

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987
1b Three-digit plan number (PN): 009
1c Effective date of plan: 01/01/1987
2a Plan sponsor's name (employer, if for a single-employer plan): CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES
2b Employer Identification Number (EIN): 23-6262789
2c Plan Sponsor's telephone number: 610-320-5500
2d Business code (see instructions): 484120

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	8737
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3427
	6a(2)	3372
	6b	814
	6c	3826
	6d	8012
	6e	226
	6f	8238
	6g(1)	8737
6g(2)	8238	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	11

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 RETIREMENT INCOME PLAN 1987	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES	D Employer Identification Number (EIN) 23-6262789	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NORTHERN TRUST CORPORATION

36-2723087

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

CORBIN CAPITAL PARTNERS, L.P.

30-0299433

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

GOLDENTREE ASSET MANAGEMENT

13-4118850

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

SIGULAR GUFF ADVISERS, LLC

13-3855629

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

SEI TRUST COMPANY

06-1271230

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

CAUSEWAY CAPITAL MANAGEMENT

95-4861680

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

GROSVENOR CAPITAL MANAGEMENT, L.P.

20-3979494

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

THE BANK OF NEW YORK MELLON

13-2614959

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

FIDUCIARY TRUST INT'L OF THE SOUTH

65-0080824

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

FRANKLIN TEMPLETON INSTITUTIONAL LL

94-3411725

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

GLOUSTON CAPITAL PARTNERS

02-0571602

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

JMB INSURANCE AGENCY, INC.

36-2711359

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

SS&C TECHNOLOGIES

06-1169696

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

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

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

WASHINGTON CAPITAL MANAGEMENT, INC.

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	425128	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOOMIS SAYLES TRUST CO.

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	342603	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WESTFIELD CAPITAL MGMT CO LP

80-0175963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68 71	NONE	328286	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	310234	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGALL BRYANT & HAMILL

41-1788385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 72	NONE	296432	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

GREAT LAKES ADVISORS, LLC

80-0292839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	222755	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

INVESTMENT PERFORMANCE SERVICES

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	190000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SIERRA INVESTMENT PARTNERS, INC.

68-0370668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	184859	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HAMILTON LANE ADVISORS, LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	150357	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	77085	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHELLE L. HOUCK

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	75014	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOSEPH J. SAMOLEWICZ

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	70371	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 72 51	NONE	67685	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ASHLEY BORTZ

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	62746	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JUDITH A. GUIDARA

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	61582	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WILLIG, WILLIAMS & DAVIDSON

23-2416488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	60478	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARTIN L. CULLEN

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	53007	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CBIZ RPS

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	52322	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JAMES STRICKER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	50386	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KRYSTAL CRUZ-GALO

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	49082	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ESSEX TECHNOLOGY GROUP INC

22-3679815

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	44891	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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	44825	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	40748	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	36657	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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	35131	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	32891	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	32614	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

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	32104	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	30258	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEIDENHAMMER SYSTEMS CORP

23-2054990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	27762	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

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	26294	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LISA M. 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	25597	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	13725	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

DOYLE PRINTING & OFFSET CO.

52-0191325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	9284	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KENNETH A. ROSS

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?
20 50	TRUSTEE	7050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	6765	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

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	6688	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KEVIN M. BOLIG

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?
20 50	TRUSTEE	6282	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	5301
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MARKEL AMERICAN INS CO. 54-1398877	COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	44
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY & DEPOSIT CO 13-3046577	COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	210
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SENECA INS. CO. 13-2941133	COMMISSIONS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	36
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMGUARD INS. CO. 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	122
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FEDERAL INSURANCE CO. 13-1963496	COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	115
(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	944
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NORTH AMERICAN 36-2428931	COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	3183
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HUDSON INS. CO. 13-5150451	COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	2218
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RLI INS., CO 37-0915434	COMMISSIONS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	1552

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	28 52	150357

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INTERCONTINENTAL R/E CORPORATION	28 52	310234

(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	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 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 <u>CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987</u>	B Three-digit plan number (PN) ▶	<u>009</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES</u>	D Employer Identification Number (EIN) <u>23-6262789</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE RUSSELL 1000 INDEX FU</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-095</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>79592108</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE GOVERNMENT SHORT TERM</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10783930</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAUSEWAY COLLECTIVE INVESTMENT TRUS</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>83-2723947-128</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28267358</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIERRA FRANKLIN EAFE PLUS EQUITY TR</u>		
b Name of sponsor of entity listed in (a): <u>FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH</u>		
c EIN-PN <u>90-6149946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26749192</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES HIGH YIELD CONSERVATI</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
c EIN-PN <u>84-6391546-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>92975344</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WASHINGTON CAPITAL JOINT MASTER TRU</u>		
b Name of sponsor of entity listed in (a): <u>WASHINGTON CAPITAL MANAGEMENT, INC.</u>		
c EIN-PN <u>91-1163419-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36231798</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDENTREE MULTI-SECTOR FUND OFFSHO</u>		
b Name of sponsor of entity listed in (a): <u>GOLDENTREE ASSET MANAGEMENT</u>		
c EIN-PN <u>98-1018819-002</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>82914640</u>

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

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

c EIN-PN 86-1680526-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16791605
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a Name of MTIA, CCT, PSA, or 103-12 IE: WACAP - ODIRECT LENDING FUND UNLEVE

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

c EIN-PN 88-3122898-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2502560
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 RETIREMENT INCOME PLAN 1987	B Three-digit plan number (PN) ▶ 009
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES	D Employer Identification Number (EIN) 23-6262789

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1651501	1995243
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1018511	1092360
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1821623	1872448
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1874	
(2) U.S. Government securities	1c(2)	31402636	33432355
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	6233347	
(B) All other	1c(3)(B)	35282221	43131384
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	166311728	149467072
(5) Partnership/joint venture interests	1c(5)	196380162	165869081
(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)	264283809	238367932
(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)	141564941	138440603
(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)	31297827	31850065

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	200051	168008
f Total assets (add all amounts in lines 1a through 1e).....	1f	877450231	805686551
Liabilities			
g Benefit claims payable.....	1g	21619578	9257820
h Operating payables.....	1h	594942	539271
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	570320	916435
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	22784840	10713526
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	854665391	794973025

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)	12449646	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		12449646
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	55749	
(B) U.S. Government securities.....	2b(1)(B)	1020281	
(C) Corporate debt instruments.....	2b(1)(C)	1679696	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	7305799	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10061525
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1942451	
(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)		1942451
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	134200735	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	127736865	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		6463870
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-3200448	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	35774905
(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)	9511790
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	36553
d Total income. Add all income amounts in column (b) and enter total.....	2d	73040292

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	118527818
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	118527818
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)	832891
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	123
(4) IQPA audit fees	2i(4)	77085
(5) Investment advisory and investment management fees	2i(5)	2001830
(6) Bank or trust company trustee/custodial fees	2i(6)	59131
(7) Actuarial fees	2i(7)	52162
(8) Legal fees	2i(8)	105303
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	39807
(11) Other expenses.....	2i(11)	507748
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	3676080
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	122203898

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	-49163606
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	10528760

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

d The opinion of an independent qualified public accountant is **not attached** 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.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		194379877
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 <u>CENTRAL PENNSYLVANIA TEAMSTERS RETIREMENT INCOME PLAN 1987</u>	B Three-digit plan number (PN) ▶	<u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES</u>	D Employer Identification Number (EIN) <u>23-6262789</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>23-6262789</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>675</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>12449646</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>12449646</u>	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	<u>0</u>	
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

**CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987**

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 Administrative Expenses	26
Schedule of Assets Held at End of Year	27
Schedule of Reportable Transactions	36

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of the Central Pennsylvania Teamsters Retirement Income Plan 1987 (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

Bala Cynwyd, Pennsylvania
September 10, 2025

**CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

ASSETS	2024	2023
INVESTMENTS - at fair value		
Common stock	\$ 144,640,749	\$ 159,734,398
Foreign stock	4,826,323	6,577,330
Common collective trust - STIF	10,783,930	8,385,577
United States Government and Government Agency obligations	33,432,355	31,402,636
Corporate obligations	41,076,489	33,127,707
Preferred corporate obligations	-	6,233,347
Municipal obligations	3,339,269	5,126,436
Limited partnership	21,836,548	20,376,452
Limited partnership - real estate	114,319,932	152,811,309
Limited partnership - private equity	29,712,601	23,192,401
Common collective trust - international equity	28,267,358	29,689,411
Common collective trust - equity	199,316,644	226,208,821
103-12 investment entities	138,440,603	141,564,941
Foreign hedged fund of funds	28,510,796	26,171,391
Non-government backed CMOs	31,917	36,657
Asset-backed securities	2,022,978	2,117,857
Foreign currency	-	1,874
Total investments	800,558,492	872,758,545
RECEIVABLES		
Accrued interest and dividends	1,257,487	1,330,731
Employer contributions	1,092,360	1,018,511
Due from related parties	153,736	205
Due from broker for sales of securities	-	41,606
Other	5,994	20,977
Total receivables	2,509,577	2,412,030

See accompanying notes to financial statements.

	<u>2024</u>	<u>2023</u>
PROPERTY AND EQUIPMENT		
Office equipment	\$ 648,107	\$ 634,715
Furniture and fixtures	191,801	191,801
Leasehold improvements	576,450	563,929
	<u>1,416,358</u>	<u>1,390,445</u>
Less: accumulated depreciation and amortization	(1,248,350)	(1,190,394)
Net property and equipment	<u>168,008</u>	<u>200,051</u>
OTHER ASSETS		
Prepaid benefits	425,569	396,602
Prepaid expenses	29,662	31,502
Total other assets	<u>455,231</u>	<u>428,104</u>
CASH	<u>1,995,243</u>	<u>1,651,501</u>
Total assets	<u>805,686,551</u>	<u>877,450,231</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued administrative expenses	539,271	594,942
Due to broker for purchases of securities	186,906	-
Trustee to Trustee transfer to Defined Benefit Plan	729,529	570,320
Total liabilities	<u>1,455,706</u>	<u>1,165,262</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 804,230,845</u>	<u>\$ 876,284,969</u>

See accompanying notes to financial statements.

**CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 47,780,981	\$ 70,882,236
Interest and dividends	6,875,140	7,475,027
Other investment income	5,897,972	5,117,400
	<u>60,554,093</u>	<u>83,474,663</u>
Less investment expenses	(1,867,747)	(2,057,675)
Investment income - net	<u>58,686,346</u>	<u>81,416,988</u>
 Employer contributions	 <u>12,449,646</u>	 <u>11,433,013</u>
 Other income	 <u>36,553</u>	 <u>67,709</u>
 Total additions	 <u>71,172,545</u>	 <u>92,917,710</u>
DEDUCTIONS		
Benefits paid directly to participants and beneficiaries	130,889,576	127,657,352
Trustee to Trustee transfer to Defined Benefit Plan	10,528,760	11,717,609
Administrative expenses	1,808,333	1,748,792
Total deductions	<u>143,226,669</u>	<u>141,123,753</u>
 NET DECREASE	 (72,054,124)	 (48,206,043)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>876,284,969</u>	<u>924,491,012</u>
 End of year	 <u>\$ 804,230,845</u>	 <u>\$ 876,284,969</u>

See accompanying notes to financial statements.

**CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

General

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

Plan Administration

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

Defined Contribution Plan

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

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

Participant Accounts

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

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

NOTE 1. DESCRIPTION OF THE PLAN (continued)

Forfeitures

Any nonvested participant will forfeit the balance in the account after five consecutive one-year breaks in service. Forfeitures are used first to pay administrative expenses of the Plan. To the extent any forfeitures remain, they are allocated among participant accounts pro rata. There were no forfeitures during 2024 or 2023.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

Property and Equipment - Property and equipment are recorded at cost. Major additions are capitalized while replacements, maintenance and repairs, which do not improve or extend the useful lives of the respective assets are expensed currently. Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the related assets. Depreciation and amortization expense was \$57,956 for the year ended December 31, 2024 and \$63,817 for 2023.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

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

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

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

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

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

NOTE 3. PRIORITIES UPON TERMINATION

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

NOTE 4. TAX STATUS

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

NOTE 4. TAX STATUS (continued)

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

NOTE 5. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 144,640,749	\$ 144,640,749	\$ -	\$ -
Foreign stock	4,826,323	4,826,323	-	-
United States Government and Government Agency obligations	33,432,355	33,432,355	-	-
Corporate obligations	41,076,489	-	41,076,489	-
Municipal obligations	3,339,269	-	3,339,269	-
Non-government backed CMO's	31,917	-	31,917	-
Asset-backed securities	2,022,978	-	2,022,978	-
Common collective trust - STIF	10,783,930	10,783,930	-	-
Total assets in the fair value hierarchy	240,154,010	\$ 193,683,357	\$ 46,470,653	\$ -
Investments measured at NAV*	560,404,482			
Total investments	\$ 800,558,492			

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

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

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

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

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

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

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships - real estate:				
Boyd Watterson GSA Fund LP	\$ 58,482,925	\$ -	Quarterly	60 days
Boyd Watterson State Government Fund LP	18,424,772	-	Quarterly	60 days
U.S. Real Estate Investment Fund	37,412,235	-	Quarterly	90 days
Common collective trust - international equity:				
CF Causeway International Value Equity	28,267,358	-	Daily	^
Common collective trusts - equity:				
CF Loomis Sayles High Yield Conservative Trust	92,975,344	-	Daily	3 days
CF Sierra Franklin EAFE Plus Equity Trust	26,749,192	-	Daily	3 days
Northern Trust Collective Russell 1000 Growth Index Fund Non-Lending	79,592,108	-	Daily	&
Foreign hedged fund of funds:				
GCM Grosvenor Opportunistic Credit Fund V, Ltd.	28,510,796	-	Quarterly	90 days
Limited partnership - private equity:				
Blue Ocean Onshore Fund II L.P.	1,424,998	8,602,673	(X)	(X)
GCM Grosvenor Private Credit Fund Ltd	3,468,191	16,913,898	(X)	(X)
Glouston Private Equity Opportunities VII FTE L.P.	3,728,258	7,000,000	(X)	(X)
Hamilton Lane Secondary Feeder Fund V - A LP	21,091,154	15,936,876	(X)	(X)
Limited partnership:				
Corbin ERISA Opportunity Fund LP	21,836,548	-	Quarterly	65 days
103-12 investment entities:				
CF Goldentree Multi-Sector Fund Offshore ERISA LTD	82,914,640	-	Quarterly	90 days
CF WA CAP JMT Real Estate Equity Fund	36,231,798	-	(Y)	(Y)
WA CAP SP Infrastructure Fund IV Feeder LLC	16,791,605	9,573,877	(Y)	(Y)
WA CAP Odirect Lending Fund Unlevered Feeder LLC	2,502,560	2,025,000	(Y)	(Y)
Total	<u>\$ 560,404,482</u>	<u>\$ 60,052,324</u>		

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

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

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

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

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

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

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

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

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

The 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.

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

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

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

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

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

GCM Grosvenor Opportunistic Credit Fund V, Ltd. (the “Fund”) was established as a Cayman Islands exempted company pursuant to the Companies Act (2013 Revision) of the Cayman Islands under the Memorandum and Articles of Association dated July 5, 2016. The Fund is registered under the Cayman Islands Mutual Funds Act. The Fund commenced operations on November 1, 2016. The Bank of New York Mellon acts as administrator (the “Administrator”) to the Fund. Grosvenor Capital Management, L.P. (the “Investment Advisor” or “GCM Grosvenor”) sponsored the formation of the Fund. The Investment Advisor is registered with the Securities and Exchange Commission as an investment adviser under the Investment Advisers Act of 1940. Substantially all of the assets of the Fund that are available for investment have been and shall be invested in GCM Grosvenor Opportunistic Credit Master Fund V, L.P. (the “Master Fund”), a Cayman Islands exempted limited partnership that has the same investment objective as the Fund. The performance of the Fund is directly affected by the performance of the Master Fund. The Investment Advisor is also the sponsor of the Master Fund and manages its portfolio, on a fully discretionary basis, through investing in “Portfolio Funds” and securities (as defined in the Master Fund’s financial statements), which generally implement “non-traditional” or “alternative” investment strategies. The investment in the Master Fund is recorded at fair value and equals the Fund’s pro rata interest in the partners’ capital of the Master Fund.

The Blue Ocean Onshore Fund II L.P. is a limited partnership organized under the laws of the State of Delaware. It commenced operations on February 10, 2023. The Blue Ocean Onshore Fund II LP seeks to generate attractive risk-adjusted returns by targeting direct lending opportunities to vessel owners and other operators in the maritime sector by originating, structuring and restricting asset based financings secured by high-quality maritime assets. In seeking to achieve its investment objective, the Blue Ocean Onshore Fund II LP will be primarily engaged in lending to and investing in shipping companies, non-U.S. oil services companies and other maritime businesses, assets and operations related directly thereto. This may be accomplished by loan originations and by the acquisition of secondary loans and loan leases portfolios.

GCM Grosvenor Private Credit Fund Ltd. was established as a Cayman Island exempted limited partnership pursuant to the Agreement of Exempted Limited Partnership (“Partnership Agreement”) dated April 25, 2024, and amended September 30, 2024. The Fund is registered under the Cayman Islands Mutual Funds Act. The Fund commenced operations on October 30, 2024. SS&C Technologies, Inc. and SS&C Fund Services (Cayman) Ltd. act as administrator (the “Administrator”) to the Fund. GCM Investments GP, LLC is the general partner of the Fund (the “General Partner”). Grosvenor Capital Management, L.P., (the “Manager” or “GCM Grosvenor”) sponsored the formation of the Fund, and manages its portfolio, on a fully discretionary basis, through investing in Portfolio Funds (as defined in the Significant Accounting Policies note) which generally implement “non-traditional” or “alternative” investment strategies. The Fund serves as a master fund investment vehicle for a feeder fund, GCM Grosvenor Private Credit Fund, Ltd. (the “Feeder Fund”).

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

Glouston Private Equity Opportunities VII FTE, L.P. (the Partnership) is a Cayman Islands exempted limited partnership, which commenced operations on March 30, 2022. The Partnership is an investment company in accordance with Accounting Standards Codification 946. The sole purpose of the Partnership is to hold an investment in Glouston Private Equity Opportunities VII, L.P. (the Fund), as a master-feeder structure. The General Partner of the Partnership is GPEO VII, LLC (the General Partner), a Delaware limited liability company, which has been formed for the purpose of serving as the General Partner of the Partnership and the Fund. The Partnership shall continue, unless sooner terminated in accordance with the provisions of the Amended and Restated Agreement of Limited Partnership (the Agreement) dated as of March 25, 2022, until expiration of the Fund.

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

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

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

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

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

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

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

Northern Trust Collective Russell 1000 Growth Index Fund Non-Lending, Boyd Watterson State Government Fund LP, Boyd Watterson GSA Fund LP, U.S. Real Estate Investment Fund, Washington Capital SP Infrastructure Fund IV Feeder LLC, WaCap Odirect Lending Fund Unlevered Feeder LLC, CF Causeway International Value Equity, CF Loomis Sayles High Yield Conservative Trust, CF Sierra Franklin EAFE Plus Equity Trust, CF WA Cap JMT Real Estate Equity Fund, GCM Grosvenor Opportunistic Credit Fund V, Ltd., Hamilton Lane Secondary Feeder Fund V - A LP, Corbin ERISA Opportunity Fund, the CF Goldentree Multi-Sector Fund Offshore ERISA LTD, Blue Ocean Onshore Fund II L.P., GCM Grosvenor Private Credit Fund II LP, and Glouston Private Equity Opportunities VII FTE L.P. are measured at fair value without adjustment by the Plan, based on the net asset value (NAV) or NAV equivalent as of December 31, 2024 and 2023, respectively.

NOTE 6. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS

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

This Plan is the common paymaster of payroll related expenses and benefits for the Defined Benefit Plan and the Health and Welfare Fund. The Plan also shares the services of certain employees as well as certain equipment with the Defined Benefit Plan and the Health and Welfare Fund. Total reimbursements to the Plan were \$5,744,679 and \$5,139,856 for the years ended December 31, 2024 and 2023, respectively.

As of December 31, 2024 and 2023, the Health and Welfare Fund owed the Plan \$95,019 and \$146, respectively, for common expenses paid by the Plan. As of December 31, 2024 and 2023, the Defined Benefit Plan owed the Plan \$58,717 and \$59, respectively, for common expenses paid by the Plan. These amounts were reimbursed subsequent to year end.

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

The Plan leases office space from the Union. The original lease agreement expired in July 2006. In accordance with the lease agreement, the term of the lease was extended for an additional five years through July 2011. In July 2012, the lease was extended for an additional five years with an option to extend for an additional five years. In July 2017, the lease was extended for an additional five years. At the end of the five-year period, the lease was set to continue to roll over every twelve months absent of any changes or termination. The lease calls for annual increases equal to the percentage increase of the Consumer Price Index issued by the Bureau of Labor Statistics. The monthly rental payment was \$3,814 from January 1, 2023 through June 30, 2023. The monthly rental payment was \$3,922 from July 1, 2023 through June 30, 2024. The monthly rental payment was \$4,063 from July 1, 2024 through December 31, 2024. The annual rent paid by the Plan was \$47,910 and \$46,416 for the years ended December 31, 2024 and 2023, respectively. The Plan also reimburses the Union for maintenance expenses and a portion of the real estate taxes.

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

NOTE 7. CREDITING POLICY

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

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS

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

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

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

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

The Benefits Funds’ participation in these multiemployer defined benefit pension plans for the annual periods ended December 31, 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	**

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

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

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

Legal Name of Pension Plans	Contributions paid by RIP 1987 directly to the Pension Plans		Contributions to the Pension Plans greater than 5% of total Pension Plan contributions (Plan year ending)		Employer Contribution Rates of the Pension Plans		Number of Employees Covered by the Pension Plans for which RIP 1987 contributes directly to the Pension Plans	
	12/31/2024	12/31/2023	No, Plan year ending 12/31/24.	No, Plan year ending 12/31/23.	12/31/2024	12/31/2023	12/31/2024	12/31/2023
Central Pennsylvania Teamsters Defined Benefit Plan	\$ 833,320	\$ 753,935	No, Plan year ending 12/31/24.	No, Plan year ending 12/31/23.	\$2,748 per month	\$2,705 per month	26 shared employees	24 shared employees
Teamsters Pension Trust Fund of Philadelphia and Vicinity	474,678	431,048	No, Plan year ending 12/31/24.	No, Plan year ending 12/31/23.	15% of gross wages	15% of gross wages	15 Health Fund employees and 26 shared employees	19 Health Fund employees and 24 shared employees
Total contributions to Pension Plans	\$ 1,307,998	\$ 1,184,983						

The Health Fund 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 Defined Benefit Plan reimbursed RIP 1987 \$290,896 and \$241,709 during the years ended December 31, 2024 and 2023, respectively, for the Defined Benefit Plan’s allocated share of the pension contributions for shared employees participating in the Central Pennsylvania Teamsters Defined Benefit Plan.

The Health Fund reimbursed RIP 1987 \$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.

The Defined Benefit Plan reimbursed RIP 1987 \$110,217 and \$83,753 during the years ended December 31, 2024 and 2023, respectively, for the Defined Benefit Plan’s allocated share of the pension contributions for shared employees participating in the Teamsters Pension Trust Fund of Philadelphia and Vicinity.

Legal Name of Pension Plans	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan by the Benefit Funds?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
Central Pennsylvania Teamsters Defined Benefit Plan	N/A, Green status as of 01/01/24	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 9. MULTIEMPLOYER PLANS THAT PROVIDE POSTRETIREMENT BENEFITS OTHER THAN PENSIONS

The Benefit Funds contributed to two multiemployer defined benefit health and welfare plans that provided postretirement benefits for its union represented and non-collectively bargained employees during the years ended December 31, 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 RIP 1987 directly to the Plans		Employer contribution rates of the Plans		Number of employees covered by Plans for which RIP 1987 contributes directly to the Plans	
	12/31/2024	12/31/2023	12/31/2024	12/31/2023	12/31/2024	12/31/2023
Central Pennsylvania Teamsters Health and Welfare Fund*	\$ 1,085,827	\$ 1,106,712	\$1,033 to \$2,916 per month	\$1,013 to \$2,855 per month	15 Health Fund employees and 26 shared employees	19 Health Fund employees and 24 shared employees
Teamsters Joint Council No. 53 Retiree Health and Welfare Fund**	284,807	258,629	9% of gross wages	9% of gross wages	15 Health Fund employees and 26 shared employees	19 Health Fund employees and 24 shared employees
Total contributions to Welfare Plans that provide post-retirement benefits	\$ 1,370,634	\$ 1,365,341				

The Health Fund 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 contributions for shared employees participating in the Central Pennsylvania Teamsters Health and Welfare Fund.

The Defined Benefit Plan reimbursed RIP 1987 \$227,430 and \$191,096 during the years ended December 31, 2024 and 2023, respectively, for the Defined Benefit Plan’s allocated share of the welfare contributions for shared employees participating in the Central Pennsylvania Teamsters Health and Welfare Fund.

The Health Fund reimbursed RIP 1987 \$180,293 and \$173,508 and 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 Defined Benefit Plan reimbursed RIP 1987 \$66,130 and \$50,252 during the years ended December 31, 2024 and 2023, respectively, for the Defined Benefit Plan’s allocated share of the welfare contributions for shared employees participating in the Teamsters Joint Council No. 53 Retiree Health and Welfare Fund.

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

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

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

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

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

NOTE 11. TRUSTEE TO TRUSTEE TRANSFER TO DEFINED BENEFIT PLAN

Participants in the Plan and the Defined Benefit Plan, who are eligible for the Combined Minimum Monthly Benefit, can elect to transfer their account balance from the Plan into the Defined Benefit Plan in order to obtain a higher monthly benefit from the Defined Benefit Plan. During the years ended December 31, 2024 and 2023, the Plan transferred \$10,528,760 and \$11,717,609, respectively, into the Defined Benefit Plan.

As of December 31, 2024, and 2023, the Plan owed the Defined Benefit Plan \$729,529 and \$570,320, respectively, for the account balances that were not transferred at year end.

NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 804,230,845	\$ 876,284,969
Less: amounts allocated to withdrawing participants	<u>(9,257,820)</u>	<u>(21,619,578)</u>
Net assets available for benefits per Form 5500	<u>\$ 794,973,025</u>	<u>\$ 854,665,391</u>

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

The following is a reconciliation of benefits paid to participants per the 2024 financial statements to Form 5500:

	Year Ended December 31, 2024
Benefits paid per the financial statements	\$ 130,889,576
Less: amounts allocated to withdrawing participants at December 31, 2023	(21,619,578)
Add: amounts allocated to withdrawing participants at December 31, 2024	<u>9,257,820</u>
Benefits paid to participants per Form 5500	<u><u>\$ 118,527,818</u></u>

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

NOTE 13. RISKS AND UNCERTAINTIES

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

NOTE 14. AMENDMENTS

As of September 16, 2024, Section 3.1 of the Plan is hereby amended by adding a new Section 3.1(e) at the end thereof as follows: (e) Pursuant to a written participation agreement between Teamsters Local Union 229 ("TLU 229") and the Fund, which designates employees of TLU 229 to participate in this Plan effective on or after August 1, 2024, TLU 229 may make contributions to this Plan on behalf of such employees as set forth in the participation agreement. For these purposes, the Trustees shall deem TLU 229 an "Employer" as defined under Section 2.25 of the Plan and each eligible TLU 229 employee an "Employee" under Section 2.23 of the Plan.

NOTE 14. AMENDMENTS (continued)

As of March 12, 2024, the following sentence is hereby added to the end of Section 7.6(f): If no estate has been raised, the Death Benefit described in this Section is subject to the rules of Section 7.6(g) regarding when no estate has been raised. Section 7.6(g) of the Plan is revised to read as follows: If a surviving Spouse who is receiving benefits from this Plan dies prior to receiving the balance in the Account, the balance shall be paid in one (1) single lump-sum payment to the Beneficiary named by the surviving Spouse. If there is no such Beneficiary named by the surviving Spouse, the distribution shall be paid to the surviving Spouse's surviving spouse. If there is no surviving spouse, the distribution shall be paid to the duly appointed executor of or administrator of the surviving Spouse's estate. If no estate has been raised, and if the total amount of the distribution does not exceed the amount provided under 20 Pa. C.S. § 3101, then the benefit shall be paid to the following individuals in equal shares:

- (1) The Spouse's surviving children,
- (2) The Spouse's surviving grandchildren,
- (3) The Spouse's surviving parents,
- (4) The Spouse's surviving brothers and sisters, and
- (5) In the Board of Trustees' sole discretion, to such individual(s) who provide documentation acceptable to the Board of Trustees that such individual(s) paid the Spouse's funeral-related expenses, expenses associated with the Spouse's last illness, living expenses during the last year of the Spouse's life, or any combination of the foregoing in the amounts the Board of Trustees shall determine, and such payments shall be a total release of the Board of Trustees from the claims of any person.

Section 7.9 of the Plan is revised to read as follows: This Plan shall pay Death Benefits to the Beneficiary designated by the Participant on the form authorized by, and filed with, the Plan prior to the death of the Participant. If no such designation has been filed with the Plan prior to the death of the Participant, then the Plan shall pay such Death Benefit to the surviving Spouse of the Participant. In the event that a Participant is not married at the time of the Participant's death, benefits shall be payable to the duly appointed executor or administrator of the Participant's estate. If no estate has been raised, and if the total amount of the distribution does not exceed the amount provided under 20 Pa. C.S. § 3101, then the distribution shall be paid to the following individuals in equal shares:

- (a) The Participant's surviving children,
- (b) The Participant's surviving grandchildren,
- (c) The Participant's surviving parents,
- (d) The Participant's surviving brothers and sisters, and
- (e) In the Board of Trustees' sole discretion, to such individual(s) who provide documentation acceptable to the Board of Trustees that such individual(s) paid the Participant's funeral-related expenses, expenses associated with the Participant's last illness, living expenses during the last year of the Participant's life, or any combination of the foregoing in the amounts the Board of Trustees shall determine, and such payments shall be a total release of the Board of Trustees from the claims of any person.

NOTE 14. AMENDMENTS (continued)

As of March 12, 2024, Section 3.1 of the Plan is hereby amended by adding a new Section 3.1(d) at the end thereof as follows: (d) Upon ratification of a Collective Bargaining Agreement between 3B Services, Inc. and Teamsters Local Union No. 429, and the designation by said bargaining unit employees for participation in this Plan, effective on or after March 1, 2024, the Collective Bargaining Agreement may allocate contributions between this Plan and Defined Benefit Plan.

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

NOTE 15. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 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
RETIREMENT INCOME PLAN 1987**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Professional fees	\$ 437,764	\$ 424,154
Payroll wages	437,266	401,043
Trustee, fiduciary bond and insurance expense	139,618	161,278
CPT Pension benefits	163,972	149,868
CPT Health and Welfare benefits	129,296	124,543
Data processing expenses	90,981	71,803
Other pension and Health and Welfare benefits	102,357	92,984
Office expenses	77,169	97,526
Rent	50,099	48,338
Postage	30,344	26,670
Payroll taxes	33,992	31,699
Meetings, conferences and seminars	29,807	27,525
Repairs and maintenance	10,113	11,410
Telephone	13,971	12,629
Depreciation and amortization expense	57,956	63,817
Utilities	3,505	3,439
Payroll audit expenses	123	66
Total	\$ 1,808,333	\$ 1,748,792

**CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500 Schedule H, Item 4i

EIN: 23-6262789
Plan No. 009

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>Common stock:</u>				
1st Indl Realty TR Inc		7,892			\$ 411,135	\$ 395,626
Aaon Inc		3,090			428,410	363,631
Abbott Lab		11,494			1,313,689	1,300,086
AbbVie Inc		6,819			959,131	1,211,736
Advanced Energy Inds Inc		3,882			414,541	448,876
Agilysys Inc		2,483			186,445	327,036
Air Prod & Chem Inc		2,890			875,233	838,216
Allegiant Travel Co		2,545			473,843	239,535
Allegro Microsystems Inc Del		19,410			483,576	424,303
Alphabet Inc Cl A		4,856			512,604	919,241
American Express		3,010			480,124	893,338
American Tower Corp		4,317			828,223	791,781
Ameris Bancorp		7,655			399,668	478,973
Amgen Inc		2,491			652,673	649,254
Avantor Inc		23,827			543,963	502,035
Avery Dennison Corp		3,150			588,376	589,460
Axon Enterprise Inc		1,380			275,336	820,162
Azek Co Inc Cl A		5,716			111,996	271,339
Azenta Inc		6,963			319,162	348,150
Badger Meter Inc		611			48,581	129,605
Balchem Corp		1,589			202,960	258,999
Bank of America Corp		34,703			1,430,610	1,525,197
Becton Dickinson & Co		4,236			1,096,371	961,021
Berkshire Hathaway Inc		3,246			995,290	1,471,347
Berry Global Group Inc		4,011			226,066	259,391
Bio Rad Laboratories Inc		1,220			544,296	400,782
Bio-Techne Corp		9,268			785,249	667,574
Blackrock Inc		1,574			1,506,712	1,613,523
Blue Owl Cap Inc		36,270			523,343	843,640
Boston Scientific Corp		17,948			779,272	1,603,115
Bright Horizons FA Com		5,670			527,689	628,520
Broadcom Inc		4,331			391,883	1,004,099
C H Robinson Worldwide Inc		5,198			462,765	537,057
Caci INTL Inc CL A		979			297,493	395,575
Carlisle Companies Inc		935			195,955	344,865
Carrier Global Corporation		14,491			780,156	989,156
Casella Waste Sys Inc		7,828			719,184	828,281
Caseys Gen Stores		1,367			303,854	541,646
Caterpillar Inc		3,014			783,364	1,093,359
CCC Intelligent Solutions Holdings		34,929			328,585	409,717
Cencora Inc		3,364			644,356	755,824
Chemed Corp		595			325,273	315,231
Chord Energy Corporation		2,365			362,472	276,516
Churchill Downs Inc		6,959			880,683	929,305
Cisco Systems Inc		21,252			996,253	1,258,118
Civitas Res Inc		6,119			431,256	280,679

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>Common stock (continued):</u>				
Clean HBRS Inc		2,491			\$ 427,777	\$ 573,279
Coca-Cola Consolidated Inc		190			93,932	239,398
Comcast		20,756			1,120,577	778,973
Comfort Sys USA Inc		3,430			760,587	1,454,526
ConocoPhillips		10,644			1,224,231	1,055,565
Crane Co New		4,511			299,762	684,544
Crane NXT Co		7,003			295,738	407,715
CSX Corp		28,161			919,626	908,755
Cytokinetics Inc		4,930			334,471	231,907
Darden Restaurants Inc		4,726			801,721	882,297
Delta Airlines Inc		18,625			867,103	1,126,813
Duke Energy Corp		11,957			1,131,445	1,288,247
Dupont De Nemours Inc		9,759			712,045	744,124
Dynatrace Inc		10,770			544,748	585,350
E L F Beauty Inc		1,830			266,058	229,757
Eagle Matls Inc		1,610			236,986	397,284
East West Bancorp Inc		2,040			136,429	195,350
Element Solution Inc		23,140			516,366	588,450
EMCOR Group Inc		967			118,072	438,921
Encompass Health Corp		4,131			249,057	381,498
Enpro Inc		3,473			300,157	598,919
Ensign Group Inc		4,293			423,940	570,368
EOG Resources Inc		6,890			872,426	844,576
EQTY Lifestyle PPTYS Inc		6,713			480,754	447,086
Expand Energy Corp		2,260			192,842	224,983
Extreme Networks Inc		13,060			225,028	218,624
Exxon Mobil Corp		14,916			1,574,520	1,604,514
Fabrinet		1,620			432,350	356,206
Five9 Inc		5,218			326,143	212,060
Flex Ltd		14,500			424,324	556,655
Flywire Corp		28,960			773,047	597,155
Fox Corp CL A		16,707			554,038	811,626
Fox Factory Hldg Corp		3,735			351,256	113,058
Freeport-McMoRan Inc		18,140			644,115	690,771
FTAI Aviation Ltd		8,000			915,395	1,152,320
Gen Mtrs Co		14,478			565,144	771,243
Gentex Corp		11,486			321,461	329,993
Gilead Sciences Inc		10,896			885,356	1,006,464
Glacier Bancorp Inc		9,325			457,750	468,302
Glaukos Corp		3,440			460,094	515,794
Globant SA		2,358			485,225	505,602
Globus Med Inc		7,141			517,042	590,632
Goldman Sachs Group Inc		1,649			983,298	944,250
Graphic Packaging Holdings		9,968			203,425	270,731
Griffon Corp		5,449			345,113	388,350
Guidewire Software Inc		5,445			577,844	917,918
Halozyme Therapeutics Inc		7,045			271,584	336,821
Hancock Whitney Corp		9,039			451,944	494,614
Honeywell Intl Inc		5,927			1,241,106	1,338,850
Hub Group Inc		8,098			358,597	360,847
Ilex Corp		2,990			570,763	625,777
Inspire Med Systems Inc		3,020			202,353	208,501
Insulet Corp		4,908			1,131,254	1,281,332
Intercontinental Exchange Inc		8,235			1,002,454	1,227,097
Intra-cellular Therapies Inc		5,480			373,757	457,690
Irhythm Technologies Inc		3,454			397,754	311,447
ITT Inc		4,791			457,443	684,538
Jacobs Solutions Inc		1,926			213,795	257,352

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>Common stock (continued):</u>				
Johnson & Johnson		5,273			\$ 903,510	\$ 762,581
JP Morgan Chase & Co		12,710			2,005,311	3,046,714
Kadant Inc		818			274,395	282,202
KBR Inc		8,702			369,587	504,107
Keycorp		20,640			330,563	353,770
Kinsale Cap Group Inc		1,050			484,782	488,387
Kyndryl Holdings Inc		21,480			545,871	743,208
Landstar Sys Inc		1,420			253,732	244,041
Lantheus Holdings		6,150			463,058	550,179
Lincoln Elec Hldgs		2,010			246,073	376,815
Littelfuse Inc		1,419			387,788	334,387
Lowes Cos Inc		5,039			1,158,021	1,243,625
LPL Financial Hldgs		3,280			613,081	1,070,953
M/I Homes Inc		2,500			238,886	332,375
Macom Technology Solutions Holdings		4,900			400,838	636,559
Madden Steven LTD		6,455			232,790	274,467
Martin Marietta Matls Inc		1,837			873,081	948,811
Masco Corp		3,578			242,178	259,655
Masimo Corp		3,470			522,267	573,591
Matador Res CO		11,535			647,337	648,959
Materion Corp		3,745			378,213	370,306
Medpace Hldgs Inc		611			184,969	202,993
Merck & Co. Inc		7,701			619,896	766,095
Merus B V Merus N V		2,710			142,217	113,956
Meta Platforms Inc		1,910			407,767	1,118,324
Micron Tech Inc		8,529			580,992	717,801
Microsoft Tech Inc		2,252			779,817	949,218
Modine MFG Co		2,349			80,386	272,320
Mondelez INTL Inc		13,314			989,807	795,245
Morningstar Inc		1,647			436,390	554,644
Motorola Solutions Inc		2,923			865,330	1,351,098
Natera Inc		3,020			499,521	478,066
Neurocrine Biosciences		2,101			287,269	286,787
NextEra Energy Inc		13,124			990,805	940,860
Northrop Grumman Corp		1,038			470,420	487,123
OKTA Inc Cl A		4,930			420,850	388,484
On Semiconductor Corp		6,289			617,341	396,521
Onto Innovation Inc		1,842			170,860	307,006
Option Care Health Inc		33,500			933,515	777,200
Oracle Corp		5,355			632,178	892,357
Owens Corning New		5,273			689,590	898,097
Parker-Hannifan Corp		2,249			894,924	1,430,431
PayPal Hldgs Inc		10,713			787,975	914,355
PepsiCo Inc		5,673			1,063,068	862,636
Permian Res Corp		43,590			609,551	626,824
Phillips 66		4,470			478,413	509,267
Procept Biorobotics Corp		2,600			167,817	209,352
Proctor & Gamble		6,284			989,161	1,053,513
Prologis		6,982			886,960	737,997
Prudential		3,983			419,369	472,105
PTC Inc		2,900			413,375	533,223
Pub Storage		2,779			820,574	832,144
Pure Storage Inc		6,490			359,970	398,681
Q2 Holdings Inc		5,436			278,854	547,133
Qiagen NV Ord		6,949			302,566	309,439
Quanta SVCS Inc		3,814			778,559	1,205,415
RBC Bearings Inc		1,868			538,995	558,794
Red Rock Resorts Inc		11,670			539,620	539,621

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Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>Common stock (continued):</u>				
Regal Rexnord Corp		3,390			\$ 511,136	\$ 525,891
Reorg/ Aspen Merger		1,264			248,716	315,532
Reorg/ Summit Matls Inc		13,714			541,602	693,928
Repligen Cop		3,243			483,161	466,797
Rev Group Inc		12,754			301,268	406,470
Rocket Lab USA Inc		8,140			209,151	207,326
Rocket Pharmaceuticals Inc		20,200			461,811	253,914
Roku Inc		9,370			547,934	696,566
RTX Corporation		11,205			1,065,125	1,296,643
Rush Enterprises Inc		9,063			430,413	496,562
Ryan Specialty Holdings Inc		5,710			365,081	366,354
S&P Global Inc		1,832			776,296	912,391
Saia Inc		1,539			435,368	701,368
Samsara Inc		15,150			471,494	661,904
Schlumberger LTD		24,490			894,286	938,947
Seacoast Banking Corp		15,578			485,595	428,862
SentinelOne Inc		28,010			595,433	621,822
SharkNinja		6,690			641,172	651,338
Shift4 Pmts Inc		6,750			580,113	700,515
Silgan Hldgs Inc		12,161			527,063	632,980
Silicon Laboratories		2,124			295,530	263,843
Simpson Mfg Inc		1,847			337,625	306,288
Soleno Therapeutics Inc		2,760			136,574	124,062
Southstate Corp		6,193			486,029	616,080
Stag Indl Inc		11,815			433,338	399,583
State Str Corp		4,285			309,417	420,573
Talen Energy Corp		1,680			302,250	338,470
Tapestry Inc		19,400			936,938	1,267,402
Target Corp		5,695			787,813	769,850
Technipfmc PLC		16,250			460,961	470,275
Texas Roadhouse		6,607			691,268	1,192,101
Textron Inc		9,785			665,529	748,455
The Hartford Insurance Group Inc		10,820			809,144	1,183,708
Thermo Fisher Scientific Inccom		2,152			1,229,667	1,119,535
Timken Co		3,353			274,898	239,304
Toll Bros Inc		3,400			458,133	428,230
Tradeweb MKTS		4,820			413,972	631,034
Transunion		7,080			647,084	656,387
Travelers Cos Inc		4,379			778,256	1,054,857
Trimble Inc		11,411			759,352	806,301
Truist Finl Corp		7,175			239,111	311,252
Twilio Inc		6,160			621,780	665,773
Tyson Foods Inc		7,676			411,646	440,909
UFP Industries		2,264			211,235	255,040
United Health Group		3,484			1,572,075	1,762,416
Universal Display Corp		2,304			346,479	336,845
US Foods Holding Corp		4,969			344,821	335,206
Valmont Inds Inc		1,862			512,218	571,020
Vaxcyte Inc		8,500			539,187	695,810
Veeco Instrs Inc		13,620			541,482	365,013
Veracyte Inc		9,382			329,061	371,527
Verizon Communications		18,044			614,198	721,580
Vertiv Holdings LLC		6,030			239,606	685,067
Walt Disney Co		12,773			1,976,092	1,422,274
Waste Connections Inc		2,772			341,065	475,620
Waters Corp		1,516			488,012	562,406
Wells Fargo & Co		21,127			976,947	1,483,960
Willscott Mobile Mini HLDGS Corp		12,380			492,781	414,111

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Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>Common stock (continued):</u>				
Wingstop Inc		1,820			\$ 619,336	\$ 517,244
Xenon Pharmaceuticals Inc		3,410			136,947	133,672
		Total common stock			<u>124,890,829</u>	<u>144,640,749</u>
		<u>Foreign stock:</u>				
ADR Legend Biotech Corp		13,590			872,205	442,219
ADR Ascendis Pharma A/S Sponsored		10,050			1,228,523	1,383,584
ADR Bicycle Therapeutics PLC Sponsored ADS Repstg		5,360			138,195	75,040
ADR WNS Hldgs LTD		5,113			256,969	242,305
Descartes SYS Group INC		13,079			1,081,972	1,485,774
Gildan Activewear Inc		11,138			402,806	524,043
Monday Com LTD COM NPV		2,860			518,363	673,358
		Total foreign stock			<u>4,499,033</u>	<u>4,826,323</u>
		<u>United States Government and Government Agency obligations:</u>				
Fed Home Ln MTG		630,000	2.920 %	06/25/32	567,052	553,420
Federal Home LN MTG Corp Multiclass SER		622,500	3.430	01/25/27	659,145	608,976
Federal Home LN MTG Corp Pool		73,075	3.000	10/01/29	75,857	70,851
Federal Home LN MTG Corp Pool		574,508	2.500	09/01/31	600,899	544,088
Federal Home LN MTG Corp Pool		395,513	4.500	09/01/37	401,816	386,990
Federal Home LN MTG Corp Pool		805,793	4.500	10/01/37	804,412	788,152
Federal Home LN MTG Corp Pool		3,411	6.000	01/01/38	3,611	3,531
Federal Home LN MTG Corp Pool		707,656	5.000	03/01/38	706,865	704,944
Federal Home LN MTG Corp Pool		983	6.000	03/01/38	1,017	1,004
Federal Home LN MTG Corp SER		760,839	3.750	08/25/25	841,262	755,840
Federal Home Loan Mortgage Corp		541,715	2.500	04/01/37	501,848	494,176
Federal Home Loan Mortgage Corp		405,137	4.000	10/01/37	404,852	388,995
Federal Home Loan Mortgage Corp		594,109	5.500	02/01/38	588,958	598,554
Federal Home Loan Mortgage Corp		325,437	5.000	04/01/39	323,251	323,830
Federal NATL MTG ASSN GTD MTG Pool		31,885	3.500	08/01/31	33,464	31,158
Federal NATL MTG ASSN GTD MTG Pool		47,714	4.500	09/01/41	51,300	46,243
FHLCMC MTN		330,000	6.250	07/15/32	382,920	365,979
FHLMC Multiclass SER		24,339	1.500	06/15/41	23,522	23,198
FHLMC Multiclass Tranche		445,000	2.995	12/25/25	437,073	438,984
FHLMC Pool		485	6.000	02/01/26	499	488
FHLMC Pool		2,524	5.000	06/01/28	2,478	2,529
FHLMC Pool		3,285	4.000	03/01/29	3,299	3,236
FHLMC Pool		396,902	2.500	10/01/31	415,507	374,802
FHLMC Pool		164,648	3.000	08/01/32	170,591	156,845
FHLMC Pool		58,058	5.500	01/01/35	62,698	58,512
FHLMC Pool		6,498	6.000	12/01/36	7,110	6,740
FHLMC Pool		5,891	6.000	05/01/37	6,381	6,084
FHLMC Pool		295,282	3.500	07/01/37	297,289	279,172
FHLMC Pool		724,417	4.000	07/01/37	723,776	696,340
FHLMC Pool		4,584	6.000	07/01/37	4,732	4,755
FHLMC Pool		10,174	6.000	08/01/37	11,029	10,514
FHLMC Pool		278,070	5.000	10/01/37	279,873	276,704
FHLMC Pool		315,221	4.000	11/01/37	310,637	302,910
FHLMC Pool		4,900	6.000	11/01/37	5,265	5,055
FHLMC Pool		116,646	4.500	03/01/38	114,586	114,237
FHLMC Pool		301,878	5.500	04/01/38	303,104	304,136
FHLMC Pool		5,222	6.000	04/01/38	5,498	5,411
FHLMC Pool		260,103	5.000	05/01/38	261,729	258,818
FHLMC Pool		715,865	6.000	09/01/38	721,102	727,810
FHLMC Pool		10,436	6.000	10/01/38	11,367	10,812
FHLMC Pool		3,266	6.000	02/01/39	3,565	3,374
FHLMC Pool		1,999	6.000	04/01/39	2,088	2,073

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Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
Type	Shares/ Principal	Interest Rate	Maturity Date			
<u>United States Government and</u>						
<u>Government Agency obligations (continued):</u>						
FHLMC Pool	51,734	4.000 %	12/01/40	\$ 51,571	\$ 48,795	
FHLMC Pool	102,033	4.000	10/01/42	106,756	95,729	
FHLMC Super 15Y	803,301	5.000	05/01/39	808,768	799,333	
FNMA	1,220,000	0.870	08/05/30	1,143,389	1,007,243	
FNMA DTD	325,000	6.625	11/15/30	402,019	360,181	
FNMA TRANCHE	300,000	0.375	08/25/25	298,129	292,488	
United States of Amer Treas Noted DTD	1,595,000	4.125	11/15/32	1,638,267	1,555,686	
United States of Amer Treas Notes	795,000	4.000	07/31/31	825,095	779,100	
United States of Amer Treas Notes	1,060,000	4.000	02/15/34	1,024,652	1,014,991	
United States of Ameri Treas Bond	1,065,000	3.125	11/15/28	1,030,718	1,018,947	
United States of Ameri Treas Notes	1,950,000	0.625	08/15/30	1,825,769	1,583,385	
United States Treas	1,765,000	2.750	02/15/28	1,910,094	1,685,092	
United States Treas BDS	635,000	1.500	08/15/26	637,301	607,839	
United States Treas DTD	80,000	2.000	02/15/25	83,244	79,772	
United States Treas NTS	1,180,000	4.375	11/30/30	1,199,765	1,175,575	
United States Treas NTS	1,755,000	2.750	08/15/32	1,577,595	1,556,397	
United States Treas NTS DTD	1,285,000	2.000	11/15/26	1,368,603	1,233,198	
United STS Treas NTS	1,830,000	1.125	02/15/31	1,771,430	1,510,036	
US TREASURY N/B	1,710,000	2.375	05/15/29	1,839,921	1,576,005	
US TREASURY N/B	1,305,000	1.500	02/15/30	1,306,535	1,133,005	
US TREASURY N/B	2,145,000	1.250	08/15/31	1,923,469	1,750,354	
US TREASURY N/B	1,990,000	3.375	05/15/33	1,923,691	1,828,934	
Total United States Government and Government Agency obligations				35,830,108	33,432,355	
<u>Municipal obligations:</u>						
Colorado HSG & FIN AUTH	460,000	4.381	11/01/26	460,000	459,566	
Columbia S C Wtrwrks & SWR SYS Rev	105,000	2.318	02/01/27	105,000	100,612	
Dallas For Worth TEX INTL	225,000	4.671	11/01/27	225,000	225,900	
Metro Wastewtr Reclamation Dist Colo Swrrev	235,000	2.713	04/01/31	235,000	210,236	
Municipal Elec Auth Ga	900,000	1.581	01/01/26	900,000	875,479	
New York St Urban Dev Corp Rev	220,000	3.270	03/15/28	215,235	212,095	
Prince Georges Cnty MD	70,000	1.186	09/15/26	70,000	66,479	
Texas St Univ Sys Fing Rev	745,000	2.351	03/15/26	788,486	726,865	
University Mich Univ Revs	85,000	1.372	04/01/27	85,000	79,708	
Virginia St Res Auth Infrastructure Rev	410,000	2.530	11/01/28	410,000	382,329	
Total municipal obligations				3,493,721	3,339,269	
<u>Corporate obligations:</u>						
Abbott Labs	670,000	3.750	11/30/26	766,831	661,981	
AbbVie Inc	545,000	4.950	03/15/31	545,381	545,008	
Adobe Inc	550,000	4.800	04/04/29	547,534	552,922	
Adobe Inc Fixed	105,000	2.150	02/01/27	108,550	100,209	
Air Prods and Chems Inc	315,000	4.850	02/08/34	314,137	307,760	
Allstate Corp	490,000	0.750	12/15/25	487,140	472,396	
Amazon Com Inc	495,000	3.150	08/22/27	525,259	477,913	
Amern Wtr Cap Corp	165,000	3.400	03/01/25	180,657	164,532	
Amphenol Corp	656,000	4.750	03/30/26	654,644	656,343	
Analog Devices Inc	300,000	2.950	04/01/25	322,504	298,694	
Anheuser-Busch	500,000	4.750	01/23/29	589,109	499,666	
Apple Inc	400,000	2.050	09/11/26	414,153	384,795	
Applied Materials Inc	280,000	4.800	06/15/29	279,140	280,874	
AT&T Inc	635,000	2.300	06/01/27	612,542	599,239	
Automatic Data Processing Inc	205,000	4.450	09/09/34	206,119	195,330	
Automatic Data Processing Inc SR	410,000	1.700	05/15/28	412,390	374,439	
Avery Dennison	655,000	4.875	12/06/28	761,487	653,584	
Bank Amer Corp	370,000	3.824	01/20/28	401,181	362,508	

(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>						
Bristol Myers	590,000	5.750 %	02/01/31	\$	599,251	\$ 613,809
Brown Forman Corp	375,000	4.750	04/15/33		377,254	365,942
Caterpillar Financial	600,000	4.350	05/15/26		594,632	599,157
CBOE Global Mkts	550,000	1.625	12/15/30		519,702	456,321
CDN Natl Ry Co	565,000	6.900	07/15/28		740,098	603,819
CDN Pac Ry Co	425,000	4.000	06/01/28		417,138	413,783
Cin Gas & Elec Co	165,000	6.900	06/01/25		201,857	166,063
Cintas Corp	765,000	3.700	04/01/27		860,197	749,774
Citigroup Inc	355,000	3.200	10/21/26		337,254	345,296
CNH Indl Cap LLC	315,000	5.500	01/12/29		313,107	319,498
Comcast Corp	670,000	4.250	10/15/30		654,254	645,988
Connecticut Light & Power	470,000	0.750	12/01/25		455,058	454,323
Conoco Inc	570,000	4.700	01/15/30		567,583	564,069
Cummins Inc	350,000	5.150	02/20/34		351,584	350,279
Darten Restaurants	440,000	3.850	05/01/27		430,298	430,074
Dicks Sporting Goods	265,000	3.150	01/15/32		265,275	232,311
Duke Energy Carolinas LLC	440,000	4.850	01/15/34		435,963	426,640
Eaton Corp Ohio	540,000	4.150	03/15/33		513,892	507,758
Ecolab Inc	460,000	5.250	01/15/28		465,329	468,584
Emerson Elec Co Fixed	425,000	1.800	10/15/27		429,945	394,837
Estee Lauder Companies Inc	195,000	4.650	05/15/33		191,701	186,245
Exxon Mobil	651,000	2.440	08/16/29		660,203	594,103
Fiserv Inc	245,000	4.750	03/15/30		243,939	242,172
Florida Power & Light Company	760,000	5.050	04/01/28		760,527	767,390
General Mtrs Finl Co Inc	660,000	1.250	01/08/26		652,873	635,825
Georgia Pac Corp	610,000	7.375	12/01/25		727,620	625,537
Georgia Power Co	600,000	4.650	05/16/28		601,221	597,419
Grainger WW Inc	225,000	1.850	02/15/25		231,316	224,045
Grainger WW Inc	330,000	4.450	09/15/34		330,812	314,109
HCA Inc	545,000	5.875	02/15/26		546,533	547,726
Hershey Company	670,000	3.200	08/21/25		738,175	663,943
Home Depot Inc	250,000	5.150	06/25/26		249,923	252,580
Home Depot Inc	470,000	4.950	09/30/26		469,955	473,880
IL Tool WKS	710,000	2.650	11/15/26		770,027	689,433
Intel Corp Fixed	420,000	3.750	08/05/27		418,313	407,330
Jacobs Energy Group Inc	230,000	6.350	08/18/28		230,614	239,448
Kenvue Inc Sr NT	625,000	5.350	03/22/26		625,019	630,765
Keurig Dr Pepper Inc	550,000	5.200	03/15/31		544,193	555,514
Kimberly Clark Corp	700,000	3.950	11/01/28		792,716	684,097
Lilly Eli & Co	615,000	4.500	02/09/27		614,674	616,403
Lockheed Martin Corp	590,000	4.500	02/15/29		589,587	583,573
Mastercard Inc	235,000	4.875	05/09/34		243,314	231,419
Molson Coors	570,000	3.000	07/01/26		551,982	555,204
Mondelez International Inc	760,000	2.625	03/17/27		711,234	727,117
National Rural Utils Coop Fin Corp	510,000	2.400	03/15/30		501,886	449,862
Nvent Finance	230,000	4.550	04/15/28		258,396	227,728
O Reilly	620,000	3.900	06/01/29		592,320	594,330
OGE Energy Corp	465,000	5.450	05/15/29		468,119	472,716
Oracle Corp	315,000	6.150	11/09/29		324,514	330,375
Pac Gas & Elec Co Fixed	250,000	5.900	06/15/32		255,681	256,683
Paccar Finl Corp	175,000	4.450	08/06/27		174,849	174,816
Paccar Finl Corp Medium	305,000	5.200	11/09/26		304,513	309,109
PepsiCo Inc	670,000	2.750	03/19/30		705,949	608,732
PG&E Recovery FDG LLC	558,383	1.460	07/15/33		558,377	504,947
Progressive Corp	435,000	3.000	03/15/32		380,095	382,185
Pub SVC Elec Gas Fixed	440,000	5.200	03/01/34		441,910	438,504
Public Service Colorado	283,000	2.900	05/15/25		294,305	280,775
Public Storage	375,000	5.100	08/01/33		376,200	373,572

(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>						
Quanta SVCS SR NT	345,000	4.750 %	08/09/27	\$ 344,447	\$ 344,500	
Republic SVCS Inc	705,000	3.950	05/15/28	672,451	686,511	
Roper Technologies Inc	405,000	4.750	02/15/32	406,237	393,936	
Texas Instr Inc	360,000	4.600	02/08/27	359,580	361,511	
T-Mobile USA	430,000	3.500	04/15/25	464,382	428,060	
Transcont Gas Pipe Line	285,000	4.000	03/15/28	323,150	276,904	
UN Pac RR Co	1,121,765	3.227	05/14/26	1,188,657	1,102,140	
United Parcel Service	470,000	4.875	03/03/33	475,510	465,191	
Ventas Rlty Ltd Partnership	205,000	4.000	03/01/28	199,773	199,487	
Visa Inc	245,000	3.150	12/14/25	269,859	242,162	
Vulcan Materials	285,000	4.950	12/01/29	284,947	284,199	
Waste Management Inc	585,000	4.150	04/15/32	577,494	552,998	
Wells Fargo & Co	520,000	3.000	04/22/26	489,188	508,517	
WI Elec Pwr	205,000	4.600	10/01/34	205,883	195,532	
WI Elec Pwr	125,000	3.100	06/01/25	134,549	124,066	
WI Elec Pwr	480,000	5.000	05/15/29	481,228	483,304	
Xylem Inc	330,000	2.250	01/30/31	281,783	281,342	
Total corporate obligations				42,951,132	41,076,489	
<u>Common collective trust fund - international equity:</u>						
CF Causeway International Value Equity	1,845,128			22,646,813	28,267,358	
<u>Common collective trust funds - equity:</u>						
CF Sierra Franklin EAFE Plus Equity Trust	1,095,829			35,863,691	26,749,192	
CF Loomis Sayles High Yield Conservative Trust	3,046,374			87,067,512	92,975,344	
* MFB NT Collective Russell 1000 Growth Index Fund	36,120			48,201,421	79,592,108	
Total common collective trust funds - equity				171,132,624	199,316,644	
<u>Asset-backed securities:</u>						
Bank of America Cr Card	335,000	4.98	11/15/28	334,673	338,226	
Capital One Multi-Asset Execution	505,000	2.800	03/15/27	504,962	503,116	
Daimler Trucks Tr 2023	550,000	5.900	03/15/27	549,992	555,560	
John Deere Owner Tr	160,000	4.960	11/15/27	159,991	161,222	
John Deere Owner Tr	85,000	5.180	03/15/28	85,123	85,701	
PVTPL CWABS 2004-R	22,653	0.000	08/22/39	22,653	22,653	
Verizon Master	360,000	4.170	08/20/30	359,907	356,500	
Total asset-backed securities				2,017,301	2,022,978	
<u>Non-Government backed C.M.O's:</u>						
CMO Citigroup Mtg Ln Tr	2,665	7.200	10/25/35	2,763	2,615	
CMO Citigroup Mtg Ln Tr	6,353	6.300	03/25/36	6,395	6,207	
CMO JPMorgan Mtg Tr	7,615	6.258	10/25/35	7,462	7,269	
CMO Sequoia Mtg Tr	20,792	4.758	07/20/37	17,540	15,826	
Total non-government backed C.M.O's				34,160	31,917	
<u>Limited partnerships - real estate:</u>						
Boyd Watterson GSA Fund LP	80,490,423			80,490,423	58,482,925	
Boyd Watterson State Government Fund	20,856,961			20,856,961	18,424,772	
U.S. Real Estate Investment Fund	40,948,611			40,948,611	37,412,235	
Total limited partnerships - real estate				142,295,995	114,319,932	

(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>Limited partnership - private equity:</u>				
Blue Ocean Onshore Fund II LP		1,397,327			\$ 1,397,327	\$ 1,424,998
GCM Grosvenor Private Credit Fund Ltd		3,086,102			3,086,102	3,468,191
Glouston Private Equity Opportunities VII FTE LP		3,220,534			3,220,534	3,728,258
Hamilton Lane Secondary Feeder Fund V-A LP		17,467,768			17,467,768	21,091,154
		Total limited partnerships - private equity			<u>25,171,731</u>	<u>29,712,601</u>
		<u>Limited partnership:</u>				
Corbin ERISA Opportunity Fund LP		16,500,000			16,500,000	21,836,548
		<u>Foreign hedged fund of funds:</u>				
GCM Grosvenor Opportunistic Credit Fund V, Ltd.		24,389,568			24,389,568	28,510,796
		<u>Common collective trust - STIF:</u>				
* NT Collective Govt Short-Term Fund		10,783,930			10,783,930	10,783,930
		<u>103-12 investment entities:</u>				
CF GoldenTree Multi-Sector Fund Offshore ERISA LTD		35,701			69,842,868	82,914,640
CF Wacap JMT Real Estate Equity Fund		392,444			31,479,222	36,231,798
Wacap SP Infrastructure Fund IV Feeder LLC		13,762,282			13,762,282	16,791,605
Wacap - O Direct Lending Fund Unlevered Feeder LLC		2,364,330			2,364,330	2,502,560
		Total 103-12 investment entities			<u>117,448,702</u>	<u>138,440,603</u>
		Total investments			<u>\$ 744,085,647</u>	<u>\$ 800,558,492</u>

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

**CENTRAL PENNSYLVANIA TEAMSTERS
RETIREMENT INCOME PLAN 1987**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500 Schedule H, Item 4j

EIN: 23-6262789
Plan No. 009

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain (Loss) on Transaction	
* NT Collective Government Short Term Investment Fund	\$ 194,330,470	N/A	\$ 194,330,470	\$ 194,330,470	N/A	
* NT Collective Government Short Term Investment Fund	N/A	\$ 191,932,117	191,932,117	191,932,117	\$ -	

* 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