as follows at December 31, 2024:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trust - equity				
Northern Trust Russell 1000				
Growth Equity Index Fund	\$ 14,638,607	\$ -	Daily	&
Limited partnership - real estate:				
Boyd Watterson GSA Fund LP	6,417,278	-	Quarterly	60 days
Boyd Watterson State				
Government Fund, LP	8,620,915	-	Quarterly	60 days
US RE Investment Fund	<u>9,816,111</u>	<u>-</u>	Quarterly	90 days
Total	<u>\$ 39,492,911</u>	<u>\$ -</u>		

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

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common collective trust - equity				
Northern Trust Russell 1000				
Growth Equity Index Fund	\$ 14,646,338	\$ -	Daily	&
Limited partnership - real estate:				
Boyd Watterson GSA Fund LP	7,215,184	-	Quarterly	60 days
Boyd Watterson State				
Government Fund, LP	9,674,771	-	Quarterly	60 days
US RE Investment Fund	<u>10,699,453</u>	<u>-</u>	Quarterly	90 days
Total	<u>\$ 42,235,746</u>	<u>\$ -</u>		

The Northern Trust Russell 1000 Growth Equity Index Fund, Boyd Watterson GSA Fund, LP, Boyd Watterson State Government Fund, LP, and US RE Investment Fund are measured at fair value without adjustment by the Fund, based on the Net Asset Value (NAV) or NAV equivalent, as of December 31, 2024 and 2023, respectively.

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

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

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

NOTE 7. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS

The Fund has three related parties which include the Central Pennsylvania Teamsters Defined Benefit Plan (the Defined Benefit Plan), Central Pennsylvania Teamsters Retirement Income Plan 1987 (RIP 1987) and Teamsters Local Union No. 429 (the Union). The Fund has common Trustees and staff with these related entities. The Chairman of the Fund is also the President of the Union.

RIP 1987 is the common paymaster of payroll related expenses and benefits for the Defined Benefit Plan and the Fund. The Fund also shares the services of certain employees as well as certain equipment with the Defined Benefit Plan and RIP 1987. Total reimbursements to RIP 1987 were \$4,112,394 and \$3,909,189 for the years ended December 31, 2024 and 2023, respectively. As of December 31, 2024 and 2023, the Fund owed \$95,019 for 2024 and \$146 for 2023, for common expenses paid by RIP 1987. This amount was reimbursed subsequent to year end. As of December 31, 2024, the Fund owed \$527 for common expenses paid by the Defined Benefit Plan.

NOTE 7. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS (continued)

The Fund leases space from the Union. The original lease agreement expired in July 2006. In accordance with the lease agreement, the term of the lease was extended for an additional five years through July 2011. In July 2012, the lease was extended for an additional five years with an option to extend for an additional five years. In July 2017, the lease was extended for an additional five years. At the end of that five-year period, the lease was set to continue to roll over every twelve months absent any changes or termination. The lease calls for annual increases equal to the percentage increase of the Consumer Price Index issued by the Bureau of Labor Statistics. The monthly rental payment was \$13,460 for the period January 1, 2023 through June 30, 2023, and \$13,844 for the period July 1, 2023 through June 30, 2024. The monthly rental payment was \$14,339 for the period July 1, 2024 through December 31, 2024. The annual rent paid by the Fund was \$169,094 and \$163,821 for the years ended December 31, 2024 and 2023, respectively. The Fund also reimburses the Union for maintenance expenses and a portion of real estate taxes.

The Fund entered into a sixty-three-month operating lease in October 2021 for a mailing and inserting machine, with intelligent bar code equipment, with quarterly payments of \$21,211. The Fund's share of the lease is approximately 77%. The lease expires in December 2026. The costs of the lease is allocated between the Fund, the Defined Benefit Plan, and RIP 1987 based on actual usage of the machines. Rental payments by the Fund for the years ended December 31, 2024 and 2023 totaled \$65,329 and \$64,056, respectively.

Certain Fund investments are shares of short-term investments managed by the Northern Trust Company (Northern Trust). Northern Trust is the Fund's investment custodian, and therefore, these investments qualify as a party-in-interest transactions. This investment has been denoted as such on the supplemental schedule of assets held for investment purposes and reportable transactions.

The transactions identified above qualify as transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 8. BENEFIT OBLIGATIONS

The following table presents the components of the Fund's benefit obligations.

	December 31,	
	2024	2023
Amounts currently payable to or for participants, beneficiaries and dependents		
Claims payable, insurance premiums payable and claims incurred but not reported	<u>\$ 21,853,000</u>	<u>\$ 20,239,000</u>

NOTE 8. BENEFIT OBLIGATIONS (continued)

	December 31,	
	2024	2023
Other obligations for current benefit coverage - at present value of estimated amounts, net of amounts currently payable		
Accumulated eligibility credits	\$ 25,004,000	\$ 24,946,000
Unused HRA account balances	531,697	718,930
Hours bank-pipeline employees	15,000	32,000
	<u>25,550,697</u>	<u>25,696,930</u>
Postemployment benefit obligations, net of amounts currently payable		
Medical claims, net of contributions	930,000	440,000
Short term disability pay	54,000	46,000
	<u>984,000</u>	<u>486,000</u>
Postretirement benefit obligations, net of amounts currently payable		
Current retirees	22,688,000	27,766,000
Other participants fully eligible for benefits	53,029,000	61,693,000
Other participants not yet fully eligible for benefits	76,964,000	84,738,000
	<u>152,681,000</u>	<u>174,197,000</u>
Total benefit obligations	<u>\$ 201,068,697</u>	<u>\$ 220,618,930</u>

The following table presents the components of the changes in the Fund's benefit obligations.

	Year Ended December 31,	
	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at beginning of year	\$ 20,239,000	\$ 18,925,000
Increase during year attributable to		
Changes in claims payable, insurance premiums payable and claims incurred but not reported	<u>1,614,000</u>	<u>1,314,000</u>
Balance at end of year	<u>21,853,000</u>	<u>20,239,000</u>

NOTE 8. BENEFIT OBLIGATIONS (continued)

	Year Ended December 31,	
	2024	2023
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE - AT PRESENT VALUE OF ESTIMATED AMOUNTS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance at beginning of year	\$ 25,696,930	\$ 27,046,017
Increase (decrease) during the year attributed to:		
Changes in accumulated eligibility credits	58,000	(539,000)
Unused HRA account balances	(187,233)	(817,087)
Hours bank-pipeline employees	(17,000)	7,000
Balance at end of year	<u>25,550,697</u>	<u>25,696,930</u>
POSTEMPLOYMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance at beginning of year	486,000	470,000
Increase during year attributable to changes in medical claims, net of contributions and short term disability pay	498,000	16,000
Balance at end of year	<u>984,000</u>	<u>486,000</u>
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance at beginning of year	174,197,000	182,724,401
Increase (decrease) during the year attributable to:		
Service cost	9,920,000	8,503,000
Interest	9,212,000	10,011,000
Expected claims and self pay rates	(20,651,000)	17,072,000
Benefits paid	(4,916,000)	(4,745,000)
Plan amendments	-	(14,833,000)
Changes in actuarial assumptions and actuarial gains and losses	(15,081,000)	(24,535,401)
Balance at end of year	<u>152,681,000</u>	<u>174,197,000</u>
FUND'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u>\$ 201,068,697</u>	<u>\$ 220,618,930</u>

NOTE 9. ACTIVE PARTICIPANTS' ACCUMULATED ELIGIBILITY

The Fund provides that active employees who have been credited with the minimum required employer contributions or hours in a Work Period shall be eligible during the corresponding Benefit Period. Employees will continue to be entitled to benefits in subsequent Benefit Periods, provided they have been credited with the minimum employer contributions or hours required in each Work Period.

The following schedule identifies the Work Periods and corresponding Benefit Periods for active participants of Plans 13, 14, and 16 on a monthly basis:

<u>Work Period</u>	<u>Benefit Period</u>
November	January
December	February
January	March
February	April
March	May
April	June
May	July
June	August
July	September
August	October
September	November
October	December

The following schedule identifies the Work Periods and corresponding Benefit Periods for active participants of Plan 13 on an hourly basis:

<u>420 Hours in Work Period</u>	<u>Benefit Period</u>
September through November	January 1 through March 31
December through February	April 1 through June 30
March through May	July 1 through September 30
June through August	October 1 through December 31

At December 31, 2024 and 2023 the active and retired participants had earned an accumulated eligibility for benefits in 2024 and 2023 in the amounts of \$25,004,000 and \$24,946,000, respectively.

NOTE 10. POSTRETIREMENT BENEFITS

The Fund currently provides certain retired participants with health coverage. These postretirement benefits may be modified or eliminated at any time at the discretion of the Trustees. The participant, in all cases, must share in the cost of health coverage.

NOTE 10. POSTRETIREMENT BENEFITS (continued)

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to participant service rendered to December 31 reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) current retirees or terminated participants and their beneficiaries and dependents and (2) active participants and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary. It is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant reduced by contributions expected to be received in the future and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

Weighted-average discount rate:	5.70% for December 31, 2024 and 5.07% for December 31, 2023
Average retirement age:	Varied based on years of service
Mortality:	115% of Pri-2012 Amount-Weighted Healthy Annuitant Mortality with Blue Collar Adjustment projected 5 years past the valuation date using Mortality Improvement Scale MP-2021 for December 31, 2024 and 2023

The percentage of retirees assumed to participate in retiree health coverage was 70% for each of the years ending December 31, 2024 and 2023.

The assumption changes as of December 31, 2024 included the following:

- The discount rate has been changed from 5.07% as of December 31, 2023 to 5.70% as of December 31, 2024. The discount rate is based on the Citigroup Above Median Pension Discount Curve.

The foregoing assumptions are based on the presumption that the Fund will continue. Were the Fund to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

NOTE 10. POSTRETIREMENT BENEFITS (continued)

The Fund's deficiency of net assets over benefit obligations at December 31, 2024 and 2023 relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current collective bargaining agreements.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point, it would increase the obligations as of December 31, 2024 and 2023 by \$32,268,000 and \$35,856,000, respectively.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) became effective January 1, 2006. The Act introduced a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The Fund has determined that benefits provided by the Fund are at least actuarially equivalent to Medicare Part D. Beginning in December 31, 2020, the accumulated postretirement benefit obligation has been adjusted for amounts associated with the Medicare Part D subsidy and will be adjusted accordingly in all future years.

The Fund was entitled to Medicare Part D subsidies totaling \$505,906 for the year ended December 31, 2024, of which \$92,219 was receivable at year end. The Fund was entitled to Medicare Part D subsidies totaling \$758,976 for the year ended December 31, 2023, of which \$109,864 was receivable at year end.

Following is additional detail on the future payout projections as of December 31, 2024:

<u>Period</u>	<u>Expected Payout</u>
2025	\$ 3,177,208
2026	2,946,523
2027	3,372,955
2028	3,850,328
2029	4,436,041
2030-2034	32,922,169

NOTE 11. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS

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

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

The Benefit Funds' participation in these multiemployer defined benefit pension plans for the annual periods ended December 31, 2024 and 2023 is outlined in the table below. The zone status is based on information that the Benefit Funds received from each multiemployer defined benefit pension plan and is certified by each multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plans	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
Central Pennsylvania Teamsters Defined Benefit Plan	23-6262789	001	Green as of 01/01/24	No	Green as of 01/01/23	No	*
Teamsters Pension Trust Fund of Philadelphia and Vicinity	23-1511735	001	Green as of 01/01/24	No	Green as of 01/01/23	No	**

NOTE 11. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

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

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

Legal Name of Pension Plans	Contributions paid by Health Fund directly to the Pension Plans		Contributions to the Pension Plans greater than 5% of total Pension Plan contributions (Plan year ending)		Employer Contribution Rates of the Pension Plans		Number of Employees Covered by the Pension Plans for which the Health Fund contributes directly to the Pension Plans	
	12/31/2024	12/31/2023			12/31/2024	12/31/2023	12/31/2024	12/31/2023
Central Pennsylvania Teamsters Defined Benefit Plan	\$ 514,338	\$ 620,671	No, Plan year ending 12/31/24.	No, Plan year ending 12/31/23.	\$2,748 per month	\$2,705 per month	19 Health Fund employees	19 Health Fund employees
Teamsters Pension Trust Fund of Philadelphia and Vicinity	-	-	No, Plan year ending 12/31/24.	No, Plan year ending 12/31/23.	15% of gross wages	15% of gross wages	0	0
Total contributions to Pension Plans	\$ 514,338	\$ 620,671						

The Health Fund also reimbursed RIP 1987 \$379,084 and \$362,990 during the years ended December 31, 2024 and 2023, respectively, for the Health Fund's allocated share of the pension contributions for shared employees participating in the Central Pennsylvania Teamsters Defined Benefit Plan.

The Health Fund also reimbursed RIP 1987 \$300,488 and \$289,179 during the years ended December 31, 2024 and 2023, respectively, for the Health Fund's allocated share of the pension contributions for shared employees participating in the Teamsters Pension Trust Fund of Philadelphia and Vicinity.

Legal Name of Pension Plans	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plans by the Benefit Funds?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
Central Pennsylvania Teamsters Defined Benefit Plan	N/A, Green status as of 01/01/24	No	No	N/A
Teamsters Pension Trust Fund of Philadelphia and Vicinity	N/A, Green status as of 01/01/24	No	No	N/A

NOTE 12. MULTIEMPLOYER PLANS THAT PROVIDE POSTRETIREMENT BENEFITS OTHER THAN PENSIONS

The Benefit Funds contribute to two multiemployer defined benefit health and welfare plans that provide postretirement benefits for its union-represented and non-collectively bargained employees during the years ended December 31, 2024 and 2023. Information about these health and welfare plans is below:

Legal Name of Plans providing postretirement benefits other than pension	Contributions paid by Health Fund directly to the Plans		Employer contribution rates of the Plans		Number of employees covered by Plans for which the Health Fund contributes directly to the Plans	
	12/31/2024	12/31/2023	12/31/2024	12/31/2023	12/31/2024	12/31/2023
Central Pennsylvania Teamsters Health and Welfare Fund*	\$ -	\$ -	\$1,033 to \$2,916 per month	\$1,013 to \$2,855 per month	0	0
Teamsters Joint Council No. 53 Retiree Health and Welfare Fund**	-	-	9% of gross wages	9% of gross wages	0	0
Total contributions to Welfare Plans that provide post-retirement benefits	\$ -	\$ -				

The Health Fund also reimbursed RIP 1987 \$729,101 and \$791,073 during the years ended December 31, 2024 and 2023, respectively, for the Health Fund's allocated share of the welfare plan contributions for shared employees participating in the Central Pennsylvania Teamsters Health and Welfare Fund.

The Health Fund also reimbursed RIP 1987 \$180,293 and \$173,508 during the years ended December 31, 2024 and 2023, respectively, for the Health Fund's allocated share of the welfare contributions for shared employees participating in the Teamsters Joint Council No. 53 Retiree Health and Welfare Fund.

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

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

NOTE 13. DUE TO/FROM BROKER FOR THE PURCHASE/SALE OF SECURITIES

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

NOTE 14. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as reported on the financial statements as of December 31, 2024 and 2023 to the balances as reported on Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits as reported on the financial statements	\$ 192,550,967	\$ 187,391,495
Benefit obligations currently payable and claims incurred but not reported	(21,853,000)	(20,239,000)
Unused HRA account balances	(531,697)	(718,930)
Hours bank-pipeline employees	<u>(15,000)</u>	<u>(32,000)</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 170,151,270</u>	<u>\$ 166,401,565</u>

The following is a reconciliation of total benefits as reported on the financial statements for the year ended December 31, 2024 to the balance reported on Form 5500:

Total benefits as reported on the financial statements	\$ 117,494,351
Add: Amounts currently payable and claim incurred but not reported, at December 31, 2024	21,853,000
Unused HRA account balances at December 31, 2024	531,697
Hours bank-pipeline employees at December 31, 2024	15,000
Less: Amounts currently payable and claims incurred but not reported, at December 31, 2023	(20,239,000)
Unused HRA account balance at December 31, 2023	(718,930)
Hours bank-pipeline employees at December 31, 2023	<u>(32,000)</u>
Total benefits as reported on Form 5500	<u>\$ 118,904,118</u>

NOTE 15. RISKS AND UNCERTAINTIES

The Fund invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 15. RISKS AND UNCERTAINTIES (continued)

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care 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.

NOTE 16. FEES MANDATED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

The Fund is subject to certain fees mandated by the Patient Protection and Affordable Care Act. Fees payable to the Patient-Centered Outcomes Research Institute (PCORI) are equal to \$3.00 per covered life for the period from January 2023 to September 2023, and \$3.22 per covered life for the period from October 2023 to October 2024 and \$3.47 per covered life for the period November 2024 to December 2024. The requirements to pay PCORI fees has since been extended to include years ended on or before September 30, 2029. For the years ended December 31, 2024 and 2023, the Fund paid \$43,637 and \$39,969 in PCORI fees, respectively.

NOTE 17. PLAN AMENDMENTS

Effective June 30, 2024, the Trustees amended Plan 14 to change in providers from Meritain Health to Highmark Blue Shield and add Medical Advisor American Health Holdings, Inc, Virtual Physician Services and Teladoc Health.

Effective January 1, 2024, the Trustees amended Plan 13, Plan 14 and Plan 16 to increase the annual maximum dental Benefit for each Plan and benefit level, as well as to increase the vision benefits.

Effective January 1, 2023, the Trustees amended Plan 13, Plan 14, and Plan R7/R7-65 to add a variable copay program. The Trustees adopted the 48% copay card Accumulator Program. This program assists participants and their eligible dependents by helping them utilize drug manufacturer's coupons for their prescriptions.

Effective October 1, 2023 through September 30, 2024, the Trustees amended Plan 13, Plan 14, Plan 16, Plan R7/R7-65 so that the copayment for all generic drugs, at retail or mail order, will be reduced to \$0 for up to a 90 day supply. The prior copayments will be imposed effective October 1, 2024 absent action by the Board of Trustees.

NOTE 18. SUBSEQUENT EVENTS

The Fund has evaluated subsequent events through September 10, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**CENTRAL PENNSYLVANIA TEAMSTERS
HEALTH AND WELFARE FUND**

SCHEDULES OF BENEFITS PAID

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Hospital	\$ 57,930,468	\$ 59,487,243
Prescriptions - net of rebates	19,813,655	24,737,807
Out-patient lab and x-ray	13,264,993	14,513,033
Medical	7,829,821	8,010,960
Dental, vision and hearing	4,660,973	4,711,803
Surgical	2,920,235	3,616,459
Disability	801,971	788,424
Mental, drug and alcohol	2,455,624	2,311,431
Major medical	1,579,247	1,710,182
Physical therapy	2,052,586	1,810,623
Childhood immunizations	481,664	423,142
Alliance - Benefits	374,103	-
AHH - Case Management Fees	250,766	-
Benefits paid to or for participants and beneficiaries	114,416,106	122,121,107
Network access fees	2,501,705	2,360,796
Premiums paid to insurance carriers		
for death benefits and AD & D benefits	542,853	561,055
State Department of Health surcharges	33,687	67,875
Total benefits paid	\$ 117,494,351	\$ 125,110,833

**CENTRAL PENNSYLVANIA TEAMSTERS
HEALTH AND WELFARE FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Payroll wages	\$ 2,088,417	\$ 1,976,901
Professional fees	845,008	1,239,594
CPT Pension benefits	894,686	984,924
CPT Health and Welfare benefits	729,101	791,073
Other pension and health and welfare benefits	480,780	462,688
Computer maintenance	833,691	732,636
Office expenses	308,800	361,318
Dental administrative fees	257,164	257,138
Prescription administrative fees	3,422,181	1,254,116
Postage	225,724	203,630
Rent	176,822	170,603
Payroll taxes	167,754	162,800
Trustee, fiduciary bond and insurance expense	95,694	113,566
Depreciation and amortization expense	143,902	156,834
Meetings, conferences and seminars	70,504	65,803
Vision service administrative fees	37,344	37,643
Telephone	49,242	44,343
Repairs and maintenance	31,845	34,232
Utilities	12,369	12,138
Payroll audit expenses	3,202	2,748
Total	\$ 10,874,230	\$ 9,064,728

**CENTRAL PENNSYLVANIA TEAMSTERS
HEALTH AND WELFARE FUND**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500 Schedule H, Item 4i

EIN 23-6263170
Plan No. 501

(a)	(b)	(c)	(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Cost	Current Value
	Type	Shares/ Principal	Interest Rate	Maturity Date
	<u>Common stock:</u>			
Abbott Lab Com		1,876	\$ 214,413	\$ 212,194
AbbVie Inc Com Usd0.01		1,111	162,999	197,425
Air Prod & Chem Inc Com		471	142,642	136,609
Alphabet Inc Capital Stock Usd0.001 Cl A		789	83,296	149,358
American Express Co		491	83,126	145,724
American Tower Corp		704	135,060	129,121
Amgen Inc Com		383	100,352	99,825
Avantor Inc Com		3,889	88,785	81,941
Bank Of America Corp		5,668	241,215	249,109
Becton Dickinson & Co Com		690	176,152	156,540
Berkshire Hathaway Inc Com Usd0.0033 Class'B'		523	165,981	237,065
Blackrock Inc New Com		257	246,013	263,453
Boston Scientific Corp Com		2,926	127,597	261,350
Broadcom Inc Com		704	63,697	163,215
Carrier Global Corporation Com Usd0.01 Wi		2,365	127,325	161,435
Caterpillar Inc Com		491	127,616	178,115
Cencora Inc		547	104,775	122,900
Cisco Systems Inc		3,463	162,339	205,010
Comcast Corp New-Cl A		3,388	170,465	127,152
ConocoPhillips Com		1,736	199,669	172,159
Csx Corp Com Stk		4,594	150,021	148,248
Darden Restaurants Inc Com		771	130,793	143,938
Delta Air Lines Inc Del Com New Com New		3,026	141,005	183,073
Duke Energy Corp New Com New Com New		1,950	184,304	210,093
Dupont De Nemours Inc Common Stock		1,589	115,885	121,161
Eog Resources Inc Com		1,124	142,322	137,780
Eqty Lifestyle Pptys Inc Reit		1,095	78,419	72,927
Expand Energy Corp		367	31,315	36,535
Exxon Mobil Corp Com		2,425	255,981	260,857
Fox Corp Cl A Cl A		2,732	90,599	132,721
Freeport-McMoRan Inc		2,957	105,497	112,603
Gen Mtrs Co Com		2,252	87,907	119,964
Gilead Sciences Inc		1,771	144,003	163,587
Goldman Sachs Group Inc Com		268	159,638	153,462
Honeywell Intl Inc Com Stk		967	202,489	218,436
Intercontinental Exchange Inc Com		1,339	162,874	199,524
Johnson & Johnson Com Usd1		860	147,358	124,373
JPMorgan Chase & Co Com		2,074	327,224	497,159
Lowes Cos Inc Com		818	188,040	201,882
Martin Marietta Matls Inc Com		299	142,008	154,434
Merck & Co Inc New Com		1,251	101,143	124,449
Meta Platforms Inc Com Usd0.000006 Cl 'A'		312	66,236	182,679
Micron Tech Inc Com		1,391	94,736	117,067
Microsoft Corp Com		367	127,084	154,691
Mondelez Intl Inc Com		2,173	161,548	129,793
Motorola Solutions Inc		477	141,212	220,484

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate Date		
		<u>Common stock (continued):</u>				
	NextEra Energy Inc Com	2,142			\$ 161,712	\$ 153,560
	Northrop Grumman Corp Com	159			72,063	74,617
	On Semiconductor Corp Com	959			94,137	60,465
	Oracle Corp Com	870			102,707	144,977
	Owens Corning New Com Stk	860			112,469	146,475
	Parker-Hannifin Corp Com	366			145,639	232,787
	PayPal Hldgs Inc Com	1,748			128,571	149,192
	PepsiCo Inc Com	922			172,029	140,199
	Phillips 66 Com	729			78,024	83,055
	Procter & Gamble Com Npv	1,022			161,278	171,338
	Prologis Inc Com	1,139			144,693	120,392
	Prudential Finl Inc Com	642			70,617	76,096
	Pub Storage Com	453			133,760	135,646
	Quanta Svcs Inc Com	620			126,562	195,951
	Rtx Corporation Comstk	1,828			173,764	211,536
	S&P Global Inc Com	298			126,274	148,413
	Schlumberger Ltd Com Com	3,991			151,523	153,015
	State Str Corp Com	700			50,552	68,705
	Target Corp Com Stk	925			127,919	125,042
	Textron Inc Com	1,597			108,620	122,155
	The Hartford Insurance Group Inc Com Usd0.01	1,765			131,991	193,091
	Thermo Fisher Scientific Inc Com Usd1	351			200,564	182,601
	Travelers Cos Inc Com Stk	714			126,886	171,995
	Truist Finl Corp Com	1,171			39,024	50,798
	Tyson Foods Inc Cl A Com (Delaware)	1,252			67,142	71,915
	UnitedHealth Group Inc Com	565			260,580	285,811
	Verizon Communications Com	2,821			96,024	112,812
	Walt Disney Co	2,041			287,766	227,265
	Wells Fargo & Co New Com Stk	3,403			157,360	239,026
	Total common stock				10,413,408	12,020,550
		<u>Corporate obligations:</u>				
	Abbott Labs	530,000	3.750 %	11/30/26	579,573	523,656
	AbbVie Inc	420,000	4.950	03/15/31	422,249	420,006
	Adobe Inc	425,000	4.800	04/04/29	423,317	427,258
	Air Prods & Chems Inc	245,000	4.850	02/08/34	245,281	239,369
	Allstate Corp	325,000	0.750	12/15/25	315,451	313,324
	Amazon Com Inc	405,000	3.150	08/22/27	419,046	391,020
	Amern Wtr Cap Corp	110,000	3.400	03/01/25	119,635	109,688
	Amphenol Corp	510,000	4.750	03/30/26	509,066	510,267
	Analog Devices Inc	190,000	2.950	04/01/25	202,734	189,173
	Anheuser-Busch InBev Worldwide Inc	390,000	4.750	01/23/29	435,855	389,740
	Apple Inc	490,000	2.050	09/11/26	493,582	471,374
	Applied Materials Inc	210,000	4.800	06/15/29	210,038	210,655
	At&T Inc	480,000	2.300	06/01/27	461,240	452,968
	Automatic Data Processing Inc	150,000	4.450	09/09/34	150,819	142,925
	Automatic Data Processing Inc Sr Nt	330,000	1.700	05/15/28	322,525	301,378
	Avery Dennison	510,000	4.875	12/06/28	572,440	508,897
	Bank Amer Corp	280,000	3.824	01/20/28	293,230	274,330
	Boyd Gaming Corp	1,255,000	4.750	12/01/27	1,196,640	1,213,326
	Bristol Myers Squibb Co	440,000	5.750	02/01/31	449,534	457,756
	Brown Forman Corp	290,000	4.750	04/15/33	292,303	282,995
	Caterpillar Financial Services Ltd	475,000	4.350	05/15/26	469,858	474,332
	Cboe Global Mkts Inc Sr Nt	380,000	1.625	12/15/30	344,247	315,276
	Cdn Natl Ry Co	440,000	6.900	07/15/28	536,995	470,231
	Cdn Pac Ry Co	335,000	4.000	06/01/28	329,091	326,158
	Centene Corp Del Sr Nt	1,225,000	4.250	12/15/27	1,140,273	1,188,496
	Charter	1,180,000	4.908	07/23/25	1,182,618	1,178,620

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		Corporate obligations (continued):				
	Cin Gas & Elec Co	180,000	6.900 %	06/01/25	\$ 219,434	\$ 181,159
	Cintas Corp No	590,000	3.700	04/01/27	628,397	578,257
	Citigroup Inc	285,000	3.200	10/21/26	270,463	277,209
	Clearway Energy	865,000	4.750	03/15/28	839,688	827,229
	Cnh Indl Cap LLC	240,000	5.5	01/12/29	238,935	243,427
	Comcast Corp	510,000	4.250	10/15/30	498,151	491,722
	Connecticut Light And Power Co	320,000	0.750	12/01/25	308,580	309,327
	ConocoPhillips Company	440,000	4.700	01/15/30	438,134	435,422
	Crown Amers LLC/Crown Amers Cap	1,255,000	4.750	02/01/26	1,232,260	1,239,729
	Cummins Inc	270,000	5.150	02/20/34	272,586	270,215
	Darden Restaurants	340,000	3.850	05/01/27	332,503	332,330
	Dcp Midstream Oper	173,000	5.375	07/15/25	186,146	173,215
	Dicks Sporting Goods Inc	175,000	3.150	01/15/32	166,785	153,413
	Duke Energy Carolinas LLC	335,000	4.850	01/15/34	333,005	324,828
	Eaton Corp Ohio	415,000	4.150	03/15/33	394,311	390,222
	Ecolab Inc Nt	360,000	5.250	01/15/28	364,708	366,718
	Emerson Elec Co	340,000	1.800	10/15/27	328,183	315,869
	Estee Lauder Companies Inc	155,000	4.650	05/15/33	152,562	148,041
	Exxon Mobil Corp	520,000	2.440	08/16/29	504,739	474,553
	Fiserv Inc	185,000	4.750	03/15/30	184,330	182,865
	Florida Power & Light Company	580,000	5.050	04/01/28	593,650	585,640
	Fortress Transn & Infrastructure Sr Nt 144A	1,250,000	5.500	05/01/28	1,181,640	1,222,514
	General Mtrs Finl Co Inc	500,000	1.250	01/08/26	493,401	481,686
	Georgia Pac Corp	465,000	7.375	12/01/25	526,237	476,844
	Georgia Pwr Co	465,000	4.650	05/16/28	464,644	463,000
	Glp Cap L P / Glp	595,000	5.250	06/01/25	651,422	594,863
	Glp Cap L P / Glp	585,000	5.375	04/15/26	578,741	584,989
	Grainger W W Inc	280,000	1.850	02/15/25	284,756	278,811
	Grainger W W Inc	255,000	4.450	09/15/34	255,590	242,721
	Hca Inc	415,000	5.875	02/15/26	416,233	417,076
	Hershey Company	510,000	3.200	08/21/25	537,508	505,389
	Hilton Domestic	965,000	5.375	05/01/25	970,386	960,235
	Home Depot Inc	220,000	5.150	06/25/26	220,022	222,270
	Home Depot Inc	320,000	4.950	09/30/26	319,971	322,641
	Icahn Enterprises L P / Icahn Enterprise	261,000	6.250	05/15/26	251,325	258,581
	Icahn Enterprises Lp/Corp	845,000	5.250	05/15/27	784,075	800,025
	Il Tool Wks Inc	575,000	2.650	11/15/26	599,224	558,344
	Intel Corp	310,000	3.750	08/05/27	305,889	300,649
	Jacobs Engr Group Inc	175,000	6.350	08/18/28	176,828	182,189
	Kenvue Inc Sr Nt	460,000	5.350	03/22/26	460,203	464,243
	Keurig Dr Pepper Inc	425,000	5.200	03/15/31	421,546	429,261
	Kimberly Clark Corp	544,000	3.950	11/01/28	585,840	531,641
	Lilly Eli & Co	465,000	4.500	02/09/27	464,359	466,060
	Lockheed Martin Corp	470,000	4.500	02/15/29	468,683	464,880
	Mastercard Inc	175,000	4.875	05/09/34	181,192	172,333
	Molson Coors	435,000	3.000	07/15/26	421,644	423,708
	Mondelez International Inc	590,000	2.625	03/17/27	553,017	564,473
	National Rural Utils Coop Fin Corp	395,000	2.400	03/15/30	374,988	348,423
	Nvent Finance S A R L	175,000	4.550	04/15/28	187,879	173,272
	O Reilly	475,000	3.900	06/01/29	453,118	455,333
	Oge Energy Corp	360,000	5.450	05/15/26	363,013	365,973
	Onemain Fin Corp Sr Nt	540,000	3.500	01/15/27	501,361	515,078
	Onemain Financial Corporation	365,000	3.875	09/15/28	337,501	336,362
	Oracle Corp	245,000	6.150	11/09/29	254,158	256,958
	Pac Gas & Elec Co	195,000	5.900	06/15/32	199,412	200,213
	Paccar Financial Corp	135,000	4.450	08/06/27	134,902	134,858
	Paccar Finl Corp	260,000	5.200	11/09/26	260,486	263,503

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		Corporate obligations (continued):				
	PepsiCo Inc	575,000	2.750 %	03/19/30	\$ 564,882	\$ 522,419
	Pg&E Recovery Fdg LLC Sr Secd Nt Cl A-1	250,185	1.460	07/15/33	245,469	226,242
	Progressive Corp Oh	345,000	3.000	03/15/32	302,148	303,113
	Public Service Colorado 05-15-2025	190,000	5.100	05/15/25	198,430	188,506
	Public Storage	285,000	5.100	08/01/33	285,633	283,915
	Public Svc Elec	335,000	5.200	03/01/34	336,872	333,861
	Pvtpl AAdvantage Loyalty Ip Ltd/Amern Airls	915,000	5.500	04/20/26	898,924	912,996
	Pvtpl AAdvantage Loyalty Ip Ltd/Amern Airls	325,000	5.750	04/20/29	319,891	322,298
	Pvtpl Albertsons Cos Inc/Safeway Inc/Newa	1,255,000	3.250	03/15/26	1,256,392	1,224,351
	Pvtpl Brink's Company	535,000	6.500	06/15/29	540,938	542,177
	Pvtpl Cleveland-Cliffs Inc	120,000	6.875	11/01/29	120,000	118,716
	Pvtpl Esab Corp	960,000	6.250	04/15/29	963,885	971,942
	Pvtpl Genting New York LLC / Genny Cap	445,000	7.250	10/01/29	447,034	458,440
	Pvtpl Gfl Environmental Inc	1,105,000	3.750	08/01/25	1,136,504	1,094,065
	Pvtpl Ggam Fin Ltd	380,000	8.000	02/15/27	383,851	391,953
	Pvtpl Ggam Finance Ltd	795,000	7.750	05/15/26	795,000	806,656
	Pvtpl Hat Hldgs I LLC/Hat Hldgs Ii LLC	895,000	3.375	06/15/26	843,275	867,232
	Pvtpl Hat Hldgs I LLC/Hat Hldgs Ii LLC	355,000	8.000	06/15/27	367,119	369,981
	Pvtpl Herc Hldgs Inc	515,000	5.500	07/15/27	512,476	508,450
	Pvtpl Herc Hldgs Inc	675,000	6.625	06/15/29	679,981	683,552
	Pvtpl International Game Technology	1,210,000	6.250	01/15/27	1,212,066	1,217,602
	Pvtpl Jazz Secs Designated Activity Co	1,330,000	4.375	01/15/29	1,233,694	1,254,007
	Pvtpl Kinetik Hldgs Lp	1,185,000	6.625	12/15/28	1,195,263	1,212,266
	Pvtpl Macquarie Airfinance Hldgs Ltd	765,000	8.375	05/01/28	785,561	801,647
	Pvtpl Park Inter Hldgs LLC/Pk Domestic Pty	500,000	5.875	10/01/28	492,550	488,739
	Pvtpl Park Inter Hldgs LLC/Pk Domestic Pty	775,000	4.875	05/15/29	730,375	728,359
	Pvtpl Phinia Inc	1,115,000	6.750	04/15/29	1,134,648	1,137,305
	Pvtpl Prime Sec Svcs Borrower LLC/Prime Fin	1,225,000	5.750	04/15/26	1,202,618	1,224,314
	Pvtpl Sirius Xm Radio Inc	1,230,000	3.125	09/01/26	1,225,152	1,181,484
	Pvtpl Starwood Pty Tr Inc	1,155,000	3.625	07/15/26	1,141,125	1,114,696
	Pvtpl Tallgrass Energy Partners Lp	225,000	6.000	03/01/27	220,569	222,908
	Pvtpl Tallgrass Energy Partners Lp	500,000	5.500	01/15/28	479,158	480,817
	Pvtpl Tallgrass Energy Partners Lp	495,000	7.375	02/15/29	495,000	496,567
	Pvtpl Tegna Inc Sr Nt	1,155,000	4.750	03/15/26	1,231,526	1,139,061
	Pvtpl Transdigm Inc	675,000	6.750	08/15/28	684,444	680,889
	Pvtpl Transdigm Inc	515,000	6.375	03/01/29	515,150	516,144
	Pvtpl Vici Pptys /Nt	1,250,000	4.250	12/01/26	1,295,972	1,229,258
	Pvtpl Vistra Operations Co LLC	1,190,000	5.500	09/01/26	1,153,457	1,186,246
	Pvtpl Wesco Distribution Inc	760,000	6.375	03/15/29	764,359	770,158
	Pvtpl Xpo Inc	1,045,000	6.250	06/01/28	1,046,971	1,051,392
	Quanta Svcs Inc	265,000	4.750	08/09/27	264,570	264,616
	Republic Svcs Inc	530,000	3.950	05/15/28	505,960	516,100
	Roper Technologies Inc	310,000	4.750	02/15/32	311,030	301,531
	Sba Communications Corp New Sr Nt	1,235,000	3.875	02/15/27	1,256,950	1,183,964
	Slm Corp	1,145,000	4.200	10/29/25	1,226,902	1,134,777
	Slm Corp	75,000	3.125	11/02/26	67,796	71,583
	Springleaf Fin	385,000	7.125	03/15/26	391,603	391,915
	Starwood Pty Tr Inc Sr Nt 144A	95,000	4.375	01/15/27	92,388	91,850
	Starwood Property Trust	50,000	4.750	03/15/25	49,063	49,974
	Sunoco Lp/Sunoco	605,000	6.000	04/15/27	597,563	603,800
	Sunoco Lp/Sunoco Fin Corp	615,000	5.875	03/15/28	608,850	612,489
	Tegna Inc	110,000	4.625	03/15/28	102,300	103,950
	Tenet Healthcare	605,000	5.125	01/11/27	594,688	592,479
	Tenet Healthcare	710,000	4.250	01/06/29	654,983	666,547
	Teva	890,000	3.150	10/01/26	798,436	855,198
	Teva	330,000	4.750	05/09/27	316,606	322,021
	Teva Pharmaceutical Fin Neth Iii B	50,000	6.750	03/01/28	50,375	51,048
	Texas Instrs Inc	295,000	4.600	02/08/27	294,440	296,238

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>Corporate obligations (continued):</u>				
	T-Mobile USA Inc		415,000	3.500 %	04/15/25	\$ 430,988
	Transcont Gas Pipe Line		200,000	4.000	03/15/28	216,286
	Un Pac Rr Co		442,802	3.227	05/14/26	464,601
	United Parcel Service Inc		365,000	4.875	03/03/33	368,060
	Ventas Rlty Ltd Partnership		160,000	4.000	03/01/28	155,920
	Visa Inc		185,000	3.150	12/14/25	193,429
	Vulcan Materials Co		220,000	4.950	12/01/29	219,960
	Waste Management Inc		450,000	4.150	04/15/32	444,114
	Wells Fargo & Co		385,000	3.000	04/22/26	364,211
	Western Dig Corp		1,145,000	4.750	02/15/26	1,263,581
	Western Midstream Oper Lp		945,000	3.100	02/01/25	996,935
	Wi Elec Pwr Co		95,000	3.100	06/01/25	100,475
	Wisconsin Elec Pwr Co		370,000	5.000	05/15/29	370,853
	Wisconsin Electric Power Co		175,000	4.600	10/01/34	175,678
	Wyndham		1,165,000	6.625	07/31/26	1,160,048
	Xylem Inc		255,000	2.250	01/30/31	217,733
	Total corporate obligations					81,012,121
						79,767,540
		<u>Common collective trust - equity:</u>				
	MFB NTGI-QM Com Daily Russell 1000 Growth		23,604			11,658,358
						14,638,607
		<u>United States Government and Government Agency obligations:</u>				
	Fed Home Ln Mtg		385,000	2.920	06/25/32	346,369
	Federal Home Ln Mtg Corp Pool #G15787		95,519	3.000	05/01/31	100,832
	Federal Home Ln Mtg Corp Pool #G18561		26,019	3.000	07/01/30	27,430
	Federal Home Ln Mtg Corp Pool #Sb8186		361,995	4.500	09/01/37	362,847
	Federal Home Ln Mtg Corp Pool #Sb8191		283,207	4.500	10/01/37	285,745
	Federal Home Ln Mtg Corp Pool #Sb8217		524,455	5.000	03/01/38	523,564
	Federal Home Ln Mtg Corp Ser K733					
	Cl A2 Fltg 08-25-2025 Reg		502,896	2.920	08/25/25	559,186
	Federal Home Loan Mortgage Corp		503,021	2.500	04/01/37	466,414
	Federal Home Loan Mortgage Corp		409,077	4.000	10/01/37	402,847
	Federal Home Loan Mortgage Corp		407,389	5.500	02/01/38	403,841
	Federal Home Loan Mortgage Corp		128,359	5.500	09/01/38	129,081
	Federal Home Loan Mortgage Corp		222,451	5.000	04/01/39	220,956
	Fhlmc Mtn		515,000	6.250	07/15/32	593,536
	Fhlmc Multiclass Tranche		422,074	2.673	03/25/26	455,972
	Fhlmc Multiclass Tranche 00871		235,000	2.995	12/25/25	230,814
	Fhlmc Pool #Sb8243		221,490	5.000	07/01/38	223,567
	Fhlmc Pool#Sb8216		76,549	4.500	03/01/38	75,197
	Fhlmc Super 15Y Fixed		615,294	5.000	05/01/39	619,336
	Fnma		1,080,000	0.870	08/05/30	999,886
	Fnma Dtd		625,000	6.625	11/15/30	752,477
	Fnma Pool #Ma4667		142,305	3.500	07/01/37	143,272
	Fnma Pool #Ma4713		530,559	4.000	07/01/37	527,677
	Fnma Pool #Ma4797		304,096	4.000	11/01/37	299,986
	Fnma Pool #Ma4825		191,773	5.000	10/01/37	192,291
	Fnma Pool #Ma4944		260,180	4.500	03/01/38	258,100
	Fnma Pool #Ma4991		203,592	5.500	04/01/38	204,419
	Fnma Pool #Ma5014		239,569	5.000	05/01/38	239,697
	Fnma Pool #Ma5145		529,740	6.000	09/01/38	533,930
	Fnma Tranche 862		520,000	0.375	08/25/25	513,266
	United States Of Amer Treas Bond		725,000	3.125	11/15/28	706,311
	United States Of Amer Treas Notes		1,500,000	0.625	08/15/30	1,316,236

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>United States Government and Government Agency obligations (continued):</u>				
	United States Of Amer Treas Notes		590,000	4.000 %	07/31/31	\$ 612,335 \$ 578,200
	United States Of Amer Treas Notes		815,000	4.000	02/15/34	793,616 780,394
	United States Of Amer Treas Notes Dtd		1,300,000	4.125	11/15/32	1,321,767 1,267,957
	United States Of Amer Treas Notes T-Note		200,000	1.625	09/30/26	187,165 191,250
	United States Treas		1,280,000	2.750	02/15/28	1,346,337 1,222,050
	United States Treas Bds		585,000	1.500	08/15/26	586,034 559,978
	United States Treas Dtd		565,000	2.000	02/15/25	563,020 563,389
	United States Treas Nts		880,000	4.375	11/30/30	893,518 876,700
	United States Treas Nts		1,350,000	2.750	08/15/32	1,216,635 1,197,229
	United States Treas Nts Dtd		1,005,000	2.000	11/15/26	1,016,559 964,486
	United Sts Treas Nts		1,430,000	1.125	02/15/31	1,278,851 1,179,973
	Us Treasury N/B		1,285,000	2.375	05/15/29	1,294,122 1,184,308
	Us Treasury N/B		945,000	1.500	02/15/30	890,055 820,452
	Us Treasury N/B		1,615,000	1.250	08/15/31	1,421,671 1,317,865
	Us Treasury N/B		1,480,000	3.375	05/15/33	1,422,771 1,360,212
	Total United States Government & Government Agency obligations					27,559,538 26,276,742
		<u>Asset-backed securities:</u>				
	Bk Of Amer Cr Card		400,000	4.980	11/15/28	405,506 403,852
	Capital One Multi-Asset Execution Tr Ser22-A1 Cl A1		245,000	2.800	03/15/27	244,982 244,086
	Daimler Trucks Retail Tr 2023-1 Ser 23-1 Cl A3		375,000	5.900	03/15/27	374,994 378,790
	John Deere Owner Tr 2023-B Ser 23-B Cl A3		212,000	5.180	03/15/28	212,131 213,747
	John Deere Owner Tr Sr 24-A Cl A3		105,000	4.960	11/15/28	104,994 105,802
	Verizon Master Tr		265,000	4.170	08/20/30	264,931 262,425
	Total asset-backed securities					1,607,538 1,608,702
		<u>Municipal obligations:</u>				
	Charleston Cnty S C Arpt Dist Arpt Sys Rev		200,000	4.115	07/01/29	200,000 194,930
	Charleston Cnty S C Arpt Dist Arpt Sys Rev		150,000	4.577	07/01/33	150,000 144,759
	Colorado Hsg & Fin Auth		240,000	4.665	5/1/2029	240,000 240,089
	Colorado Hsg & Fin Auth		115,000	5.272	11/01/26	115,000 116,572
	Dallas Fort Worth Tex Intl Arpt Rev		155,000	4.671	11/01/27	155,000 155,620
	Honolulu Hawaii City & Cnty Wastewtr Sysrev		75,000	2.316	07/01/25	72,719 74,270
	Municipal Elec Auth Ga		275,000	1.421	01/01/25	275,000 275,000
	Nebraska Invt Fin Auth Single Family Hsgrev		250,000	4.485	09/01/26	250,000 250,078
	New York St Urban Dev Corp Rev		100,000	3.270	03/15/28	97,448 96,408
	Texas St Univ Sys Fing Rev		210,000	2.351	03/15/26	222,258 204,888
	Virginia St Res Auth Infrastructure Rev		280,000	0.931	11/01/25	280,000 272,623
	Total municipal obligations					2,057,425 2,025,237
		<u>Short-term cash equivalents:</u>				
	* MFB Northern Instl FDS Treas Portfolio Premier CL		4,369,173			4,369,173 4,369,173
		<u>Limited partnerships - real estate:</u>				
	Boyd Waterson GSA Fund LP		7,462,675			7,462,675 6,417,278
	Boyd Waterson State Government Fund		9,780,223			9,780,223 8,620,915
	U.S. Real Estate Investment Fund		11,347,216			11,347,216 9,816,111
	Total limited partnerships - real estate					28,590,114 24,854,304
	Total investments					\$ 167,267,675 \$ 165,560,855

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

**CENTRAL PENNSYLVANIA TEAMSTERS
HEALTH AND WELFARE FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2024

Form 5500 Schedule H, Item 4j

E.I.N. 23-6263170

Plan No. 501

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset	(i) Net Gain or (Loss)
*	MFB Northern Instl Fds Treas Portfolio Premier CL	\$ 45,517,297	N/A	\$ 45,517,297	\$ 45,517,297	N/A
*	MFB Northern Instl Fds Treas Portfolio Premier CL	N/A	\$ 44,101,871	44,101,871	44,101,871	\$ -

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

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS