

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/01/1955
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES 1055 SPRING STREET WYOMISSING, PA 19610-1747
2b	Employer Identification Number (EIN) 23-6262789
2c	Plan Sponsor's telephone number 610-320-5500
2d	Business code (see instructions) 484120

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

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

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 26221
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) 5424 6a(2) 5287 6b 11850 6c 4006 6d 21143 6e 4459 6f 25602 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 71

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

A Name of plan CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES	D Employer Identification Number (EIN) 23-6262789

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

1a Enter the valuation date:	Month 01 Day 01 Year 2024
b Assets	
(1) Current value of assets	1b(1) 1386099834
(2) Actuarial value of assets for funding standard account	1b(2) 1460239045
c (1) Accrued liability for plan using immediate gain methods	1c(1) 1489753697
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 1489753697
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 2462222289
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 108499191
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)
(3) Expected plan disbursements for the plan year	1d(3) 134590608

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

SIGN HERE	09/11/2025
Signature of actuary JOSEPH F. HICKS, JR.	Date 23-06117
Type or print name of actuary KEYSTONE 74 BENEFITS AND ADMIN	Most recent enrollment number 267-606-1280
Firm name 3031 WALTON RD, BLDG B PLYMOUTH MEETING, PA 19462	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1386099834
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	16372	1470182086
(2) For terminated vested participants	4425	244174684
(3) For active participants:		
(a) Non-vested benefits		102003099
(b) Vested benefits		645862420
(c) Total active	5424	747865519
(4) Total	26221	246222289
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.29 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2024	89642477	0			
06/30/2024	154966	0			
01/15/2025	8042495	0			
Totals ►			3(b)	97839938	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 154966

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	98.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	3.29 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.50 %	7.50 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		7.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		8.9 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		4100000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	5990304	631279

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	46750676

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	721088694	100514919
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 11044920**e** Total charges. Add lines 9a through 9d.....**9e** 158310515**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 574657766**g** Employer contributions. Total from column (b) of line 3.....**9g** 97839938**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 48806545**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

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

(3) FFL credit

	Outstanding balance	
9h	116916276	31518449
9j(1)	779441977	
9j(2)	840932516	

9j(3) 0**k** (1) Waived funding deficiency**9k(1)** 0

(2) Other credits

9k(2) 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 752822698**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 594512183**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1) 0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a) 0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b) 0

(3) Total as of valuation date

9o(3) 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN	B Three-digit plan number (PN) 001
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
ENTRUST PARTNERS OFFSHORE LP
90-0644478
(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

SIGULER 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

GROSVENOR CAPITAL MANAGEMENT, L.P.

20-3979494

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

MESIROW FINANCIAL PRIVATE EQUITY

84-3769930

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

CAUSEWAY CAPITAL MANAGEMENT LLC

95-4861680

(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

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

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

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

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

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

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

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

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

WASHINGTON CAPITAL MANAGEMENT, INC.

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	957916	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	660535	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTFIELD CAPITAL MGMT CO.LP

80-0175963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	603859	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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	517499	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGALL BRYANT & HAMILL

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	495515	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERCONTINENTAL R/E CORPORATION

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	467394	Yes ☐ No ☐

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

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

HAMILTON LANE ADVISORS, LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	375891	Yes ☐ No ☒

(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	358358	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	258077	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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?
11 70 50	NONE	191342	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT PERFORMANCE SERVICES

58-2432390

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

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

WILLIG, WILLIAMS & DAVIDSON

23-2416488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	160387	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MICHELLE 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	107946	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 64	EMPLOYEE	105557	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASHLEY BORTZ

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	90292	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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 68	NONE	90241	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

JUDITH A GUIDARA

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	88618	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	79512	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JAMES STRICKER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	75579	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	70630	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ESSEX TECHNOLOGY GROUP

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	68926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	62458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBRA PFENNIG

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	61178	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUSTY KEMP

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	61147	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LISA MARDERNESS

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	60960	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICHARD PASTUSZEK

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	58958	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT GENSLINGER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	54986	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KYLE WELLER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	52682	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PETER SHIFFER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	49336	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEMERE PEARSON

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	48906	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	48156	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMANDA PATTON

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	48132	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAMIEN WILD

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45387	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LV PRINT CENTER

93-1517255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	43183	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEIDENHAMMER SYSTEMS CORP

23-2054990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	41420	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLYNN SEIDEL

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	41319	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARLOTTE HOUSER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	40023	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY SNYDER

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39441	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	38395	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CAILIN ADAMS

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32381	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JILL SCHMALE

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29540	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEYSTONE 74 BENEFITS & ADMIN. LLC

3031 WALTON ROAD
PLYMOUTH MEETING, PA 19462

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50 70	NONE	24700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FABRICANT & FABRICANT INC

13-1942233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	19611	Yes ☐ No ☒

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

DOYLE PRINTING & OFFSET CO.

53-0191325

(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	11816	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	10575	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	10126	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	9423	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES, LLC

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	8512	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

EDWARDS BUSINESS SYSTEMS

23-1672672

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	6463	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PACKET WATCH (WGM ASSOC. LLC DBA)

27-4637065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	6258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	46

(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	COMMISSION

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	7628

(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	COMMISSION

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	284

(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 INSURANCE CO 13-2941133	COMMISSION

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	49

(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	COMMISSION

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	165

(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	COMMISSION

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	156

(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	COMMISSION

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	1277

(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	COMMISSION

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	4581

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	3191

(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	COMMISSION

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	2234

(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	COMMISSION

(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	375891

(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	467394

(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 FEES

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE 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 Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 INDEX FU		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-095	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191069150
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE GOVERNMENT SHORT TERM		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-068	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42522182
a Name of MTIA, CCT, PSA, or 103-12 IE: CAUSEWAY COLLECTIVE INVESTMENT TRUS		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 83-2723947-128	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56809391
a Name of MTIA, CCT, PSA, or 103-12 IE: SIERRA FRANKLIN EAFE PLUS EQUITY TR		
b Name of sponsor of entity listed in (a): FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH		
c EIN-PN 90-6149946-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57601906
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES HIGH YIELD CONSERVATI		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC		
c EIN-PN 84-6391546-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80194537
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAPITAL JOINT MASTER TRU		
b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC.		
c EIN-PN 91-1163419-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81740439
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDENTREE MULTI-SECTOR FUND OFFSHO		
b Name of sponsor of entity listed in (a): GOLDENTREE ASSET MANAGEMENT		
c EIN-PN 98-1018819-002	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74843971
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: WACAP O DIRECT LENDING FUND UNLEVER**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) 16683732
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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) 33583210
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES	D Employer Identification Number (EIN) 23-6262789

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2805245	3243198
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8513532	8042495
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	45813931	22104880
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	34781359	45446670
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	6652271	
(B) All other	1c(3)(B)	35804673	59483049
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	300165777	327340887
(5) Partnership/joint venture interests	1c(5)	354907171	359769819
(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)	382137628	428197166
(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)	179809841	206851352
(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)	35561152	38259974

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	199065	174598
f Total assets (add all amounts in lines 1a through 1e)	1f	1387151645	1498914088
Liabilities			
g Benefit claims payable	1g	72860	53938
h Operating payables	1h	1051752	995541
i Acquisition indebtedness	1i		
j Other liabilities	1j	59	10512223
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1124671	11561702
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1386026974	1487352386

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)	97684972	
(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)		97684972
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	54176	
(B) U.S. Government securities	2b(1)(B)	1260044	
(C) Corporate debt instruments	2b(1)(C)	1985343	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	9241836	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12541399
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	4294355	
(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)		4294355
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	164212426	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	151256349	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		12956077
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	27712465	
(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)		65793651
(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)		7029172
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		256968
d Total income. Add all income amounts in column (b) and enter total	2d		228269059

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	129681090	
(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)		129681090
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)	1449637	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	2518	
(4) IQPA audit fees	2i(4)	62458	
(5) Investment advisory and investment management fees	2i(5)	3403262	
(6) Bank or trust company trustee/custodial fees	2i(6)	71416	
(7) Actuarial fees	2i(7)	216201	
(8) Legal fees	2i(8)	825067	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	59273	
(11) Other expenses	2i(11)	1701485	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7791317
j Total expenses. Add all expense amounts in column (b) and enter total	2j		137472407

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		90796652
l Transfers of assets:			
(1) To this plan	2l(1)		10528760
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		394175109
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 556658.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES				D Employer Identification Number (EIN) 23-6262789	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 23-6262789					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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 UNITED PARCEL SERVICE INC

b EIN 13-1426500

c Dollar amount contributed by employer 73070409

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 31 Year 2028

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): MONTHLY

a Name of contributing employer ARKANSAS BEST FREIGHT SYS INC

b EIN 71-0249444

c Dollar amount contributed by employer 15259690

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 06 Day 30 Year 2025

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

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

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

a Name of contributing employer BRENNTAG NORTHEAST LLC

b EIN 74-2203689

c Dollar amount contributed by employer 919465

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 11 Day 30 Year 2025

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

(1) Contribution rate (in dollars and cents) 772.66

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

a Name of contributing employer CENTRAL PENNSYLVANIA TEAMSTERS PENS

b EIN 23-6262789

c Dollar amount contributed by employer 697923

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 03 Day 31 Year 2025

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

(1) Contribution rate (in dollars and cents) 2748.19

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

a Name of contributing employer CENTRAL PENNSYLVANIA TEAMSTERS H&W

b EIN 23-6263170

c Dollar amount contributed by employer 443089

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 03 Day 31 Year 2025

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

(1) Contribution rate (in dollars and cents) 2748.19

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

a Name of contributing employer SINGER EQUIPMENT CO. INC.

b EIN 23-1674739

c Dollar amount contributed by employer 552004

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 08 Day 24 Year 2029

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) 640.59

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

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 D/B/A VALLEY FARMS DAIRY

b EIN 47-3728873

c Dollar amount contributed by employer 427420

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

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

(1) Contribution rate (in dollars and cents) 355.00

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

a Name of contributing employer CLOVER FARMS DAIRY LLC

b EIN 92-1062793

c Dollar amount contributed by employer 536100

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 02 Day 28 Year 2026

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) 300.00

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

a Name of contributing employer TEAMSTERS LOCAL UNION 776

b EIN 23-1147664

c Dollar amount contributed by employer 419677

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 03 Day 31 Year 2005

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) 1906.67

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

a Name of contributing employer UPS CARTAGE SERVICES INC.

b EIN 20-1817650

c Dollar amount contributed by employer 325827

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 31 Year 2028

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) 15.65

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	8
b The plan year immediately preceding the current plan year. ☒ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	613
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
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	0.98
b The corresponding number for the second preceding plan year.....	15b	0.97
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	3
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	82111976
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: <u>43.2</u> % Private Equity: <u>10.3</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>14.2</u> %	
High-Yield Debt: <u>6.1</u> % Real Assets: <u>23.3</u> % Cash or Cash Equivalents: <u>2.9</u> % Other: <u>0.0</u> %	
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
DEFINED BENEFIT PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**CENTRAL PENNSYLVANIA TEAMSTERS
DEFINED BENEFIT PLAN**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Central Pennsylvania Teamsters
Defined Benefit Plan

Opinion

We have audited the financial statements of the Central Pennsylvania Teamsters Defined Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of 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
DEFINED BENEFIT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

ASSETS	2024	2023
INVESTMENTS - at fair value		
Common stock	\$ 317,680,861	\$ 289,234,956
Short-term cash equivalents	9,224	(3,029)
Foreign stock	9,660,026	10,930,821
Common collective trust - STIF	42,522,182	19,347,264
United States Government and Government		
Agency obligations	45,446,670	34,781,359
Corporate obligations	56,327,933	33,623,261
Asset-backed securities	3,151,580	2,177,358
Non-government backed CMOs	3,536	4,054
Municipal obligations	3,854,684	4,036,457
Common collective trust - international equity	56,809,391	63,837,894
Common collective trust - equity	328,865,593	298,952,470
103-12 investment entities	206,851,352	179,809,841
Hedge fund of funds - global multi-strategy fund	192,335	119,026
Foreign hedged fund of funds	34,212,955	31,405,669
Limited partnership	76,115,061	69,148,674
Limited partnership - private equity	73,727,345	63,259,482
Limited partnership - real estate	209,927,413	222,499,015
Preferred corporate obligations	-	6,652,271
Foreign currency	-	1,620
Total investments	1,465,358,141	1,329,818,463
RECEIVABLES		
Employer contributions	8,042,495	8,513,532
Withdrawal liability receivable	-	34,368,408
Trustee to Trustee transfer from RIP 1987	729,529	570,320
Other receivable	466,997	440,282
Accrued interest and dividends	1,612,842	1,395,594
Due from broker for sales of securities	10,039,486	69,641
Total receivables	20,891,349	45,357,777

See accompanying notes to financial statements.

	2024	2023
OTHER ASSETS		
Prepaid expenses	\$ 42,241	\$ 38,858
Prepaid benefits	9,213,785	8,930,828
Total other assets	<u>9,256,026</u>	<u>8,969,686</u>
PROPERTY AND EQUIPMENT		
Office equipment and furniture	279,128	259,042
Leasehold improvements	372,084	354,791
	651,212	613,833
Less: accumulated depreciation and amortization	<u>(476,614)</u>	<u>(414,768)</u>
Net property and equipment	<u>174,598</u>	<u>199,065</u>
CASH	<u>3,233,974</u>	<u>2,806,654</u>
Total assets	<u>1,498,914,088</u>	<u>1,387,151,645</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Due to related party	58,190	59
Accrued administrative expenses	995,541	1,051,752
Due to broker for purchases of securities	10,454,033	-
Total liabilities	<u>11,507,764</u>	<u>1,051,811</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,487,406,324</u>	<u>\$ 1,386,099,834</u>

See accompanying notes to financial statements.

**CENTRAL PENNSYLVANIA TEAMSTERS
DEFINED BENEFIT PLAN**

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	\$ 112,472,334	\$ 109,100,046
Interest and dividends	11,743,529	11,422,245
Other investment income	6,111,256	7,665,034
	<u>130,327,119</u>	<u>128,187,325</u>
Less investment expenses	(3,281,464)	(3,140,062)
Investment income - net	<u>127,045,655</u>	<u>125,047,263</u>
 Contributions		
Employer contributions	97,684,972	98,097,236
Trustee to Trustee transfer from RIP 1987	10,528,760	11,717,609
Withdrawal liability contributions	154,966	34,692,093
Total contributions	<u>108,368,698</u>	<u>144,506,938</u>
 Other income	<u>102,002</u>	<u>59,151</u>
 Total additions	<u>235,516,355</u>	<u>269,613,352</u>
 DEDUCTIONS		
Benefits paid to or for participants and beneficiaries	129,700,012	123,496,651
Administrative expenses	4,509,853	4,055,066
	<u>134,209,865</u>	<u>127,551,717</u>
 Total deductions	<u>134,209,865</u>	<u>127,551,717</u>
 NET INCREASE	101,306,490	142,061,635
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>1,386,099,834</u>	<u>1,244,038,199</u>
End of year	<u><u>\$ 1,487,406,324</u></u>	<u><u>\$ 1,386,099,834</u></u>

See accompanying notes to financial statements.

**CENTRAL PENNSYLVANIA TEAMSTERS
DEFINED BENEFIT PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Central Pennsylvania Teamsters (CPT) Defined Benefit Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer pension plan. The Plan covers all eligible employees of participating employers who are covered by collective bargaining agreements, as well as certain other non-collectively bargained participants, usually local union employees, Plan employees, and employees of related plans. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and of the Multiemployer Pension Plan Amendments Act of 1980 (MPPAA), 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.

Contributions

Following the amendments effective January 1, 1987, all contributions to the Pension Fund were credited to the Central Pennsylvania Teamsters Retirement Income Plan 1987 (RIP 1987). Effective December 30, 1999, the Plan was amended to accept contributions. The amount of those contributions was equal to the forfeitures of the non-vested participants whose employers had formerly participated in this Plan but were then contributing to RIP 1987.

Effective March 1, 2002, the Plan and RIP 1987 were amended to provide that a portion of future employer contributions from contributing employers would be allocated to the Plan and a portion would be allocated to RIP 1987. The percentage of the employer contribution allocated to each plan was calculated on an individual participant basis, dependent upon the age and the number of years of service that each covered participant had in the Pension Fund.

Effective January 1, 2003, the Plan and RIP 1987 were amended to provide that all future employer contributions from the contributing employers would be allocated to the Plan.

NOTE 1. DESCRIPTION OF THE PLAN (continued)

Effective January 1, 2020, RIP 1987 was amended to allow bargaining parties to allocate contributions to that plan under certain limited circumstances.

The Plan receives certain amounts due to payroll audits and withdrawal liability payments.

The Plan also receives Trustee to Trustee transfers from the Central Pennsylvania Teamsters RIP 1987 on behalf of certain eligible participants, the proceeds of which are used to provide additional annuity benefits paid to such participants from this Plan.

Pension Benefits

The participant's Past Service pension benefit will vary depending upon the benefit level at which his or her employer was contributing at the time RIP 1987 was established, or at the time of retirement if the participant chooses to roll over a portion of his or her balance from RIP 1987 in order to receive an actuarially determined enhanced benefit under this Plan. The Plan maintains various benefit levels A through I. Under the terms and conditions of each benefit level, participants are entitled to an annual benefit accrual which varies from a minimum of \$4.00 per month per year of service under benefit level A to \$35.00 per month per year of service under benefit level I. Benefit Levels C through I provide for an early, actuarially reduced pension at age 55 and the completion of 20 years of service. Benefit Level I also provides a future benefit of \$5.00 per month for each year of service after January 1, 1984.

For this Past Service benefit, the normal retirement age is 57 and requires the completion of 5 years of service. The normal form of benefit for a single participant is a life annuity with three year certain. The normal form of benefit for a married participant is a 50% joint and survivor annuity.

Effective October 1, 2002, a new Combined Minimum Monthly Benefit was established.

To qualify for this benefit, the participant must be at least age 57 with 25 years of benefit service. The Combined Minimum Monthly Benefit cannot be less than the excess, if any, of:

\$3,100, prorated for contributions that are at less than "full" contribution level, minus the annuity equivalent of the RIP 1987 account balance as of the most recent valuation at the time of application based on the UP 1984 Mortality Table and a 7% discount rate.

Effective January 1, 2003, a Future Service benefit was established. For each Plan Year beginning on or after January 1, 2003, participants earn a monthly benefit equal to the lesser of:

1. 1.25% of the contributions made on their behalf or
2. \$140.00 (for the years 2003-2005 and 2009-2011 and 2013-2017)
3. \$160.00 (for the year 2006)
4. \$170.00 (for the year 2007)
5. \$180.00 (for the year 2008)
6. \$165.00 (for the year 2012)
7. \$180.00 (for the years 2018, 2019, 2020 and 2021 if the participant's employer contributes at a rate of at least \$11 per hour or \$1,906.67 per month)

NOTE 1. DESCRIPTION OF THE PLAN (continued)

8. \$180.00 (for the years 2022 and 2023 if the participant's employer contributes at a rate of at least \$10.395 per hour or \$1,801.80 per month, but less than \$11 per hour or \$1,906.67 per month)
9. \$200.00 (for the years 2022 and 2023 if the participant's employer contributes at a rate of at least \$11 per hour or \$1,906.67 per month)
10. \$250.00 (for the year 2024 if the participant's employer contributes at a rate of at least \$11 per hour or \$1,906.67 per month, but less than \$13 per hour or \$2,253.33 per month)
11. \$300.00 (for the year 2024 if the participant's employer contributes at a rate of at least \$13 per hour or \$2,253.33 per month)

The normal retirement age for this benefit is 65.

Payment of Benefits

Benefit payments to participants are recorded upon distribution. The Plan provides for the payment of a 13th check to retirees each year and is permitted to do so by the Plan document as long as the unfunded vested liability as calculated for purposes of the MPPAA as of the last day of the calendar year preceding distribution of the 13th check does not exceed \$85 million. No 13th check was issued for the years ended December 31, 2024 and 2023.

Vesting

Participants are vested after 5 years of vesting service. A participant will be one hundred percent vested in his accrued benefit, regardless of his years of vesting service, provided he has attained normal retirement age while employed by an employer.

Disability and Death Benefits

Participants with 15 years of vesting service who become disabled and qualify for disability benefits under Social Security (provided the date the Social Security Administration treats as the onset of the disability is no more than 18 months from the date on which the participant was last credited with an Hour of Service under the Plan) are entitled to disability benefits. If a participant dies after his retirement benefit payments have begun, any benefit payable on account of his death will be determined by the form of benefit that he elected at retirement.

The Plan provides a pre-retirement survivor annuity to a participant's spouse in the event the participant is fully vested when he or she dies before retirement, either as a vested active participant or a vested former participant. The surviving spouse is entitled to receive a monthly benefit payable for life. The amount of the monthly pre-retirement survivor annuity is equal to the amount the spouse would have been entitled to receive under the Plan's qualified joint and 50% survivor annuity, computed as if the participant had:

- Terminated employment on the earlier of the date he or she was last employed in Covered Employment or the day of his or her death,

NOTE 1. DESCRIPTION OF THE PLAN (continued)

- Survived to his or her earliest retirement age with a qualified joint and 50% survivor annuity, and
- Died on the day after he or she reached his or her earliest retirement age.

In addition to the surviving spouse benefits described above, the Plan pays eligible vested participants a small lump sum death benefit based on the number of years of benefit service completed prior to the expiration date of the applicable collective bargaining agreement in 1987, 1988, or 1989.

See also Note 12 for Amendments to the Plan.

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, preferred corporate and corporate obligations, municipal obligations, asset-backed securities, non-government backed CMOs, and United States Government and Government Agency obligations 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 hedge fund of funds - global multi-strategy fund, and limited partnership are carried at estimated fair value as reported by management of the fund. The foreign hedged fund of funds, limited partnership - private equity and limited partnership - real estate are carried at estimated fair value as provided by the partnership. The common collective trust - international equity, common collective trust - equity, and common collective trust - STIF are valued at their market value on the last business day of the year, as established by the trusts. The 103-12 investment entities are carried at estimated fair value as provided by the sponsors of the investments. The foreign stock are carried at estimated fair value as provided by the custodian. The short-term cash equivalents are carried at cost, which approximates fair value. The foreign currency is carried at estimated 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.

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

Withdrawal Liability Receivable - The Plan records receivables for payments due and not paid prior to year end as withdrawal liability receivable. Allowance for doubtful accounts is considered unnecessary and is not provided.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized, while replacements, maintenance, and repairs which do not improve or extend the useful lives of the 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 of the property and equipment held by the Plan totaled \$61,846 and \$67,902 during the years ended December 31, 2024 and 2023, respectively.

Property and equipment purchased by a related party and used by the Plan was still being depreciated at December 31, 2024 and 2023. The Plan's share of depreciation expense was \$0 for the year ended December 31, 2024 and \$26 for the year ended December 31, 2023.

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

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.

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

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 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 to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event the Plan terminates, 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 participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

NOTE 3. PRIORITIES UPON TERMINATION (continued)

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

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter dated November 4, 2015, 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 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.

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. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of January 1, 2024. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits

Vested benefits

Participants and beneficiaries

currently receiving benefits

\$ 995,805,603

Other participants

442,719,742

Total

1,438,525,345

Nonvested benefits

48,228,352

Total actuarial present value of
accumulated plan benefits

\$ 1,486,753,697

NOTE 5. ACTUARIAL INFORMATION(continued)

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2023, were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 1,455,101,965</u>
Increase (decrease) during the year attributable to	
Benefits paid	(123,496,651)
Interest due to decrease in discount period	104,501,523
Benefits accumulated and gains and losses	<u>50,646,860</u>
Net increase	<u>31,651,732</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 1,486,753,697</u></u>

The actuarial valuations as of January 1, 2024 were made using the Unit Credit Method for minimum funding and the Entry Age Normal Cost Method for funding policy.

Some of the more significant actuarial assumptions used in estimating the present value of accumulated plan benefits were:

Mortality for healthy lives - 115% of Pri-2012 Amount-Weighted Blue Collar mortality table rates, adjusted generationally from 2012 with mortality improvement table MP-2021.

Mortality for current liability - IRS 2024 Static Mortality, as prescribed.

Retirement age - Active participants: Graduated rates of retirement based on age and service. Terminated vested: Age 57.

Disability - Probability of becoming disabled according to Sarason's Advanced Pension Table with rates graduated from tabular at age 50 to zero at age 55.

Discount rate - 7.5%

Administrative expenses - \$4,100,000

RPA current liability interest rate - 3.29%

The assumptions that changed for 2024 were mortality for current liability, administrative expenses and RPA current liability interest rate.

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

NOTE 5. ACTUARIAL INFORMATION(continued)

Since information on the actuarial present value of accumulated plan benefits at December 31, 2024, and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2024, and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2024. The complete financial status is presented as of December 31, 2023.

The actuary reported that the Plan met the minimum funding requirements of ERISA as of December 31, 2023.

As of January 1, 2024, the actuary reported that the Plan was not in Endangered, Critical or Critical and Declining Status as identified under the Pension Protection Act of 2006.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 317,680,861	\$ 317,680,861	\$ -	\$ -
Foreign stock	9,660,026	9,660,026	-	-
United States Government and Government Agency obligations	45,446,670	45,446,670	-	-
Corporate obligations	56,327,933	-	56,327,933	-
Municipal obligations	3,854,684	-	3,854,684	-
Common collective trust - STIF	42,522,182	42,522,182	-	-
Asset-backed securities	3,151,580	-	3,151,580	-
Non-government backed CMOs	3,536	-	3,536	-
Short-term cash equivalents	9,224	9,224	-	-
Total assets in the fair value hierarchy	478,656,696	<u>\$ 415,318,963</u>	<u>\$ 63,337,733</u>	<u>\$ -</u>
Investments measured at NAV	986,701,445			
Total investments	<u>\$ 1,465,358,141</u>			

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 289,234,956	\$ 289,234,956	\$ -	\$ -
Foreign stock	10,930,821	10,930,821	-	-
United States Government and Government Agency obligations	34,781,359	34,781,359	-	-
Corporate obligations	33,623,261	-	33,623,261	-
Preferred corporate obligations	6,652,271	-	6,652,271	-
Municipal obligations	4,036,457	-	4,036,457	-
Common collective trust - STIF	19,347,264	19,347,264	-	-
Asset-backed securities	2,177,358	-	2,177,358	-
Non-government backed CMOs	4,054	-	4,054	-
Foreign currency	1,620	1,620	-	-
Short-term cash equivalents	(3,029)	(3,029)	-	-
Total assets in the fair value hierarchy	400,786,392	<u>\$ 354,292,991</u>	<u>\$ 46,493,401</u>	<u>\$ -</u>
Investments measured at NAV	929,032,071			
Total investments	<u>\$ 1,329,818,463</u>			

In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in 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 6. 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
Common collective trust - international equity:				
CF Causeway International Value Equity	\$ 56,809,391	\$ -	Daily	#
Common collective trust - equity:				
CF Sierra Franklin EAFE Plus Equity Trust	57,601,906	-	Daily	3 days
CF Loomis Sayles High Yield Conservative Trust	80,194,537	-	Daily	3 days
MFB Northern Trust Collective Russell 1000 Growth Index Fund	191,069,150	-	Daily	&
Hedge fund of funds - global multi-strategy fund:				
EnTrust Capital Diversified Fund QP Ltd. Class X, Series 12/31/2016	192,335	-	Quarterly^	90 days^
103-12 investment entities:				
CF Goldentree Multi-Sector Fund Offshore ERISA LTD	74,843,971	-	Quarterly	90 days
CF Wa Cap JMT Real Estate Equity Fund	81,740,439	-	(Y)	(Y)
Wacap SP Infrastructure Fund IV Feeder LLC	33,583,210	19,147,753	(Y)	(Y)
Wacap - O Direct Lending Fund Unlevered Feeder LLC	16,683,732	13,500,000	(Y)	(Y)
Foreign hedged fund of funds:				
GCM Grosvenor Opportunistic Credit Fund V, Ltd.	34,212,955	-	Quarterly	90 days
Limited partnership:				
Corbin ERISA Opportunity Fund, LP	76,115,061	-	Quarterly	65 days
Limited partnership - real estate:				
Boyd Watterson GSA Fund LP	80,221,437	-	Quarterly	60 days
Boyd Watterson State Government Fund, LP	42,558,888	-	Quarterly	60 days
Mesirow Financial Private Equity Fund VIII-A, LP	31,222,346	16,650,000	(X)	(X)
U.S. Real Estate Investment Fund	55,924,742	-	Quarterly	90 days
Limited partnership - private equity:				
Blue Ocean Onshore Fund II	2,137,498	12,904,009	(X)	(X)
GCM Grosvenor Private Credit Fund Ltd.	4,335,239	21,142,372	(X)	(X)
Gloustone Private Equity Opportunities VII Fte L.P.	9,320,645	17,500,000	(X)	(X)
Siguler Guff Small Buyout Opportunities Fund IV, L.P.	5,206,080	840,827	(X)	(X)
Hamilton Lane Secondary Feeder Fund V-A LP	52,727,883	39,842,192	(X)	(X)
Total	<u>\$ 986,701,445</u>	<u>\$ 141,527,153</u>		

NOTE 6. 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>
Common collective trust - international equity:				
CF Causeway International Value Equity	\$ 63,837,894	\$ -	Daily	#
Common collective trust - equity:				
CF Sierra Franklin EAFE Plus Equity Trust	57,861,481	-	Daily	3 days
CF Loomis Sayles High Yield Conservative Trust	68,132,010	-	Daily	3 days
MFB Northern Trust Collective Russell 1000 Growth Index Fund	172,958,979	-	Daily	&
Hedge fund of funds - global multi-strategy fund:				
EnTrust Capital Diversified Fund				
QP Ltd. Class Y, Series 12/31/2018	119,026	-	Quarterly^	90 days^
103-12 investment entities:				
CF Goldentree Multi-Sector Fund Offshore				
ERISA LTD	63,161,587	-	Quarterly	90 days
CF Wa Cap JMT Real Estate Equity Fund	84,899,013	-	(Y)	(Y)
Wacap SP Infrastructure Fund IV Feeder LLC	26,783,809	26,259,882	(Y)	(Y)
Wacap - O Direct Lending Fund Unlevered Feeder LLC	4,965,432	25,200,000	(Y)	(Y)
Foreign hedged fund of funds:				
GCM Grosvenor Opportunistic Credit Fund V, Ltd.	31,405,669	-	Quarterly	90 days
Limited partnership:				
Corbin ERISA Opportunity Fund, LP	69,148,674	-	Quarterly	65 days
Limited partnership - real estate:				
Boyd Watterson GSA Fund LP	90,195,942	-	Quarterly	60 days
Boyd Watterson State Government Fund, LP	47,761,453	-	Quarterly	60 days
Mesirow Financial Private Equity Fund	24,115,978	22,050,000	(X)	(X)
U.S. Real Estate Investment Fund	60,425,642	-	Quarterly	90 days
Limited partnership - private equity:				
Siguler Guff Small Buyout				
Opportunities Fund IV, L.P.	5,278,479	960,435	(X)	(X)
Hamilton Lane Secondary Feeder Fund V-A LP	57,981,003	39,517,670	(X)	(X)
Total	<u>\$ 929,032,071</u>	<u>\$ 113,987,987</u>		

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

- If greater than 20% of the plan's balance, 5 business days' notice is required. Otherwise, trades can be accepted by 4:00 p.m. Eastern time on trade date.

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

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

^ - Shareholders shall have the right to redeem Shares having a value of up to a maximum of 50% of the net asset value of their Shares, as of the close of business on the last business day of any calendar quarter, or any other date determined by the Board in its sole discretion ("Redemption Date") after the expiration of an initial 12-month lock-up period (the "Lock-Up Period"), provided, however, that the Board of Directors shall permit a shareholder to withdraw capital on a Redemption Date during the Lock-Up Period subject to a withdrawal charge equal to 3% of the amount sought to be withdrawn. Withdrawal charges will be payable to the Fund and may be waived by the Board of Directors in its sole discretion. The shareholder shall be required to provide not less than 90 days' prior written notice and the Redemption Date shall be the last business day of the first quarter following the expiration of the notice period. If the Shares being redeemed represent more than half of the Shares held by the shareholder, one half of the Shares to be redeemed by the shareholder shall be redeemed on the first Redemption Date following the expiration of the 90-day notice. The remaining Shares for which the shareholder has made a redemption request shall be redeemed on the next quarterly Redemption Date. No redemption penalty shall be charged for a redemption on a regular Redemption Date.

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

The objective of the investment in the EnTrust Capital Diversified Fund QP Ltd. Class Y, Series 12/31/2017 is to seek attractive risk-adjusted return from the Peruvian Sovereign bonds that comprise this investment.

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.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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.

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.

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.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

The objective of Mesirow Financial Private Equity Fund VIII-A, L.P. (the “Partnership”), a Delaware limited partnership, invests funds in private equity limited partnerships. Mesirow Financial Private Equity VIII GP, L.P., controlled by Mesirow Financial Holdings, Inc., is the General Partner of the Partnership. The Partnership held its first close on April 13, 2020 and commenced operations on September 14, 2020 (“Inception”), the initial drawdown date. Pursuant to the Amended and Restated Limited Partnership Agreement (“LPA”) dated April 13, 2020, the Partnership is scheduled to terminate on September 16, 2033, the twelfth anniversary of the Commencement Date (September 16, 2022) as defined in the LPA. However, provisions in the LPA allow for up to three one-year extensions of the initial term. The financial statements of the Partnership are prepared on the accrual basis in conformity with U.S. Generally Accepted Accounting Principles (“US GAAP”). The Partnership is an exempt investment company and follows the accounting and reporting guidance in Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) FASB ASC Subtopic 946-10. Investments are recorded at fair value with the change in unrealized gains and losses reflected in the statement of operations. Realized gains and losses and distributions from investments are recorded based on information received from the private equity limited partnerships at the time of the transactions.

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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.

The 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”).

The 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 the expiration of the Fund.

The Siguler Guff Small Buyout Opportunities Fund IV, LP primarily focuses on buyout, recapitalization, and growth equity transactions.

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.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Boyd Watterson GSA Fund LP, Boyd Watterson State Government Fund, LP, U.S. RE Investment Fund, CF Goldentree Multi-Sector Fund Offshore ERISA LTD, Washington Capital SP infrastructure Fund IV Feeder LC, Wacap - O Direct Lending Fund Unlevered Feeder LLC, GCM Grosvenor Opportunistic Credit Fund V, LP, Mesirow Financial Private Equity Fund, Siguler Guff Small Buyout Opportunities Fund IV, LP, Hamilton Lane Secondary Feeder Fund V-A, LP, Corbin ERISA Opportunity Fund, LP, CF Sierra Franklin EAFE Plus Equity Trust, CF Causeway International Value Equity, CF Loomis Sayles High Yield Conservative Trust, CF Washington Capital JMT Real Estate Equity Fund, MFB Northern Trust Collective Russell 1000 Growth Index Fund, CF Goldentree Multi-Sector Fund Offshore ERISA LTD, EnTrust Capital Diversified Fund QP Ltd. Class Y, Series 12/31/2017, Blue Ocean Onshore Fund II L.P., GCM Grosvenor Private Credit Fund Ltd., 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 7. 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.
- 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 the multiemployer defined benefit pension plan an amount based on the underfunded status of the multiemployer defined benefit pension plan, referred to as a withdrawal liability.

NOTE 7. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

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

Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
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.

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

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.

NOTE 7. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

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 8. MULTIEMPLOYER PLANS THAT PROVIDE POSTRETIREMENT BENEFITS OTHER THAN PENSIONS

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

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

The 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.

NOTE 8. MULTIEMPLOYER PLANS THAT PROVIDE POSTRETIREMENT BENEFITS OTHER THAN PENSIONS (continued)

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.

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

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

NOTE 9. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS

The Plan has three related parties which include the Central Pennsylvania Teamsters Retirement Income Plan 1987 (RIP 1987), 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.

RIP 1987 is the common paymaster of payroll related expenses and benefits for the Plan and Health and Welfare Fund. The Plan also shares the services of certain employees as well as certain equipment with RIP 1987 and the Health and Welfare Fund. Total reimbursements to RIP 1987 were \$1,632,285 and \$1,230,667 for the years ended December 31, 2024 and 2023, respectively.

As of December 31, 2024 and 2023, the Plan owed RIP 1987 \$58,717 and \$59 for common expenses paid by RIP 1987, respectively. These amounts were reimbursed subsequent to year end.

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 5 years. At the end of that five-year period, the lease was set to continue to roll over every twelve months absent any changes or termination. The lease calls for annual increases equal to the percentage increase of the Consumer Price Index issued by the Bureau of Labor Statistics. The monthly rent from January 1 through June 30, 2023 was \$5,160 and from July 1, 2023 to June 30, 2024 was \$5,307 and from July 1, 2024 to December 31, 2024 was \$5,497. The annual rent paid by the Plan was \$64,819 and \$62,798 for the years ended December 31, 2024 and 2023, respectively. The Plan also reimburses the Union for maintenance expenses and a portion of real estate taxes.

NOTE 9. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS (continued)

Certain plan investments are shares of mutual funds 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 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 FROM RIP 1987

Participants in the Plan and RIP 1987, who are eligible for the Combined Minimum Monthly Benefit, can elect to transfer their account balance from RIP 1987 into the Plan in order to obtain a higher monthly benefit from the Plan. During the year ended December 31, 2024, RIP 1987 transferred \$10,528,760 into the Plan. During the year ended December 31, 2023, RIP 1987 transferred \$11,717,609 into the Plan.

As of December 31, 2024 and 2023, RIP 1987 owed the Plan \$729,529 and \$570,320, respectively, for the account balances that were not transferred at year end.

NOTE 12. PLAN AMENDMENTS

Effective January 1, 2025, Amendment No. 6 to the Defined Benefit Plan amends Section 3.1 to the Plan. For Plan Years beginning on or after January 1, 2026, a Participant's monthly Future Service Benefits calculated in accordance with Section 3.1(a) should not exceed (i) \$140 for any Participant whose employer contributes at an hourly rate less than \$11.00 per hour (or \$1,906.67 monthly); (ii) \$220 for any Participant whose employer contributes at an hourly rate equal to or greater than \$11.00 per hour (or \$1,906.67 monthly) but less than \$13.00 per hour (or \$2,253.33 monthly); or (iii) \$265 for any Participant whose employer contributes at an hourly rate equal to or greater than \$13.00 per hour (or \$2,253.33 monthly).

Effective January 1, 2025, Amendment No. 7 to the Defined Benefit Plan amends Section 3.7 of the Plan. Effective for Participant deaths occurring on or after January 1, 2025, the Plan shall pay a Death Benefit in an amount of \$10,000 to the Beneficiary of a Participant if the Participant, at the time of the Participant's death, was (i) actively employed in Covered Employment, (ii) unmarried, (iii) vested in an accrued benefit under the Plan and (iv) not in the past the recipient of benefits under the Plan. For purposes of this paragraph, the Participant is "actively employed in Covered Employment" if at least 1,000 hours of Employer Contributions are made on the Participant's behalf in either the Plan Year of the Participant's death or the Plan Year preceding the Participant's death.

NOTE 12. PLAN AMENDMENTS (continued)

Effective January 1, 2025, Amendment No. 5 to the Defined Benefit Plan amends Section 3.1(b) to the Plan. Notwithstanding the preceding, for calendar year 2025, for any Participant whose employer contributes at an hourly rate equal to or greater than \$11.00 per hour (or \$1,906.67 monthly) but less than \$13.00 per hour (or \$2,253.33 monthly) as of December 31, 2024, the amount of \$250 shall be substituted for the amount of \$140. Similarly, for calendar year 2025, for any Participant whose employer contributes at an hourly rate equal to or greater than \$13.00 per hour (or \$2,253.33 monthly) as of December 31, 2024, the amount of \$300 shall be substituted for the amount of \$140.

Effective March 12, 2024, Amendment No. 3 to the Defined Benefit Plan amends Section 1.6 to the Plan. Beneficiary means the person or persons designated in a writing, filed with the Plan Administrator, by a Participant to receive benefits in the event of the death of such Participant. If no designation is made, no estate has been raised, and the interest of the deceased Participant does not exceed the amount provided under 20 Pa. C. S. § 3101, then such amount shall be paid to the following classes of recipients, each class to take at the exclusion of all subsequent classes, and all members of each class to share equally, as set forth below:

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

Effective January 1, 2024, Amendment No. 4 to the Defined Benefit Plan amends Section 3.1(b) to the Plan. Notwithstanding the preceding, for calendar year 2024, for any Participant whose employer contributes at an hourly rate equal to or greater than \$11.00 per hour (or \$1,906.67 monthly) but less than \$13.00 per hour (or \$2,253.33 monthly) as of December 31, 2023, the amount of \$250 shall be substituted for the amount of \$140. Similarly, for calendar year 2024, for any Participant whose employer contributes at an hourly rate equal to or greater than \$13.00 per hour (or \$2,253.33 monthly) as of December 31, 2023, the amount of \$300 shall be substituted for the amount of \$140.

NOTE 12. PLAN AMENDMENTS (continued)

Effective January 1, 2024, a new section 13.7 shall be added to Article XIII as follows:

In the event that a Participant applies for a Service Pension Benefit under Section 3.4 of the Plan in the form of a Partial Pension under Article XIII of the Plan, and a Related Fund refuses to participate in a Partial Pension because the Participant earned less than the required minimum years of benefit service that would be Related Benefit Service if recognized under the Related Fund's governing plan document ("Related Fund Rules"), the Participant shall be deemed to be eligible for a Partial Pension under the Plan so long as the Participant meets the following conditions:

(a) the Participant applies for a Service Pension Benefit under Section 3.4 of the Plan after January 1, 2024;

(b) the Participant had at least one (1) year of benefit service that would be Related Benefit Service if recognized under the Related Fund Rules;

(c) the Participant failed to meet the minimum years of Related Benefit Service under the Related Fund Rules to qualify for a Partial Pension from the Related Fund by an amount of less than one (1) year;

(d) the Participant has appealed the denial of a Partial Pension by the Related Plan, the Related Plan has denied that appeal, and documentation of that denial has been submitted to the Fund Office; and

(e) the Participant's Combined Benefit Service under the Plan would equal or exceed thirty (30) years.

If all of the above conditions are met, the Participant shall be entitled to a Service Pension Benefit under Section 3.4 of the Plan in an amount calculated in accordance with Section 13.3(b) of the Plan. In no event, however, shall the Plan ever pay (i) a Partial Pension that exceeds the amount of the Partial Pension that would have been payable to the Participant by the Plan had the Related Fund agreed to participate in the Partial Pension, or (ii) any portion of the Partial Pension that would have been payable to the Participant by the Related Fund had the Related Fund agreed to participate in the Partial Pension.

Effective March 14, 2023, Amendment No. 2 to the Defined Benefit Plan amends Section 3.1(b) to the Plan. Notwithstanding the preceding, for calendar year 2023, for any Participant whose employer contributes at an hourly rate equal to or greater than \$10.395 (or \$1,801.80 monthly), but less than \$11.00 (or \$1,906.67 monthly) as of December 31, 2022, the amount of \$180 shall be substituted for the amount of \$140. For any Participant whose employer contributes at an hourly rate equal to or greater than \$11.00 (or \$1,906.67 monthly) as of December 31, 2022, the amount of \$200 shall be substituted for the amount of \$140.

NOTE 13. 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	\$ 1,487,406,324	\$ 1,386,099,834
Less: amounts allocated to withdrawing participants	<u>(53,938)</u>	<u>(72,860)</u>
Net assets available for benefits per Form 5500	<u>\$ 1,487,352,386</u>	<u>\$ 1,386,026,974</u>

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

	<u>Year Ended December 31, 2024</u>
Benefits paid per the financial statements	\$ 129,700,012
Less: amounts allocated to withdrawing participants at December 31, 2023	(72,860)
Add: amounts allocated to withdrawing participants at December 31, 2024	<u>53,938</u>
Benefits paid to participants per Form 5500	<u>\$ 129,681,090</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 14. 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 Statements of Net Assets Available for Benefits.

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

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.

NOTE 16. YRCW COMPANIES

On July 9, 2009, YRC Freight, USF Holland, Inc., and New Penn Motor Express, Inc. (the YRCW Companies) reached an agreement with the Teamsters National Freight Industry Negotiating Committee of the International Brotherhood of Teamsters on a Memorandum of Understanding (MOU) concerning modifications to certain terms in the National Master Freight Agreement, as ratified by the affected employees.

The amended and restated MOU provides for YRCW Companies to cease making contributions to the Plan effective July 1, 2009, through May 31, 2011. The obligation of YRCW Companies to contribute to the Plan resumed effective June 1, 2011. In addition, the contribution rate for YRCW Companies would be at 25% of the rate that YRCW Companies paid in 2009.

The Plan suspended future benefit accruals for employees of YRCW Companies, effective June 1, 2009.

Because this is not a permanent cessation of the YRCW Companies obligation to contribute, the Trustees have not assessed YRCW Companies for withdrawal liability as of December 31, 2017.

To date in 2023, of the original \$9,070,097 principal balance owed to the Plan, pursuant to the CDA, the Plan has recovered \$9,070,097 and is paid off. Due to financial constraints, the YRCW Companies owed delinquent contributions to the Plan as of December 31, 2022, and to reflect these delinquencies, a gross receivable of \$3,649,059, respectively, has been recorded in the Statements of Net Assets Available for Benefits. Prior to the recording of this receivable, the Trustees investigated and deliberated the most prudent course of action for collecting these delinquent contributions that both complied with the law and best served the interests of the Plan's participants and beneficiaries. To this end, the Trustees decided against initiating litigation to collect these delinquencies on the ground that the YRCW Companies did not have sufficient assets to pay the amounts owed to the Plan and other creditors.

In addition, all available evidence indicated that commencing litigation to collect the delinquencies at that time would have forced the YRCW Companies into bankruptcy liquidation proceedings from which the Plan could have expected little or no recovery. Therefore, the Trustees determined that such litigation would not constitute a cost-effective expenditure of Plan assets. The Trustees ultimately concluded that the most prudent course of action available to the Plan was to sign a Contribution Deferral Agreement ("CDA") between and among the YRCW Companies and various other multiemployer plans to which the YRCW Companies owed delinquent contributions. The CDA: (1) provided that the YRCW Companies would pay the delinquent contributions over time with interest, and (2) granted the various plans party to the CDA security for the delinquent contributions. The CDA determined this security on a pro rata basis. The Trustees will continue to monitor this matter closely and will take appropriate action as circumstances warrant.

NOTE 16. YRCW COMPANIES (continued)

In January 2014, the CDA was amended to extend the maturity date of the repayments from March 2015 to December 2019 and to allow the debts to be bifurcated into secured and unsecured notes totaling \$124 million, with the second portion backed by the existing collateral, estimated to be worth \$40 million.

In December 2017, YRCW proposed an extension of the CDA, whereby the deferral would be extended through December 31, 2023. The Trustees, along with those of the other Pension funds who are parties to the CDA, agreed to the extension. The proposal also called for a \$25,000,000 initial lump sum payment toward the delinquency (this Plan received \$1,380,361 as its prorata share in late December 2017).

The above extension also provided for four annual installment payments of 2% of the outstanding balance starting in 2018. Accordingly, the Plan received payments in the amount of \$76,070 in December 2020 and \$75,166 in December 2021.

During May 2020, it was noted that YRCW was delinquent on their March 2020 contributions and that they would be unable to pay contributions for work performed in April and May when due. This was noted to be because of the effects of the COVID-19 virus. YRCW paid the delinquent contributions in July 2020, and subsequently paid the interest they were assessed.

Effective April 1, 2019 to March 31, 2024, the YRCW Companies have a new Collective Bargaining Agreement requiring them to contribute \$2.124 per hour to the Plan for their regular full-time employees, and \$1.804 per hour for casual employees.

The Plan received a payment in the amount of \$34,088 in December 2022.

On January 3, 2023, YRCW paid their delinquent balance of \$3,649,059 in full, along with interest in the amount of \$15,671 for a final payment of \$3,664,730.

On June 14, 2024, the Fund received a payment of \$34,368,408 for YRCW - New Penn Withdrawal liability. This was recorded as receivable at December 31, 2023 on the Statements of Net Assets Available for Benefits.

SUPPLEMENTAL INFORMATION

**CENTRAL PENNSYLVANIA TEAMSTERS
DEFINED BENEFIT PLAN**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Professional fees	\$ 1,311,940	\$ 1,230,965
Pension Benefit Guaranty Corporation	970,177	950,880
Payroll wages	754,332	577,791
CPT Pension benefits	291,528	242,341
CPT Health and Welfare benefits	227,430	191,096
Trustee, fiduciary bond and insurance expense	199,979	212,114
Office expenses	112,283	124,235
Other Pension and Health and Welfare benefits	176,347	134,005
Data processing expenses	134,858	87,838
Postage	60,171	52,775
Rent	64,819	62,798
Payroll taxes	59,385	46,626
Repairs and maintenance	14,231	15,039
Meetings, conferences and seminars	44,273	35,394
Telephone	18,995	16,943
Depreciation expense	61,846	67,928
Payroll audit expenses	2,518	1,645
Utilities	4,741	4,653
	<u> </u>	<u> </u>
Total	<u><u>\$ 4,509,853</u></u>	<u><u>\$ 4,055,066</u></u>

**CENTRAL PENNSYLVANIA TEAMSTERS
DEFINED BENEFIT PLAN**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500 Schedule H, Item 4I

EIN: 23-626789
Plan No. 001

(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	
		Foreign stock:				
	ADR Ascendis Pharma A/S Sponsored		20,110		\$ 2,447,930	\$ 2,768,545
	ADR Legend Biotech Corp		27,180		1,734,923	884,437
	ADR Bicycle Therapeutics PLC		10,730		276,669	150,220
	ADR WNS Hldgs LTD		10,232		514,241	484,894
	Descartes Sys Group Inc		26,181		2,165,666	2,974,162
	Gildan Activewear Inc		22,289		807,941	1,048,697
	Monday Com Limited		5,730		1,038,648	1,349,071
			Total foreign stock		8,986,018	9,660,026
		Common stock:				
	1st Indl Realty TR Inc		15,806		823,463	792,355
	Aaon Inc		6,180		856,930	727,262
	Abbott Lab		27,503		3,143,412	3,110,864
	Abbvie Inc		16,264		2,347,901	2,890,113
	Advanced Energy Inds Inc		7,768		829,657	898,214
	Agilysys Inc		4,937		371,276	650,252
	Air Prod & Chem Inc		6,906		2,091,474	2,003,016
	Allegiant Travel Co		5,101		951,012	480,106
	Allegro Microsystems Inc Del Com		38,820		967,105	848,605
	Alphabet Inc Cl A		11,580		1,222,397	2,192,094
	American Express		7,194		1,202,512	2,135,107
	American Tower Corp		10,323		1,980,480	1,893,341
	Ameris Bancorp		15,321		801,763	958,635
	Amgen Inc		5,627		1,474,343	1,466,621
	Aspen Technology Inc		2,529		497,637	631,314
	Avantor Inc		57,027		1,301,910	1,201,559
	Avery Dennison Corp		6,310		1,179,080	1,180,790
	Axon Enterprise Inc		2,780		554,915	1,652,210
	Azek Co Inc Cl A		11,439		225,577	543,009
	Azenta Inc		13,935		638,737	696,750
	Badger Meter Inc		1,223		97,015	259,423
	Balchem Corp		3,180		405,817	518,324
	Bank of America Corp		83,108		3,531,087	3,652,597
	Becton Dickinson & Co		10,103		2,579,524	2,292,068
	Berkshire Hathaway Inc		7,660		2,402,291	3,472,125
	Berry Global Group Inc		8,027		454,903	519,106
	Bio Rad Laboratories Inc		2,440		1,126,667	801,564
	Bio-Techne Corp		18,548		1,565,293	1,336,012
	Blackrock Inc		3,757		3,596,388	3,851,338
	Blue Owl Cap Inc		72,570		1,049,282	1,687,978
	Boston Scientific Corp		42,890		1,868,390	3,830,935
	Bright Horizons FA Com		11,350		1,056,893	1,258,148
	Broadcom Inc		10,317		933,514	2,391,893
	C H Robinson Worldwide Inc		10,403		926,163	1,074,838
	Caci INTL Inc CL A		1,963		595,679	793,170
	Carlisle Companies Inc		1,872		387,569	690,468
	Carrier Global Corporation		34,680		1,867,077	2,367,257
	Casella Waste Sys Inc		15,670		1,439,386	1,658,043

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
		Type	Shares/ Principal	Interest Rate		
				Maturity Date		
		Common stock (continued):				
	Caseys Gen Stores		2,735		\$ 603,560	\$ 1,083,689
	Caterpillar Inc Com		7,206		1,872,905	2,614,049
	CCC Intelligent Solutions Holdings		69,902		656,242	819,950
	Cencora Inc		8,029		1,537,911	1,803,956
	Chemed Corp		1,191		650,811	630,992
	Chord Energy Corporation		4,733		725,213	553,382
	Churchill Downs Inc		13,902		1,767,770	1,856,473
	Cicso Systems Inc		50,701		2,376,766	3,001,499
	Civitas Res Inc		12,244		862,828	561,632
	Clean HBRS Inc		4,985		855,803	1,147,248
	Coca-Cola Consolidated Inc		380		187,321	478,796
	Comcast Corp		49,674		2,528,107	1,864,265
	Comfort Sys USA Inc		6,870		1,528,524	2,913,292
	Conocophillips		25,452		2,927,390	2,524,075
	Crane Co New		9,003		596,946	1,366,205
	Crane NXT Co		14,015		590,864	815,953
	CSX Corp		67,373		2,200,133	2,174,127
	Cytokinetics Inc		9,860		668,880	463,814
	Darden Restaurants Inc		11,304		1,917,619	2,110,344
	Delta Airlines Inc		44,432		2,070,094	2,688,136
	Duke Energy Corp		28,598		2,702,910	3,081,149
	Dupont De Nemours Inc		23,307		1,699,734	1,777,159
	Dynatrace Inc		21,540		1,089,337	1,170,699
	E L F Beauty Inc		3,660		532,207	459,513
	Eagle Matls Inc		3,232		474,877	797,528
	East West Bancorp Inc		4,090		273,552	391,658
	Element Solution Inc		46,308		1,045,643	1,177,612
	EMCOR Group Inc		1,936		237,496	878,750
	Encompass Health Corp		8,269		511,222	763,642
	Enpro Inc		6,949		624,973	1,198,355
	Ensign Group Inc		8,592		847,691	1,141,533
	EOG Resources Inc		16,483		2,087,111	2,020,486
	EQTY Lifestyle PPTYS Inc		16,059		1,150,072	1,069,529
	Expand Energy Corp		5,625		479,971	559,969
	Extreme Networks Inc		25,380		437,495	424,861
	Exxon Mobil Corp		35,519		3,749,355	3,820,779
	Fabrinet		3,240		864,904	712,411
	Five9 Inc		10,462		653,785	425,176
	Flex Ltd		29,000		848,616	1,113,310
	Flywire Corp		57,920		1,542,614	1,194,310
	Fox Corp CL A		40,070		1,328,802	1,946,601
	Fox Factory Hldg Corp		7,474		711,809	226,238
	Freeport-Mcmoran Inc		43,364		1,547,115	1,651,301
	FTAI Aviation Ltd		15,990		1,829,018	2,303,200
	Gen Mtrs Co		34,151		1,333,073	1,819,224
	Gentex Corp Com		23,016		643,681	661,250
	Gilead Sciences Inc		26,014		2,115,223	2,402,913
	Glacier Bancorp Inc		18,663		943,009	937,256
	Glaukos Corp		6,880		920,207	1,031,587
	Globant SA		4,719		971,048	1,011,848
	Globus Med Inc		14,292		1,038,581	1,182,091
	Goldman Sachs Group Inc		3,927		2,339,322	2,248,679
	Graphic Packaging Holdings		19,959		407,292	542,086
	Griffon Corp		10,925		691,653	778,625
	Guidewire Software Inc		10,896		1,155,487	1,836,848
	Halozyme Therapeutics Inc		14,099		543,460	674,073
	Hancock Whitney Corp		18,089		904,649	989,830
	Honeywell Intl Inc		14,178		2,968,854	3,202,668
	Hub Group Inc		16,206		717,382	722,139
	Idex Corp		5,980		1,158,665	1,251,554

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
		Type	Shares/ Principal	Interest Rate		
				Maturity Date		
		Common stock (continued):				
	Inspire Med Systems Inc		6,040		\$ 404,704	\$ 417,002
	Insulet Corp		9,805		2,247,626	2,559,791
	Intercontinental Exchange Inc		19,608		2,383,854	2,921,788
	Intra-cellular Therapies Inc		10,950		746,874	914,544
	Irhythm Technologies Inc		6,914		796,365	623,435
	ITT Inc		9,619		909,811	1,374,363
	Jacobs Solutions Inc		3,855		427,835	515,105
	Johnson & Johnson		12,614		2,161,365	1,824,237
	JP Morgan Chase & Co		30,414		4,798,544	7,290,540
	Kadant Inc		1,637		549,125	564,749
	KBR Inc		17,414		737,831	1,008,793
	Keycorp		41,270		660,383	707,368
	Kinsale Cap Group Inc		2,110		974,218	981,424
	Kyndryl Holdings Inc		42,970		1,092,078	1,486,762
	Landstar Sys Inc		2,840		507,407	488,082
	Lantheus Holdings		12,310		926,941	1,101,253
	Lincoln Elec Hldgs		4,030		499,904	755,504
	Littelfuse Inc		2,839		776,164	669,010
	Lowes Cos Inc		12,019		2,762,545	2,966,289
	LPL Financial Hldgs		6,540		1,230,148	2,135,375
	M/I Homes Inc		5,000		477,655	664,750
	Macom Technology Solutions Holdings		9,800		802,241	1,273,118
	Madden Steven LTD		12,919		465,726	549,316
	Martin Marietta Matls Inc		4,376		2,079,641	2,260,204
	Masco Corp		7,160		484,199	519,601
	Masimo Corp		6,930		1,043,787	1,145,529
	Matador Res CO		23,084		1,294,158	1,298,706
	Materion Corp		7,495		755,846	741,106
	Medpace Hldgs Inc		1,223		369,895	406,317
	Merck & Co. Inc		18,369		1,477,858	1,827,348
	Merus B V Merus N V		5,430		284,969	228,332
	Meta Platforms Inc		4,554		967,414	2,666,413
	Micron Tech Inc		20,345		1,385,646	1,712,235
	Microsoft Tech Inc		5,382		1,863,667	2,268,513
	Modine MFG Co		4,657		158,805	539,886
	Mondelez INTL Inc		31,863		2,368,801	1,903,177
	Morningstar Inc		3,306		867,993	1,113,329
	Motorola Solutions Inc		6,977		2,065,483	3,224,979
	Natera Inc		6,030		997,278	954,549
	Neurocrine Biosciences		4,206		575,099	574,119
	Nextera Energy Inc		31,408		2,371,167	2,251,640
	Northrop Grumman Corp		2,337		1,059,131	1,096,731
	OKTA Inc Cl A		9,870		842,557	777,756
	On Semiconductor Corp		14,531		1,426,393	916,180
	Onto Innovation Inc		3,686		341,180	614,346
	Option Care Health Inc		67,020		1,867,514	1,554,864
	Oracle Corp		12,772		1,507,783	2,128,326
	Owens Corning New		12,613		1,649,497	2,148,246
	Parker-Hannifan Corp		5,357		2,131,663	3,407,213
	Paypal Hldgs Inc		25,638		1,885,757	2,188,203
	Pepsico Inc		13,507		2,528,577	2,053,874
	Permian Res Corp		87,190		1,219,248	1,253,792
	Phillips 66		10690		1,144,124	1,217,912
	Procept Biorobotics Corp		5,220		336,945	420,314
	Proctor & Gamble		14,990		2,365,572	2,513,074
	Prologis		16,705		2,122,125	1,765,719
	Prudential		9,399		1,023,025	1,114,063
	PTC Inc		5,820		829,714	1,070,123
	Pub Storage		6,647		1,962,699	1,990,378
	Pure Storage Inc		13,020		725,181	799,819

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type Principal	Interest Rate	Maturity Date		
		Common stock (continued):				
	Q2 Holdings Inc	10,900			\$ 559,142	\$ 1,097,085
	Qiagen NV Ord	13,908			605,554	619,323
	Quanta SVCS Inc	9,079			1,853,313	2,869,418
	RBC Bearings Inc	3,745			1,080,844	1,120,279
	Red Rock Resorts Inc	23,340			1,080,049	1,079,242
	Regal Rexnord Corp	6,770			1,020,820	1,050,230
	Reorg/ Summit Matls Inc	27,445			1,083,877	1,388,717
	Repligen Cop	6,463			963,307	930,284
	Rev Group Inc	25,524			602,904	813,450
	Rocket Lab USA Inc	16,290			418,559	414,906
	Rocket Pharmaceuticals Inc	40,410			920,585	507,954
	Roku Inc	18,760			1,096,906	1,394,618
	RTX Corporation	26,808			2,548,322	3,102,222
	Rush Enterprises Inc	18,139			861,469	993,836
	Ryan Specialty Holdings Inc	11,430			730,805	733,349
	S&P Global Inc	4,361			1,847,942	2,171,909
	Saia Inc	3,087			869,619	1,406,839
	Samsara Inc	30,300			942,994	1,323,807
	Schlumberger LTD	58,425			2,182,544	2,240,015
	Seacoast Banking Corp	31,135			1,011,225	857,147
	SentinelOne Inc	56,030			1,191,153	1,243,866
	SharkNinja	13,390			1,283,237	1,303,650
	Shift4 Pmts Inc	13,480			1,157,842	1,398,954
	Silgan Hldgs Inc	24,339			1,054,761	1,266,845
	Silicon Laboratories	4,250			592,679	527,935
	Simpson Mfg Inc	3,704			676,987	614,234
	Solen Therapeutics Inc	5,530			273,650	248,574
	Southstate Corp	12,394			972,377	1,232,955
	Stag Indl Inc	23,644			867,344	799,640
	State Str Corp	10,244			739,787	1,005,449
	Talen Energy Corp	3,370			606,316	678,954
	Tapestry Inc	38,820			1,866,181	2,536,111
	Target Corp	13,587			1,879,226	1,836,691
	Technipfmc PLC	32,490			921,630	940,261
	Texas Roadhouse	13,198			1,379,437	2,381,315
	Textron Inc	23,414			1,592,507	1,790,937
	The Hartford Insurance Group Inc	25,891			1,936,187	2,832,475
	Thermo Fisher Scientific Inc	5,140			2,937,032	2,673,982
	Timken Co	6,712			550,156	479,035
	Toll Bros Inc	6,810			917,646	857,720
	Tradeweb MKTS	9,660			829,388	1,264,687
	Transunion	14,150			1,293,305	1,311,847
	Travelers Cos Inc	10,461			1,859,008	2,519,950
	Trimble Inc	22,879			1,522,778	1,616,630
	Truist Financial Corp	17,165			572,035	744,618
	Twilio Inc	12,320			1,243,508	1,331,546
	Tyson Foods Inc	18,366			984,927	1,054,943
	UFP Industries	4,532			422,633	510,530
	United Health Group	8,308			3,829,706	4,202,685
	Universal Display Corp	4,612			692,752	674,274
	US Foods Holding Corp	9,964			691,315	672,171
	Valmont Inds Inc	3,726			1,024,989	1,142,652
	Vaxcyte Inc	17,010			1,079,594	1,392,439
	Veeco Instrs Inc	27,240			1,083,012	730,032
	Veracyte Inc	18,708			656,006	740,837
	Verizon Communications	41,375			1,408,360	1,654,586
	Vertiv Holdings LLC	12,060			486,174	1,370,137
	Walt Disney Co	29,938			4,275,877	3,333,596
	Waste Connections Inc	5,554			680,217	952,955
	Waters Corp	3,033			976,345	1,125,182

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Principal	Interest Rate	Maturity Date		
		<u>Common stock (continued):</u>				
	Wells Fargo & Co	49,907			\$ 2,307,782	\$ 3,505,468
	Willscott Mobile Mini HLDGS Corp	24,770			985,934	828,557
	Wingstop Inc	3,630			1,235,236	1,031,647
	Xenon Pharmaceuticals Inc	6,820			273,899	267,344
	Total common stock				<u>274,403,531</u>	<u>317,680,861</u>
		<u>United States Government and Government Agency obligations:</u>				
	Fed Home LN MTG	705,000	2.920 %	06/25/32	634,900	619,304
	Federal Home LN MTG Corp Multiclass SER	305,000	VAR	01/25/27	304,857	298,374
	Federal Home Ln MTG Corp Pool	7,866	6.000	02/01/38	8,666	8,156
	Federal Home Ln MTG Corp Pool	502	6.000	03/01/38	519	512
	Federal Home Ln MTG Corp Pool	35,383	3.000	10/01/29	36,693	34,306
	Federal Home Ln MTG Corp Pool	55,753	3.000	12/01/30	58,045	53,645
	Federal Home Ln MTG Corp Pool	157,399	2.500	09/01/31	164,630	149,065
	Federal Home Ln MTG Corp Pool	104,830	2.500	10/01/31	109,466	99,062
	Federal Home Ln MTG Corp Pool	165,950	3.000	10/01/32	175,544	158,126
	Federal Home Ln MTG Corp Pool	734,045	4.500	09/01/37	731,200	718,228
	Federal Home Ln MTG Corp Pool	1,038,427	4.500	10/01/37	1,036,688	1,015,694
	Federal Home Ln MTG Corp Pool	722,024	5.000	03/01/38	723,800	719,257
	Federal Home LN MTG Corp SER	584,547	3.750	08/25/25	644,777	580,706
	Federal Home Loan Mortgage Corp	541,715	2.500	04/01/37	501,848	494,176
	Federal Home Loan Mortgage Corp	746,271	4.000	10/01/37	735,980	716,536
	Federal Home Loan Mortgage Corp	467,054	5.000	04/01/39	463,857	464,747
	Federal Home Loan Mortgage Corp	818,174	5.500	02/01/38	815,322	824,294
	Federal Home Loan Mortgage Corp	106,966	5.500	09/01/38	107,567	107,676
	Federal NATL MTG ASSN GTD MTG Pool	27,833	4.500	09/01/41	29,925	26,975
	Federal NATL MTG ASSN GTD MTG Pool	21,056	3.500	08/01/31	22,099	20,576
	FHLMC Gold	56,480	4.000	01/01/47	58,103	52,724
	FHLMC MTN	855,000	6.250	07/15/32	984,201	948,218
	FHLMC Multiclass SER	12,263	1.500	06/15/41	11,787	11,688
	FHLMC Multiclass Tranche	425,000	2.995	12/15/25	417,430	419,254
	FHLMC Pool	38,507	2.500	07/01/29	39,012	37,323
	FHLMC Pool	590,640	5.000	07/01/38	596,178	587,723
	FHLMC Pool	116,646	4.500	03/01/38	114,586	114,237
	FHLMC Super	1,042,582	5.000	05/01/39	1,049,707	1,037,432
	FNMA	2,000,000	0.870	08/05/30	1,763,263	1,651,219
	FNMA DTD	825,000	6.625	11/15/30	988,672	914,307
	FNMA Pool	318	6.000	02/01/26	327	319
	FNMA Pool	2,950	6.000	05/01/37	3,106	3,060
	FNMA Pool	1,353	5.000	06/01/28	1,329	1,356
	FNMA Pool	34,378	5.500	01/01/35	37,120	34,647
	FNMA Pool	5,351	6.000	12/01/36	5,855	5,551
	FNMA Pool	5,662	6.000	10/01/38	6,167	5,866
	FNMA Pool	200,483	3.000	08/01/32	196,106	190,982
	FNMA Pool	2,531	6.000	07/01/37	2,613	2,626
	FNMA Pool	1,829	4.000	03/01/29	1,838	1,802
	FNMA Pool	1,215	6.000	04/01/39	1,269	1,260
	FNMA Pool	30,401	4.000	12/01/40	30,633	28,673
	FNMA Pool	59,743	4.000	10/01/42	62,508	56,052
	FNMA Pool	43,886	3.000	04/01/32	46,355	41,823
	FNMA Pool	224,130	3.500	07/01/37	225,653	211,902
	FNMA Pool	1,111,487	4.000	07/01/37	1,089,949	1,068,409
	FNMA Pool	389,391	4.000	11/01/37	381,053	374,183
	FNMA Pool	210,950	5.000	10/01/37	212,317	209,913
	FNMA Pool	312,408	5.500	04/01/38	313,677	314,745
	FNMA Pool	657,103	5.000	05/01/38	655,885	653,857
	FNMA Pool	923,466	6.000	09/01/38	931,177	938,875
	FNMA Tranche	1,120,000	0.375	08/25/25	1,080,215	1,091,955
	GNMA Pool	64,959	3.500	09/15/41	67,337	59,612
	United States of Amer Teas Notes	2,765,000	0.625	08/15/30	2,467,586	2,245,158
	United States of Amer Teas Notes	1,125,000	4.000	07/31/31	1,167,064	1,102,500

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type Principal	Interest Rate	Maturity Date		
		<u>United States Government and</u>				
		<u>Government Agency obligations (continued):</u>				
	United States of Amer Teas Notes	1,430,000	4.000 %	02/15/34	\$ 1,394,376	\$ 1,369,281
	United States of Amer Teas Notes DTD	2,040,000	4.125	11/15/32	2,080,524	1,989,717
	United States of Amer Teas Notes T-Note	285,000	1.625	09/30/26	294,141	272,531
	United States of Amer Treas Bond	1,325,000	3.125	11/15/28	1,286,646	1,267,704
	United States Treas	2,445,000	2.750	02/15/28	2,577,247	2,334,306
	United States Treas BDS	1,205,000	1.500	08/15/26	1,221,915	1,153,458
	United States Treas NTS	2,490,000	2.750	08/15/32	2,258,635	2,208,221
	United States Treas NTS DTD	1,785,000	2.000	11/15/26	1,834,712	1,713,042
	United States Treas NTS DTD	1,660,000	4.375	11/30/30	1,686,963	1,653,775
	United Sts Treas NTS	2,175,000	1.125	02/15/31	1,962,183	1,794,715
	US Treasury N/B	3,000,000	1.250	08/15/31	2,631,519	2,448,048
	US Treasury N/B	1,620,000	1.500	02/15/30	1,531,704	1,406,489
	US Treasury N/B	2,135,000	2.375	05/15/29	2,175,511	1,967,703
	US Treasury N/B	2,545,000	3.375	05/15/33	2,445,202	2,339,014
	Total United States Government and Government Agency obligations				47,697,739	45,446,670
		<u>Municipal obligations:</u>				
	Charleston Cnty S C Arpt Dist Arpt Sys	250,000	4.337	07/01/31	250,000	241,808
	Charleston Cnty S C Arpt Dist Arpt Sys	200,000	4.527	07/01/32	200,000	193,955
	Colorado HSG & Fin	475,000	4.645	11/01/28	475,000	475,485
	Colorado HSG & Fin	330,000	6.000	11/01/26	340,029	338,685
	Columbia S C Wtrwrks & SWR SYS Rev	70,000	2.318	02/01/27	70,000	67,074
	Dallas Fort Worth Tex INTL ARPT	160,000	4.671	11/01/27	160,000	160,640
	Gwinnett Cnty GA Dev Auth Rev	400,000	3.560	09/01/29	378,148	382,652
	Metro Wastewtr Reclamation Dist Colo Swrrev	225,000	2.363	04/01/27	209,855	215,715
	Metro Wastewtr Reclamation Dist Colo Swrrev	155,000	2.713	04/01/31	155,000	138,666
	Municipal Elec Auth Ga	400,000	1.581	01/01/26	400,000	389,102
	Nebraska Invt Fin Auth Single Family Hsgrev	345,000	4.358	03/01/27	345,000	343,834
	New York St Urban Dev Corp Rev	145,000	3.270	03/15/28	141,859	139,791
	Prince Georges Cnty MD	45,000	1.186	09/15/26	45,000	42,736
	Texas St Univ Sys Fing Rev	350,000	2.351	03/15/26	370,430	341,480
	University Mich Univ Revs	140,000	1.372	04/01/27	137,506	131,283
	Virginia St Res Auth Infrastructure Rev	270,000	2.530	11/01/28	270,000	251,778
	Total municipal obligations				3,947,827	3,854,684
		<u>Corporate bonds:</u>				
	Abbott Labs	980,000	3.750	11/30/26	1,051,747	968,270
	Abbvie Inc	725,000	4.950	03/15/31	727,799	725,011
	Adobe Inc	745,000	4.950	03/15/31	744,971	748,958
	Air Prods and Chems Inc	450,000	4.850	02/08/34	448,381	439,657
	Allstate Corp	595,000	0.750	12/15/25	577,041	573,623
	Amazon Com Inc	710,000	3.150	08/22/27	721,383	685,491
	Amern Wtr Cap Corp	115,000	3.400	03/01/25	119,525	114,674
	Amphenol Corp New	940,000	4.750	03/30/26	937,680	940,492
	Analog Devices Inc	415,000	2.950	04/01/25	436,582	413,194
	Anheuser-Busch	710,000	4.750	01/23/29	790,082	709,526
	Apple Inc	805,000	2.050	09/11/26	781,855	774,401
	Applied Materials Inc	390,000	4.800	06/15/29	389,676	391,217
	AT&T Inc	895,000	2.300	06/01/27	850,565	844,597
	Automatic Data Processing Inc	625,000	1.700	05/15/28	601,432	570,791
	Automatic Data Processing Inc	290,000	4.450	09/09/34	291,543	276,321
	Avery Dennison	935,000	4.875	12/06/28	1,023,652	932,978
	Bank Amer Corp	520,000	3.824	01/20/28	540,026	509,471
	Bristol Myers Squibb	815,000	5.750	02/01/31	834,959	847,889
	Brown Forman Corp	535,000	4.750	02/01/31	536,521	522,078
	Caterpillar Financial Services	880,000	4.350	05/15/26	872,832	878,763
	CBOE Global Mkts Inc	650,000	1.625	12/15/30	587,489	539,288
	CDN Natl Ry Co	805,000	6.900	07/15/28	992,928	860,308
	CDN Pac RY	615,000	4.000	06/01/28	604,416	598,768
	Cin Gas & Elec Co	275,000	6.900	06/01/25	337,405	276,771

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	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Principal	Interest Rate	Maturity Date		
		Corporate bonds (continued):				
	Cintas Corp	1,085,000	3.700 %	04/01/27	\$ 1,149,934	\$ 1,063,405
	Citigroup Inc	480,000	3.200	10/21/26	457,428	466,879
	CNH Indl Cap LLC	420,000	5.500	01/12/29	420,837	425,998
	Comcast Corp	895,000	4.250	10/15/30	873,494	862,924
	Connecticut Light & Power Co	565,000	0.750	12/01/25	538,375	546,155
	Conocophillips Company	810,000	4.700	01/15/30	806,566	801,572
	Cummins Inc	495,000	5.150	02/20/34	499,144	495,395
	Darden Restaurants	635,000	3.850	05/01/27	620,998	620,675
	Dicks Sporting Goods	325,000	3.150	01/15/32	309,683	284,909
	Duke Energy Carolinas LLC	620,000	4.850	01/15/34	615,158	601,175
	Eaton Corp Ohio	770,000	4.150	03/15/33	734,404	724,026
	EcoLab Inc	665,000	5.250	01/15/28	674,669	677,409
	Emerson Elec Co Fixed	615,000	1.800	10/15/27	596,820	571,352
	Estee Lauder Companies Inc	285,000	4.650	05/15/33	280,114	272,205
	Exxon Mobil Corp	855,000	2.440	08/16/29	822,911	780,274
	Fiserv Inc	345,000	4.750	03/15/30	343,959	341,018
	Florida Power & Light Company	1,020,000	5.050	04/01/28	1,024,568	1,029,918
	General Mtrs Financial Co Inc	905,000	1.250	01/08/26	876,810	871,851
	Georgia Pac Corp	860,000	7.375	12/01/25	963,125	881,905
	Georgia Power Co	850,000	4.650	05/16/28	850,676	846,344
	Grainger WW Inc	420,000	1.850	02/15/25	421,109	418,217
	Grainger WW Inc	465,000	4.450	09/15/34	465,962	442,608
	HCA Inc	770,000	5.875	02/15/26	772,437	773,852
	Hershey Company	940,000	3.200	08/21/25	991,434	931,502
	Home Depot Inc	330,000	5.150	06/25/26	329,942	333,406
	Home Depot Inc	600,000	4.950	09/30/26	599,684	604,953
	IL Tool Wks Inc	1,125,000	2.650	11/15/26	1,150,626	1,092,412
	Intel Corp Fixed	545,000	3.750	08/05/27	537,054	528,560
	Jacobs Energy Group Inc	325,000	6.350	08/18/28	329,674	338,351
	Kenvue Inc Sr NT	790,000	5.350	03/22/26	790,308	797,287
	Keurig Dr Pepper Inc	730,000	5.200	03/15/31	727,353	737,318
	Kimberly Clark Corp	1,000,000	3.950	11/01/28	1,065,982	977,281
	Lilly Eli & Co	870,000	4.500	02/09/27	869,420	871,984
	Lockheed Martin Corp	800,000	4.500	02/15/29	799,207	791,285
	Mastercard Inc	330,000	4.875	05/09/34	341,679	324,971
	Molson Coors	806,000	3.000	07/01/26	781,559	785,077
	Mondelez International Inc	1,025,000	2.625	03/17/27	962,778	980,652
	National Rural Utils Coop Fin Corp	730,000	2.400	03/15/30	687,186	643,921
	Nvent Finance	320,000	4.550	04/15/28	340,894	316,840
	O Reilly	830,000	3.900	06/01/29	795,011	795,635
	OGE Energy Corp	660,000	5.450	05/15/29	667,057	670,951
	Oracle Corp	455,000	6.150	11/09/29	475,854	477,208
	Pac Gas & Elec Co Fixed	355,000	5.900	06/15/32	363,921	364,490
	Paccar Financial Corp	250,000	4.450	08/06/27	249,873	249,738
	Paccar Financial Corp Medium	390,000	5.200	11/09/26	390,417	395,254
	PepsiCo Inc	1,060,000	2.750	03/19/30	1,031,838	963,068
	PG&E Recovery FDG LLC	456,859	1.460	07/15/33	448,900	413,138
	Progressive Corp	635,000	3.000	03/15/32	557,533	557,903
	Pub SVC Elec Gas Fixed	620,000	5.200	03/01/34	624,899	617,893
	Public Service Colorado	280,000	2.900	05/15/25	289,459	277,798
	Public Storage	530,000	5.100	08/01/33	532,558	527,982
	Quanta SVCS SR NT	485,000	4.750	08/09/27	484,214	484,298
	Republic SVCS Inc	995,000	3.950	05/15/28	953,942	968,906
	Roper Technologies Inc	575,000	4.750	02/15/32	577,150	559,292
	Texas Instr Inc	515,000	4.600	02/08/27	514,867	517,162
	T-Mobile USA	580,000	3.500	04/15/25	599,753	577,383
	Transcont Gas Pipe Line	370,000	4.000	03/15/28	393,516	359,490
	UN Pac RR Co	859,364	3.227	05/14/26	880,318	844,330
	United Parcel Service Inc	675,000	4.875	03/03/33	681,210	668,094
	Ventas Rlty Ltd Partnership	295,000	4.000	03/01/28	287,478	287,067
	Visa Inc	350,000	3.150	12/14/25	360,659	345,946
	Vulcan Materials Co	400,000	4.950	12/01/29	399,921	398,876

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		Shares/ Principal	Interest Rate	Maturity Date		
		<u>Corporate bonds (continued):</u>				
	Waste Management Inc	825,000	4.150 %	04/15/32	\$ 814,157	\$ 779,860
	Wells Fargo & Co	690,000	3.000	04/22/26	656,260	674,763
	WI Elec Pwr	325,000	4.600	10/01/34	326,293	309,990
	WI Elec Pwr	176,000	3.100	06/01/25	183,666	174,685
	WI Elec Pwr	680,000	5.000	05/15/29	683,102	684,681
	Xylem Inc	450,000	2.250	01/30/31	384,328	383,649
	Total corporate bonds				57,832,605	56,327,933
		<u>Asset backed securities:</u>				
	Bank of America CR Card Fixed	686,000	4.980	11/15/28	696,087	692,607
	Capital One Multi-Asset Execution TR SER	1,165,000	2.800	03/15/27	1,153,122	1,160,652
	Daimler Trucks Retail TR	570,000	5.900	03/15/27	569,991	575,762
	John Deere Owner Tr	85,000	5.180	03/15/28	85,123	85,701
	John Deere Owner Tr Sr	165,000	4.960	11/15/28	164,991	166,261
	PVTPL CWABS	10,118	0.000	08/22/39	10,118	10,118
	Verizon Master Tr	465,000	4.170	08/20/30	464,879	460,479
	Total asset backed securities				3,144,311	3,151,580
		<u>Non-government backed CMOs:</u>				
	CMO Citigroup Mtg Ln Tr	1,083	7.200	10/25/35	1,123	1,063
	CMO Citigroup Mtg Ln Tr	2,531	6.300	03/25/36	2,548	2,473
	Total non-government backed CMOs				3,671	3,536
		<u>Common collective trust - international equity:</u>				
	CF Causeway International Value Equity	3,708,185			45,457,592	56,809,391
		<u>Common collective trust - equity</u>				
	CF Loomis Sayles High Yield	2,627,606			75,093,349	80,194,537
	CF Sierra Franklin EAFE Plus Equity Trust	2,359,767			76,969,659	57,601,906
*	MFB Northern Trust Collective Russell 1000	86,711			114,778,060	191,069,150
	Total common collective trust - equity				266,841,068	328,865,593
		<u>Limited partnership - real estate:</u>				
	Boyd Waterson GSA Fund LP	92,967,415			92,967,415	80,221,437
	Boyd Watterson State Government Fund	48,255,685			48,255,685	42,558,888
	Mesirow Financial Private Equity Fund VIII-A, LP	28,841,993			28,841,993	31,222,346
	U.S. Real Estate Investment Fund	63,680,394			63,680,394	55,924,742
	Total limited partnership - real estate				233,745,487	209,927,413
		<u>Limited partnerships - private equity:</u>				
	Blue Ocean Onshore Fund II	2,095,991			2,095,991	2,137,498
	GCM Grosvenor Private Credit Fund Ltd	3,857,628			3,857,628	4,335,239
	Glouston Private Equity Opportunities VII Fte LP	8,051,334			8,051,334	9,320,645
	Hamilton Lane Secondary Feeder Fund V-A LP	43,669,421			42,395,670	52,727,883
	Siguler Guff Small Buyout Opportunities Fund IV, LP	3,992,786			3,992,786	5,206,080
	Total limited partnerships - private equity				60,393,409	73,727,345
		<u>Foreign hedged fund of funds:</u>				
	GCM Grosvenor Opportunistic Credit Fund V, Ltd.	29,267,481			29,267,481	34,212,955
		<u>Limited partnership:</u>				
	Corbin ERISA Opportunity Fund LP	65,000,000			65,000,000	76,115,061
		<u>Hedge fund of funds - global multi-strategy fund:</u>				
	CF Entrust Capital Diversified Fund, Ltd.	13,894			1,752,235	192,335
		<u>Common collective trust - STIF:</u>				
*	NT Collective Govt Short-term Invt Fund	42,522,182			42,522,182	42,522,182

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type Principal	Interest Rate	Maturity Date		
		<u>103-12 investment entities:</u>				
	CF Goldentree Multi-Sector Fund Offshore	32,226			\$ 63,516,077	\$ 74,843,971
	CF WA CAP JMT Real Estate Equity Fund	885,370			71,156,531	81,740,439
	Wacap - O Direct Lending Fund Unlevered Feeders LLC	15,601,831			15,601,831	16,683,732
	Wacap SP Infrastructure Fund IV Feeder LLC	27,524,564			27,524,564	33,583,210
		Total 103-12 investment entities			<u>177,799,003</u>	<u>206,851,352</u>
		<u>Short-term cash equivalents:</u>				
	United States dollar	9,224			9,224	9,224
		Total investments			\$ 1,318,803,383	\$ 1,465,358,141

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

**CENTRAL PENNSYLVANIA TEAMSTERS
DEFINED BENEFIT PLAN**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500 Schedule H, Item 4j

EIN: 23-6262789
Plan No. 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain on Transaction
*	NTGI Collective Government Short Term Investment Fund	\$ 212,894,640	N/A	\$ 212,894,640	\$ 212,894,640	N/A
*	NTGI Collective Government Short Term Investment Fund	N/A	\$ 189,719,722	189,719,722	189,719,722	\$ -

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

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2024 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

Introduction There are two pieces to the benefit. The first piece is the accrued benefit as of 12/31/1986 (Pre-RIP Benefit) and the second piece is the benefit accrued based on all service after 01/01/2003 (Future Service Date).

Payment of the Pre-RIP Benefit is generally based on the provisions of the plan at that time. Following is a summary of those provisions.

Vesting Service Each year during which the participant works at least 1,000 hours.

Benefit Service Prior to 1987: Each year during which the participant works at least 1,800 hours in covered employment. A partial year of benefit service is earned for a year in which less than 1,800 hours but more than 1,000 hours are worked.

Normal Retirement Date The later of age 57 or the fifth anniversary of participation.

Normal Retirement Pension The monthly amount varies by benefit level and was frozen as of 12/31/1986.

Early Retirement Date Separation from covered employment on or after age 55 with five or more years of vesting service.

Early Retirement Pension The Normal Retirement Pension, actuarially reduced for commencement prior to age 57.

Disability Pension An active participant with at least 15 years of benefit service who has been awarded disability benefits by the Social Security Administration and is not eligible for a Normal Retirement Pension may be eligible for a disability benefit. The monthly benefit is payable as of the Social Security Entitlement date with no reduction for early commencement.

Single Sum Death Benefit The beneficiary of an active participant who dies will receive a lump sum death benefit. The amount of benefit is based on the number of years of Pre-RIP benefit service completed prior to death.

Termination Benefit Participants are 100% vested in their accrued pension after five years of vesting service, with benefits payable at age 57, or a reduced pension payable as early as age 55, if eligible.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2024 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

(continued)

Pre-Retirement

Spouse's Death Benefit

If a vested participant or vested former participant dies before his pension begins, his surviving spouse will be entitled to a lifetime pension. The amount of such pension will be the same as the spouse would have received if the participant had (i) separated from covered employment on the date of death, (ii) survived until the later of the earliest retirement date or date of death, (iii) retired having elected a Qualified Joint and Survivor Annuity, and (iv) died on the next day.

Normal Form of Payment

For single participants: Three-year Certain and Continuous annuity.
For married participants: 50% Joint and Survivor annuity.

Payment of the Future Service Benefit is based on the following summary of provisions.

Vesting Service

Each plan year during which the participant works at least 1,000 hours.

Benefit Service

Prior to 1987: Each plan year during which the participant works at least 1,800 hours in covered employment. A partial year of benefit service is earned for a plan year in which less than 1,800 hours but more than 1,000 hours are worked.

1987-2001: Each plan year during which the participant works at least 1,000 hours in covered employment.

2002: 1,500 hours in covered employment. A partial year of benefit service is earned for a plan year in which less than 1,500 hours but more than 1,000 hours are worked.

2003 and later: Each plan year during which the participant works at least 1,800 hours in covered employment. A partial year of benefit service is earned for a plan year in which less than 1,800 hours but more than 1,000 hours are worked.

Normal Retirement Date

The later of age 65 and the completion of five years of vesting service.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2024 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

(continued)

Normal Retirement Pension From Future Service Date: For each year of Benefit Service, the monthly benefit accrual is equal to the lesser of (i) 1.25% of Employer Contributions made on behalf of the member, or (ii) \$140 (\$160 for 2006, \$170 for 2007, \$180 for 2008 and \$165 for 2012).

In addition to the above, a monthly benefit accrual equal to 1.25% of the aggregate Employer Contributions from August 1, 2014 through July 31, 2016 generated by a contribution rate greater than \$10.145 per hour.

For calendar years 2018-2021, the monthly benefit accrual cap in (ii) above is \$180 for participants whose employer contributes at a rate of at least \$11.00 per hour (or \$1,906.67 per month) as of the December 31 immediately preceding.

For calendar year 2022, the monthly benefit accrual cap in (ii) above is \$180 for participants whose employer contributes at a rate of at least \$10.395 per hour (or \$1,801.80 per month) but less than \$11.00 per hour (or \$1,906.67 per month) as of 12/31/2021; and is \$200 for participants whose employer contributes at a rate of at least \$11.00 per hour (or \$1,906.67 per month) as of 12/31/2021.

For calendar year 2023, the monthly benefit accrual cap in (ii) above is \$180 for participants whose employer contributes at a rate of at least \$10.395 per hour (or \$1,801.80 per month) but less than \$11.00 per hour (or \$1,906.67 per month) as of 12/31/2022; and is \$200 for participants whose employer contributes at a rate of at least \$11.00 per hour (or \$1,906.67 per month) as of 12/31/2022.

For calendar year 2024, the monthly benefit accrual cap in (ii) above is \$250 for participants whose employer contributes at a rate of at least \$11.00 per hour (or \$1,906.67 per month) but less than \$13.00 per hour (or \$2,253.33 per month) as of 12/31/2023; and is \$300 for participants whose employer contributes at a rate of at least \$13.00 per hour (or \$2,253.33 per month) as of 12/31/2023.

Early Retirement Pension Eligibility Separation from covered employment at any age with less than 15 years of Benefit Service, or separation from covered employment before the attainment of age 57 with 15-29 years of Benefit Service.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2024 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

(continued)

Special Early Retirement Eligibility	Separation from covered employment on or after the attainment of age 57 with 15-29 years of Benefit Service.
Special Early Retirement Pension Amount	The Normal Retirement Pension, reduced 0.25% for each month by which the actual benefit commencement date precedes age 65.
Service Pension Eligibility	Separation from covered employment on or after the attainment of age 50 with 30 or more years of Benefit Service.
Service Pension Amount	The Normal Retirement Pension, reduced 0.5% for each month by which the actual benefit commencement date precedes age 57.
Combined Minimum Retirement Benefit Eligibility	Separation from covered employment on or after age 57 with 25 or more years of Benefit Service. In addition, a member must be eligible under the "2-Year" and "45-Day" rules described in the Plan document in order to be eligible for this benefit, and must not have previously withdrawn any part of his/her RIP balance or commenced a DB benefit. To be eligible for the <u>highest level</u> of the Combined Benefit Minimum, a member must have at least 20 years of Benefit Service at the UPS or Freight contribution rate, or 15 years of Benefit Service at the UPS or Freight contribution rate, including the last 10 consecutive years before retirement.
Combined Minimum Retirement Benefit	The sum of the Pre-1987 and Future Service retirement benefit cannot be less than the excess, if any, of (a) over (b): a) \$3,100, prorated for contributions that are at less than the "full" contribution level. b) The annuity equivalent of the RIP Account Balance as of the date of benefit commencement, based on the UP 1984 Mortality Table and a 7.0% discount rate.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2024 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

(continued)

**Rule of 82-85 Retirement
Benefit Eligibility**

Separation from covered employment on or after attainment of 26 or more years of Benefit Service, with age plus years of Benefit Service at least 82.

In addition, a member must be eligible under the "2-Year" and "45-Day" rules described in the Plan document in order to be eligible for this benefit, and must not have previously withdrawn any part of his/her RIP balance or commenced a DB benefit.

To be eligible for the highest level of the Combined Benefit Minimum, a member must have at least 20 years of Benefit Service at the UPS or Freight contribution rate, or 15 years of Benefit Service at the UPS or Freight contribution rate, including the last 10 consecutive years before retirement.

**Rule of 82-85 Retirement
Benefit**

The sum of the Pre-1987 and Future Service retirement benefit cannot be less than the excess, if any, of (a) over (b):

a) The benefit below, prorated for contributions that are at less than the "full" contribution level.

<u>Age + Years of Benefit Service</u>	<u>Benefit</u>
82	\$2,250
83	\$2,350
84	\$2,450
85+	\$2,550

b) The annuity equivalent of the RIP Account Balance as of the date of benefit commencement, based on the UP 1984 Mortality Table and a 7.0% discount rate.

Disability Pension

An active participant with at least 15 years of vesting service who has been awarded disability benefits by the Social Security Administration and is not eligible for a Normal Retirement Pension may be eligible for a disability benefit. The monthly benefit is payable as of the Social Security Entitlement date with no reduction for early commencement.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2024 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

(continued)

Single Sum Death Benefit	None.
Pre-Retirement Spouse's Death Benefit	If a vested active or former participant dies before his pension begins, his surviving spouse will be entitled to a lifetime pension. The amount of such pension will be the same as the spouse would have received if the participant had (i) separated from covered employment on the date of death, (ii) survived until the later of the earliest retirement date or date of death, (iii) retired having elected a Qualified Joint and Survivor Annuity, and (iv) died on the next day. For purposes of calculating the amount of pre-retirement spouse's death benefit, vested active participants who have 15-29 years of Benefit Service at their date of death will be considered to have been eligible for the Plan's Special Early Retirement Pension (beginning at age 57), regardless of their age at death.
Termination Benefit	Participants are 100% vested in their accrued pension after five years of vesting service, with benefits payable at age 65, or a reduced pension payable as early as age 57.
UPS Pension Plan Reciprocity	Effective January 1, 2018, participants receive 0.5 years of service for benefit eligibility for each 1.0 years of service earned in the UPS Pension Plan. This additional eligibility does not apply for the Combined Minimum Monthly Benefit or the Rule of 82-85 Benefit.
Normal Form of Payment	<u>For single participants:</u> Three-year Certain and Continuous annuity. <u>For married participants:</u> 50% Joint and Survivor annuity.
Changes since the Prior Valuation	For calendar year 2024, the monthly benefit accrual cap in (ii) above is \$250 for participants whose employer contributes at a rate of at least \$11.00 per hour (or \$1,906.67 per month) but less than \$13.00 per hour (or \$2,253.33 per month) as of 12/31/2023; and is \$300 for participants whose employer contributes at a rate of at least \$13.00 per hour (or \$2,253.33 per month) as of 12/31/2023.

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2024 Form 5500 Schedule MB

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

Age	Years of Credited Service Average Accrued Monthly Benefit																			
	Under 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40 & Over	
	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit
<25	85	\$62	112	\$269	4	N/A	0	-	0	-	0	-	0	-	0	-	0	-	0	-
25-29	122	\$105	288	\$415	59	\$751	1	N/A	0	-	0	-	0	-	0	-	0	-	0	-
30-34	101	\$116	322	\$462	168	\$1,056	26	\$973	0	-	0	-	0	-	0	-	0	-	0	-
35-39	96	\$93	290	\$488	178	\$1,092	45	\$1,599	24	\$1,852	0	-	0	-	0	-	0	-	0	-
40-44	70	\$104	248	\$467	156	\$1,128	63	\$1,568	78	\$2,467	18	N/A	3	N/A	0	-	0	-	0	-
45-49	63	\$114	204	\$482	141	\$1,031	48	\$1,576	121	\$2,418	55	\$2,322	19	N/A	3	N/A	0	-	0	-
50-54	46	\$92	135	\$445	118	\$1,123	77	\$1,342	102	\$2,301	138	\$2,987	75	\$2,490	27	\$2,165	2	N/A	0	-
55-59	35	\$92	116	\$368	120	\$950	58	\$1,395	96	\$2,166	110	\$2,537	110	\$2,630	92	\$2,448	42	\$1,922	2	N/A
60-64	12	N/A	60	\$425	72	\$932	40	\$1,214	66	\$2,244	67	\$2,204	57	\$1,856	53	\$2,014	71	\$2,310	21	\$1,783
65-69	8	N/A	14	N/A	20	\$872	18	N/A	27	\$1,932	23	\$1,775	7	N/A	12	N/A	20	\$2,129	16	N/A
70 & Up	3	N/A	3	N/A	1	N/A	3	N/A	3	N/A	2	N/A	2	N/A	3	N/A	2	N/A	6	N/A

Central Pennsylvania Teamsters Defined Benefit Plan

EIN: 23-6262789 Plan: 001

Attachment to the 2024 Form 5500 Schedule MB

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/17/2024	\$ 121,921.68	\$ 0.00	\$ 121,921.68
3/8/2024	\$ 4,468.75	\$ 0.00	\$ 4,468.75
6/11/2024	\$ 4,468.75	\$ 0.00	\$ 4,468.75
7/8/2024	\$ 0.00	\$ 15,169.61	\$ 15,169.61
9/13/2024	\$ 4,468.75	\$ 0.00	\$ 4,468.75
12/6/2024	\$ 4,468.75	\$ 0.00	\$ 4,468.75

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2024 Form 5500 Schedule MB

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

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)*	Amortization Payment as of Beginning of Year
	(1)	(2)	(3)	(4)	(5)	(6)
A. Charges						
1. Method Change	1/1/1997	\$ 1,482,948	N/A	\$ 336,004	3.000	\$ 120,192
2. Assumption Change	1/1/1999	14,849,370	30	5,207,563	5.000	1,197,326
3. Assumption Change	1/1/2001	39,167,309	30	17,895,929	7.000	3,143,030
4. Plan Amendment	1/1/2003	294,195,961	30	161,406,638	9.000	23,537,916
5. Assumption Change	1/1/2006	24,185,822	30	16,025,031	12.000	1,927,145
6. Plan Amendment	1/1/2007	4,253,016	30	2,956,491	13.000	338,454
7. PRA Investment Loss	1/1/2009	180,067,557	29	131,774,373	14.000	14,439,698
8. Assumption Change	1/1/2010	49,667,442	15	5,295,808	1.000	5,295,808
9. PRA Investment Loss	1/1/2010	34,482,290	28	25,479,392	14.000	2,792,005
10. PRA Investment Loss	1/1/2011	45,284,465	27	33,815,948	14.000	3,705,516
11. Actuarial Loss	1/1/2012	22,931,120	15	6,810,586	3.000	2,436,211
12. PRA Investment Loss	1/1/2012	79,197,933	26	59,825,545	14.000	6,555,620
13. Actuarial Loss	1/1/2014	10,428,501	15	4,802,393	5.000	1,104,169
14. Actuarial Loss	1/1/2015	19,844,040	15	10,584,684	6.000	2,097,686
15. Plan Amendment	1/1/2016	649,644	15	390,401	7.000	68,565
16. Actuarial Loss	1/1/2016	47,746,698	15	28,693,225	7.000	5,039,339
17. Plan Amendment	1/1/2017	1,723,263	15	1,143,485	8.000	181,604
18. Assumption Change	1/1/2017	4,730,695	15	3,139,089	8.000	498,537
19. Actuarial Loss	1/1/2017	38,065,035	15	25,258,347	8.000	4,011,425
20. Actuarial Loss	1/1/2018	34,116,798	15	24,654,382	9.000	3,595,346
21. Plan Amendment	1/1/2019	6,489,088	15	5,045,996	10.000	683,842
22. Actuarial Loss	1/1/2019	44,519,353	15	34,618,818	10.000	4,691,604
23. Actuarial Loss	1/1/2020	25,783,683	15	21,368,077	11.000	2,717,174
24. Assumption Change	1/1/2023	61,675,558	15	59,314,171	14.000	6,499,585
25. Actuarial Loss	1/1/2023	30,420,740	15	29,256,014	14.000	3,205,843
26. Actuarial Loss	1/1/2024	5,990,304	15	5,990,304	15.000	631,279
Total				\$ 721,088,694		\$ 100,514,919

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2024 Form 5500 Schedule MB

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

(Continued)

	Date Established	Initial Amount	Period (Years)	Outstanding Balance	Period (Years)	Beginning of Year
	(1)	(2)	(3)	(4)	(5)	(6)
<i>B. Credits</i>						
1. Assumption Change	1/1/2003	\$ 1,370,682	30	\$ 752,009	9.000	\$ 109,665
2. Actuarial Gain	1/1/2010	127,096,178	15	13,551,673	1.000	13,551,673
3. PRA Asset Relief	1/1/2010	52,800,851	30	41,146,817	16.000	4,187,068
4. Actuarial Gain	1/1/2011	62,571,446	15	12,854,313	2.000	6,659,463
5. Actuarial Gain	1/1/2013	22,157,652	15	8,461,154	4.000	2,349,977
6. Actuarial Gain	1/1/2021	12,687,205	15	11,117,903	12.000	1,337,022
7. Actuarial Gain	1/1/2022	31,537,973	15	29,032,407	13.000	3,323,581
Total				\$ 116,916,276		\$ 31,518,449
<i>C. Net (A - B)</i>				\$ 604,172,418		\$ 68,996,470
<i>D. Balance Test</i>						
1. Credit balance / (funding deficiency)				\$ 574,657,766		
2. Balance test: [C - D(1)]				\$ 29,514,652		
3. Unfunded accrued liability				\$ 29,514,652		

Central Pennsylvania Teamsters Defined Benefit Plan

EIN: 23-6262789 Plan: 001

Attachment to the 2024 Form 5500 Schedule MB

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

The current liability interest rate was updated from 2.55% to 3.29% to reflect the change in IRS mandated

The mortality table used to calculate the RPA current liability was updated from 2023 to 2024, as mandated by law.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2024 Form 5500 Schedule MB

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

Interest Rates

Funding 7.50% per year, compounded annually, net of investment expenses.

Current Liability The highest interest rate within the permissible range prescribed under IRC Section 431(c)(6)(E); valued at 3.29% as of January 1, 2024.

Mortality

Healthy Participants 115% of Pri-2012 Amount-Weighted Blue Collar mortality table rates, adjusted generationally from 2012 with mortality improvement table MP-2021.

Survivors of Deceased Participants 115% of Pri-2012 Amount-Weighted Blue Collar Survivor mortality table rates, adjusted generationally from 2012 with mortality improvement table MP-2021.

Disabled Lives 115% of Pri-2012 Amount-Weighted Disabled mortality table rates, adjusted generationally from 2012 with mortality improvement table MP-2021.

Current Liability IRS 2024 Static Mortality, as prescribed

Retirement

Active rates of retirement are based on age and service. Sample rates are shown below for participants with 20 years of service:

Attained Age	Rate of Retirement	Attained Age	Rate of Retirement
55	0.01	63	0.16
56	0.01	64	0.16
57	0.05	65	0.25
58	0.05	66	0.25
59	0.05	67	0.25
60	0.05	68	0.25
61	0.07	69	0.25
62	0.16	70	1.00

Vested terminated participants are assumed to retire at age 57.

Withdrawal

Participants are assumed to terminate employment for reasons other than death, disability, or retirement according to Scale T-2 from the Actuary's Pension Handbook, with rates graduated from tabular at age 40 to zero at age 50.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2024 Form 5500 Schedule MB

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

(continued)

Disability	Probability of becoming disabled according to Sarason's Advanced Pension Table pages XXXIX, with rates graduated from tabular at age 50 to zero at age 55.
Expenses	An amount equal to the actual expenses (excluding investment expenses) paid in the preceding Plan Year, rounded to the nearest \$100,000, added to the Normal Cost. For the plan year beginning January 1, 2024, this amount is assumed to be \$4,100,000.
Marital Status	80% of participants who have not yet commenced receipt of benefit are assumed to be married. Wives are assumed to be three years younger than their husbands.
Form of Payment	Benefits are assumed to be paid as a three-year certain and life annuity.
Reciprocity Allowance	\$3 million has been added to the accrued liability to account for reciprocity benefits.
Asset Valuation Method	Recognition of gains and losses above or below the assumed rate of return over a 5-year period, adjusted, if necessary, to remain no greater than 120% of market value, nor less than 80% of market value. As allowed by the Pension Relief Act of 2010, the loss from the 2008 plan year is being recognized over a 10-year period.
Actuarial Cost Methods	<i>The Unit Credit Cost Method (used for minimum funding)</i> Normal Cost - For each active participant, the present value of the benefit expected to be earned during the year. Actuarial Accrued Liability - For each active participant, the present value of the benefit accrued as of the valuation date. For each terminated participant, the present value at the valuation date of his pension entitlement.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2024 Form 5500 Schedule MB

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

(continued)

Actuarial Cost Methods	<i>The Entry Age Normal Cost Method (used for funding metric contributions)</i>
-------------------------------	---

Normal Cost - For each active participant, the level amount which if paid each year from his hire date to assumed retirement date would accumulate to the amount needed at retirement date to provide the participant's expected pension.

Actuarial Accrued Liability - For each active participant, the amount needed at the valuation date to provide his expected pension at retirement, less the present value of his expected future normal cost amounts. For each terminated participant, the present value at the valuation date of his pension entitlement.

Changes since the Prior Valuation	The current liability interest rate was updated from 2.55% to 3.29% to reflect the change in IRS mandated rates.
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The mortality table used to calculate the RPA current liability was updated from 2023 to 2024.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2024 Form 5500 Schedule MB

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

(continued)

Rationale for Selection of Significant Actuarial Assumptions

Interest Rate	The interest rate assumption used for funding purposes is based on historical data, both current and future market expectations, and professional judgment. In setting the long-term investment return assumption, the Plan's Investment Consultant provided future investment expectations based on the Plan's asset allocation.
Mortality	The mortality assumption is based on historical and current demographic data, adjusted to reflect estimated future experience, and professional judgment. Experience studies wherein actual experience is compared to expected experience are performed periodically.
Retirement	The retirement decrements for active participants are based on studies of Plan experience. The retirement age assumption for vested terminated participants (57) represents the unreduced retirement age for pre-1987 benefit accruals.
Withdrawal	A standard withdrawal table has been selected which results in a similar level of aggregate annual withdrawal as the Plan has experienced over recent years.
Disability	Because the Fund does not have enough data to do a fully credible experience analysis with respect to disability during active employment, the current assumption has been selected based on observations of recent disabilities, the actuary's experience with plans of a similar size, plan design, workforce composition, geography, and discussions with the Plan Sponsor.
Plan Expenses	Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in this Plan Year.
Marital Status	The current assumption has been selected based on the actuary's experience with plans of a similar size, plan design, and workforce composition.

CENTRAL PENNSYLVANIA TEAMSTERS

DEFINED BENEFIT PLAN

CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

EIN: 23-6262789, PLAN NO. 001

SCHEDULE R , LINE 14 - INFORMATION ON INACTIVE PARTICIPANTS WHOSE CONTRIBUTING EMPLOYER IS NO LONGER MAKING CONTRIBUTIONS TO THE PLAN

YEAR ENDED DECEMBER 31, 2024

2024

Withdrawn Employer Name:

Kunzler & Company, Inc.

Total

**No. of Employees with
no contributions:**

8

8

Box 14a

2023

Withdrawn Employer Name:

New Penn Motor Express, Inc.

YRC Freight

Northeast Eagle Distributor

Total

**No. of Employees with
no contributions:**

127

460

26

*** 613**

Box 14b

* The plan year immediately preceding the current plan change from 641 to 613 was due to 28 participants now under covered employment through other employers with in the Fund and have received contributions.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2024 Form 5500 Schedule MB

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

The portion of the vested benefits that is matched by the Plan's assets is valued using current annuity market interest rates as represented by the Pension Benefit Guaranty Corporation's plan close-out rates as of the determination date (5.06% for the first 20 years and 4.37% for each year thereafter, as of 12/31/2023). Each vested benefit is treated as covered by assets to the same extent as other vested benefits. The portion of the vested benefits that exceed Plan assets (as determined on the above basis) are valued using the same interest rates that apply for plan funding (7.50%).

Central Pennsylvania Teamsters Defined Benefit Plan**EIN: 23-6262789 Plan: 001****Attachment to the 2024 Form 5500 Schedule MB*****Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments***

Plan Year	Active	Term Vested	Retired	Total
2024	\$ 3,938,594	\$ 8,798,823	\$ 121,353,304	\$ 134,090,721
2025	\$ 7,627,587	\$ 9,560,357	\$ 117,423,907	\$ 134,611,852
2026	\$ 11,221,491	\$ 10,235,703	\$ 113,278,986	\$ 134,736,181
2027	\$ 14,608,134	\$ 10,772,730	\$ 108,992,617	\$ 134,373,480
2028	\$ 18,000,298	\$ 11,322,282	\$ 104,681,671	\$ 134,004,252
2029	\$ 21,042,844	\$ 11,766,734	\$ 100,280,562	\$ 133,090,140
2030	\$ 24,059,352	\$ 11,963,879	\$ 95,799,363	\$ 131,822,594
2031	\$ 26,783,823	\$ 12,155,922	\$ 91,249,161	\$ 130,188,906
2032	\$ 29,284,900	\$ 12,328,855	\$ 86,642,989	\$ 128,256,744
2033	\$ 31,533,579	\$ 12,463,813	\$ 81,996,226	\$ 125,993,618
2034	\$ 33,466,609	\$ 12,514,031	\$ 77,326,591	\$ 123,307,231
2035	\$ 35,156,880	\$ 12,495,566	\$ 72,653,788	\$ 120,306,233
2036	\$ 36,637,380	\$ 12,458,241	\$ 67,998,795	\$ 117,094,416
2037	\$ 37,891,125	\$ 12,416,322	\$ 63,383,109	\$ 113,690,556
2038	\$ 38,917,166	\$ 12,357,113	\$ 58,827,972	\$ 110,102,251
2039	\$ 39,774,436	\$ 12,281,669	\$ 54,354,122	\$ 106,410,228
2040	\$ 40,486,147	\$ 12,131,976	\$ 49,981,863	\$ 102,599,986
2041	\$ 40,989,922	\$ 11,877,968	\$ 45,730,562	\$ 98,598,451
2042	\$ 41,332,836	\$ 11,575,178	\$ 41,618,414	\$ 94,526,428
2043	\$ 41,485,725	\$ 11,271,710	\$ 37,662,283	\$ 90,419,719
2044	\$ 41,494,856	\$ 10,933,461	\$ 33,877,685	\$ 86,306,001
2045	\$ 41,360,298	\$ 10,557,749	\$ 30,278,974	\$ 82,197,021
2046	\$ 41,053,795	\$ 10,182,508	\$ 26,879,192	\$ 78,115,495
2047	\$ 40,661,204	\$ 9,755,639	\$ 23,689,751	\$ 74,106,594
2048	\$ 40,144,695	\$ 9,328,058	\$ 20,720,185	\$ 70,192,938
2049	\$ 39,402,837	\$ 8,873,478	\$ 17,977,808	\$ 66,254,123
2050	\$ 38,587,886	\$ 8,410,696	\$ 15,467,170	\$ 62,465,752
2051	\$ 37,623,718	\$ 7,932,680	\$ 13,189,832	\$ 58,746,230
2052	\$ 36,528,823	\$ 7,446,530	\$ 11,144,372	\$ 55,119,724
2053	\$ 35,362,283	\$ 6,964,594	\$ 9,326,229	\$ 51,653,107
2054	\$ 34,098,603	\$ 6,482,368	\$ 7,727,724	\$ 48,308,695
2055	\$ 32,831,065	\$ 6,011,279	\$ 6,338,294	\$ 45,180,638
2056	\$ 31,510,412	\$ 5,544,090	\$ 5,144,901	\$ 42,199,404
2057	\$ 30,104,521	\$ 5,093,908	\$ 4,132,489	\$ 39,330,918
2058	\$ 28,671,951	\$ 4,660,337	\$ 3,284,485	\$ 36,616,772
2059	\$ 27,218,684	\$ 4,246,937	\$ 2,583,296	\$ 34,048,916
2060	\$ 25,735,900	\$ 3,855,139	\$ 2,010,988	\$ 31,602,027
2061	\$ 24,233,270	\$ 3,486,148	\$ 1,549,901	\$ 29,269,319
2062	\$ 22,743,073	\$ 3,140,675	\$ 1,183,137	\$ 27,066,886
2063	\$ 21,301,180	\$ 2,819,061	\$ 895,035	\$ 25,015,277
2064	\$ 19,856,101	\$ 2,521,252	\$ 671,448	\$ 23,048,801
2065	\$ 18,453,529	\$ 2,246,837	\$ 499,942	\$ 21,200,307
2066	\$ 17,112,809	\$ 1,995,114	\$ 369,841	\$ 19,477,764
2067	\$ 15,811,194	\$ 1,765,145	\$ 272,163	\$ 17,848,502
2068	\$ 14,573,679	\$ 1,555,842	\$ 199,501	\$ 16,329,022
2069	\$ 13,395,138	\$ 1,366,017	\$ 145,874	\$ 14,907,029
2070	\$ 12,278,814	\$ 1,194,437	\$ 106,543	\$ 13,579,794
2071	\$ 11,225,336	\$ 1,039,891	\$ 77,832	\$ 12,343,059
2072	\$ 10,234,413	\$ 901,206	\$ 56,932	\$ 11,192,551
2073	\$ 9,303,701	\$ 777,259	\$ 41,728	\$ 10,122,688

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2024 Form 5500 Schedule MB

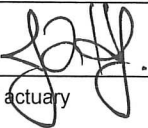
Schedule MB, line 8b(3) - Projections of Employer Contributions & Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$101,892,595	\$0	\$101,892,595
2025	\$102,375,378	\$0	\$102,375,378
2026	\$102,870,258	\$0	\$102,870,258
2027	\$103,368,446	\$0	\$103,368,446
2028	\$103,912,663	\$0	\$103,912,663
2029	\$104,473,563	\$0	\$104,473,563
2030	\$105,040,461	\$0	\$105,040,461
2031	\$105,631,082	\$0	\$105,631,082
2032	\$106,228,142	\$0	\$106,228,142
2033	\$106,858,991	\$0	\$106,858,991

**CENTRAL PENNSYLVANIA TEAMSTERS
DEFINED BENEFIT PLAN
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES
EIN: 23-6262789, PLAN NO. 001
SCHEDULE R , LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
YEAR ENDED DECEMBER 31, 2024**

<u>Name</u>	<u>Contribution</u> <u>Rate</u>
Arkansas Best Freight System Inc	\$11.00/Hourly \$9.72/Hourly
United Parcel Service	\$2,748.19/Monthly \$2,538.46/Monthly

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES		D Employer Identification Number (EIN) 23-6262789
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month 01 Day 01 Year 2024		
b Assets		
(1) Current value of assets	1b(1)	1,386,099,834
(2) Actuarial value of assets for funding standard account.....	1b(2)	1,460,239,045
c (1) Accrued liability for plan using immediate gain methods	1c(1)	1,489,753,697
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	1,489,753,697
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	2,462,222,289
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	108,499,191
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	
(3) Expected plan disbursements for the plan year	1d(3)	134,590,608
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE JOSEPH F. HICKS, JR. 		9/11/2025
JOSEPH F. HICKS, JR.		Date 2306117
Type or print name of actuary KEYSTONE 74 BENEFITS AND ADMIN		Most recent enrollment number 267-606-1280
Firm name 3031 WALTON ROAD BUILDING B PLYMOUTH MEETING PA 19462 Address of the firm		Telephone number (including area code)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule MB (Form 5500) 2024 v. 240311		

a Current value of assets (see instructions)		2a	1,386,099,834
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1)	For retired participants and beneficiaries receiving payment	16,372	1,470,182,086
(2)	For terminated vested participants	4,425	244,174,684
(3)	For active participants:		
(a)	Non-vested benefits		102,003,099
(b)	Vested benefits		645,862,420
(c)	Total active.....	5,424	747,865,519
(4)	Total.....	26,221	2,462,222,289
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....		2c	56.29 %

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2024	89,642,477	0			
06/30/2024	154,966	0			
01/15/2025	8,042,495	0			
			Totals ►	3(b)	97,839,938
				3(c)	0

j If box h is checked, enter period of use of shortfall method	5j	
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k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.50 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	7.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.9 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	4,100,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	5,990,304	631,279

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

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

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... ☐ Yes ☐ No

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

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

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

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

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	46,750,676

c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	721,088,694
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	11,044,920
e Total charges. Add lines 9a through 9d.....	9e	158,310,515

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	574,657,766
g Employer contributions. Total from column (b) of line 3.....	9g	97,839,938

h Amortization credits as of valuation date.....	Outstanding balance	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9h	116,916,276
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	779,441,977
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	840,932,516
(3) FFL credit.....	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	752,822,698
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	594,512,183
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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