

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 TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/01/1957
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND 8814 FARGO ROAD RICHMOND, VA 23229-4673 8814 FARGO ROAD SUITE 200 RICHMOND, VA 23229-4673
2b	Employer Identification Number (EIN) 54-6097996
2c	Plan Sponsor's telephone number 804-282-3131
2d	Business code (see instructions) 484120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2025	JAMES SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2025	TONY NATIONS
	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	8043
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)	3126
	6a(2)	2815
	6b	2947
	6c	1012
	6d	6774
	6e	985
	6f	7759
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	17

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 TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND	D Employer Identification Number (EIN) 54-6097996

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) 1376562531
(2) Actuarial value of assets for funding standard account	1b(2) 1403313082
c (1) Accrued liability for plan using immediate gain methods	1c(1) 1412808731
(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) 1329294522
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) 2156614572
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 63323792
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 88552390
(3) Expected plan disbursements for the plan year	1d(3) 84306590

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	09/28/2025
Signature of actuary KEVIN M. CULP	Date 23-07423
Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC	Most recent enrollment number 240-247-4600
Firm name 8601 GEORGIA AVENUE, SUITE 700 SILVER SPRING, MD 20910	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	1376562531
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3724	849245012
(2) For terminated vested participants	1060	129613212
(3) For active participants:		
(a) Non-vested benefits		265272226
(b) Vested benefits		912484122
(c) Total active	3008	1177756348
(4) Total	7792	2156614572
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	63.83 %

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
	100814146	7292			
Totals ►			3(b)	100814146	3(c) 7292
(d) Total withdrawal liability amounts included in line 3(b) total			3(d)		3196530

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	105.6 %
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	7.00 %	7.00 %	
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	8.2 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.7 %		
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)	2100000		
(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	-24498235	-2513808
3	281596337	28895107
3	3576181	3576181

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	21075591

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)	664022500	87646945
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 7610578**e** Total charges. Add lines 9a through 9d.....**9e** 116333114**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 471805419**g** Employer contributions. Total from column (b) of line 3.....**9g** 100814146**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 38422524**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	182721432	26680715
9j(1)	566166115	
9j(2)	572642806	

k (1) Waived funding deficiency

(2) Other credits

9k(1)**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 637722804**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 521389690**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)

(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

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

(3) Total as of valuation date

9o(2)(a)**9o(2)(b)****9o(3)****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 TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND	D Employer Identification Number (EIN) 54-6097996	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GCM GROSVENOR MULTI-ASSET CLASS FUN
38-4055157

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

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

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

INVESCO INTERNATIONAL

58-1707262

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	1143318	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

STEPTOE & JOHNSON LLP

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	ATTORNEY	921142	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRONTIER CAPITAL MANAGEMENT COMPANY

20-3742853

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	769229	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)

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	689085	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	577605	Yes ☐ No ☐	Yes ☒ No ☐	0	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	ATTORNEY	381495	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)

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	ACTUARY	251576	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 28	INVESTMENT MANAGER	203520	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

13-2614959

(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 20	CUSTODIAN	193775	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)

BRANDYWINE GLOBAL INVESTMENT MANAGE

51-0412248

(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	INVESTMENT MANAGER	187782	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

CHARTWELL INVESTMENT PARTNERS, LLC

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	INVESTMENT MANAGER	151756	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

13-2046110

(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	INVESTMENT ADVISOR	129167	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)

MELLON CAPITAL MANAGEMENT

25-1442864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	INVESTMENT MANAGER	106791	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CALIBRE CPA GROUP

47-0900880

(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	AUDITOR	75355	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCOME RESEARCH & MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	67741	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)

SARA PIKOFISKY

54-6097996

(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	55947	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(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?
53 50		54531	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SEGALL BRYANT HAMILL

41-1788385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	46557	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)

JIM ROEHNER

54-6097996

(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	38488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAUREN KANE

54-6097996

(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	27574	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VICKIE STONE

54-6097996

(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	19867	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)

ASHLEY MARTIN

54-6097996

(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	19183	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RACHELLE KENNEY

54-6097996

(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	18905	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TABITHA HINSON

54-6097996

(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	18876	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)

LACLAIRE SANDERS

54-6097996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	18559	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSH TODD

54-6097996

(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	18400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JESSICA REED

54-6097996

(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	18072	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)

KIM FOXWELL

54-6097996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	EMPLOYEE	16366	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TAMMY POORE

54-6097996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 30	EMPLOYEE	16364	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VELMA HUGHES

54-6097996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	15437	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)

BIANCA VALERIO

54-6097996

(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	14657	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TONY SHELL

54-6097996

(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	14041	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRIS WENDELGEST

54-6097996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 30	EMPLOYEE	13752	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)

CATHERINE WRIGHT

54-6097996

(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	13360	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANIELLE MOORE

54-6097996

(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	7821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND	B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND	D Employer Identification Number (EIN) 54-6097996	

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: LSV INTERNATIONAL VALUE EQUITY		
b Name of sponsor of entity listed in (a): LSV ASSET MANAGEMENT		
c EIN-PN 20-0726879-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102787890
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF OPPORTUNISTIC INVESMENT AL		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY		
c EIN-PN 04-2767481-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71451418
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BALANCED RISK ALLOCATION TR		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 26-6399613-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64221287
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON DB NSL STOCK INDEX FUND		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-215	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 258958570
a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST PARTNERS SMID CAP VAL JUMBO		
b Name of sponsor of entity listed in (a): EARNEST PARTNERS BANK		
c EIN-PN 58-2386669-310	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140688794
a Name of MTIA, CCT, PSA, or 103-12 IE: RBC EMERGING MARKETS EQUITY		
b Name of sponsor of entity listed in (a): RBC EMERGING		
c EIN-PN 74-9263165-101	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86016953
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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 TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND	D Employer Identification Number (EIN) 54-6097996	

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	42781463	62405027
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9733789	7392276
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1997527	2281255
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	64629149	55553102
(2) U.S. Government securities	1c(2)	54813157	70310313
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	60978368	70711999
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	103959211	104377674
(5) Partnership/joint venture interests	1c(5)	528860071	374099660
(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)	320875503	724124912
(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)	187403456	
(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)	2366523	2519547

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	155319	134402
f Total assets (add all amounts in lines 1a through 1e)	1f	1378553536	1473910167
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	588020	1000484
i Acquisition indebtedness	1i		
j Other liabilities	1j	1402985	343852
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1991005	1344336
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1376562531	1472565831

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)	97617616	
(B) Participants	2a(1)(B)	7292	
(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)		97624908
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	1678404	
(C) Corporate debt instruments	2b(1)(C)	2692224	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3336351	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7706979
(2) Dividends: (A) Preferred stock		2b(2)(A)	
(B) Common stock	2b(2)(B)	3167729	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6920	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3174649
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds		2b(4)(A)	46969852
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	36111545	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	35993807	
(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)		18893302
(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)		2859972
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		3257972
d Total income. Add all income amounts in column (b) and enter total	2d		180369896

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	76434847	
(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)		76434847
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)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	5605	
(4) IQPA audit fees	2i(4)	67750	
(5) Investment advisory and investment management fees	2i(5)	4255909	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	251576	
(8) Legal fees	2i(8)	1302637	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2048272	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7931749
j Total expenses. Add all expense amounts in column (b) and enter total	2j		84366596

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		96003300
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CALIBRE CPA GROUP PLLC**

(2) EIN: **47-0900880**

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?	☒		5000000
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?	☒		374099660
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 283232.

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 TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND				D Employer Identification Number (EIN) 54-6097996	
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): _____ 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**

b EIN **36-2407381**

c Dollar amount contributed by employer **97598682**

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 **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **679.60**

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

a Name of contributing employer **ABF FREIGHT SYSTEMS**

b EIN **71-0249444**

c Dollar amount contributed by employer **1133803**

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 **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **486.80**

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

a Name of contributing employer **ARAMARK REFRESHMENT SERVICES**

b EIN **23-1673482**

c Dollar amount contributed by employer **24426**

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 **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **486.80**

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

a Name of contributing employer **VALLEY MILK**

b EIN **81-2404200**

c Dollar amount contributed by employer **78666**

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 **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **70.00**

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

a Name of contributing employer **TEAMSTERS LOCAL 322**

b EIN **54-0406217**

c Dollar amount contributed by employer **313817**

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 **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **679.60**

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

a Name of contributing employer **TEAMSTERS LOCAL 29**

b EIN **54-0739139**

c Dollar amount contributed by employer **405211**

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 **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **679.60**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **TEAMSTERS LOCAL 822**

b EIN **54-0201728**

c Dollar amount contributed by employer **236780**

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 **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **679.60**

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

a Name of contributing employer **TEAMSTERS LOCAL 171**

b EIN **54-0325986**

c Dollar amount contributed by employer **446740**

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 **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **679.60**

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

a Name of contributing employer **TEAMSTERS LOCAL 22**

b EIN **54-0719311**

c Dollar amount contributed by employer **261509**

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 **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **679.60**

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

a Name of contributing employer **SCHWERMANN TRUCKING COMPANY**

b EIN **39-0767397**

c Dollar amount contributed by employer **73556**

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 **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **70.00**

(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

1060

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

1038

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

1059

- 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

102.00

b The corresponding number for the second preceding plan year.....

15b

100.00

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 7.5 % Private Equity: 5.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 5.2 %

High-Yield Debt: _____ % Real Assets: 5.6 % Cash or Cash Equivalents: 4.0 % Other: 72.7 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

**TEAMSTERS JOINT COUNCIL NO. 83 OF
VIRGINIA PENSION FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024





INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Teamsters Joint Council No. 83 of Virginia
Pension Fund
Richmond, VA

Opinion

We have audited the accompanying financial statements of the Teamsters Joint Council No. 83 of Virginia Pension Fund (the Fund), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Teamsters Joint Council No. 83 of Virginia Pension Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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





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

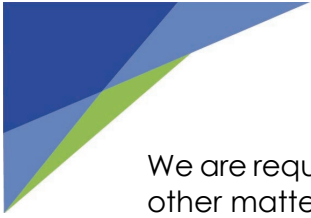
Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining 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 generally accepted auditing standards 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, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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



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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of investment expenses and administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Calibre CPA Group, PLLC

Bethesda, MD
July 29, 2025



TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments - at fair value	\$ 1,401,697,207	\$ 1,323,885,438
Less: investments on loan	<u>(15,664,663)</u>	<u>(7,697,619)</u>
Total investments on hand	1,386,032,544	1,316,187,819
Securities lending		
Investments on loan	15,664,663	7,697,619
Cash and collateral held for securities on loan	16,047,235	7,894,363
Obligations to refund collateral	<u>(16,047,235)</u>	<u>(7,894,363)</u>
Total investments - at fair value	<u>1,401,697,207</u>	<u>1,323,885,438</u>
Receivables		
Employers' contributions	7,392,276	9,733,789
Accrued interest and dividends	1,379,638	1,095,910
Tax refund receivable	<u>862,772</u>	<u>862,772</u>
Total receivables	<u>9,634,686</u>	<u>11,692,471</u>
Cash and cash equivalents	<u>62,405,027</u>	<u>42,781,463</u>
Prepaid expenses	<u>38,845</u>	<u>38,845</u>
Property and equipment, net	<u>134,402</u>	<u>155,319</u>
Total assets	<u>1,473,910,167</u>	<u>1,378,553,536</u>
Liabilities		
Due to broker for securities purchased	72,969	1,277,025
Accounts payable and accrued expenses	1,000,484	588,020
Due to Health and Welfare Fund	<u>270,883</u>	<u>125,960</u>
Total liabilities	<u>1,344,336</u>	<u>1,991,005</u>
Net assets available for benefits	<u>\$ 1,472,565,831</u>	<u>\$ 1,376,562,531</u>

See accompanying notes to financial statements.



TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 65,745,416	\$ 135,650,816
Interest	7,706,979	5,894,615
Dividends	3,174,649	2,579,731
Other investment income	2,859,972	2,716,476
	79,487,016	146,841,638
Less: investment expenses	(4,255,909)	(4,315,623)
Net investment income	75,231,107	142,526,015
Contribution income		
Contributions from employers under agreements	97,617,616	100,985,163
Voluntary employee contributions	7,292	1,423
Total contribution income	97,624,908	100,986,586
Other income		
Withdrawal Liability recovery	3,196,530	-
Rental income	61,442	60,704
Total other income	3,257,972	60,704
Total additions	176,113,987	243,573,305
Deductions		
Participant benefits	76,434,847	68,558,951
Administrative expenses	3,675,840	2,003,050
Total deductions	80,110,687	70,562,001
Net change	96,003,300	173,011,304
Net assets available for benefits		
Beginning of year	1,376,562,531	1,203,551,227
End of year	\$ 1,472,565,831	\$ 1,376,562,531

See accompanying notes to financial statements.



TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the Teamsters Joint Council No. 83 of Virginia Pension Fund (the Fund) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General - The Fund is a multi-employer defined benefit pension fund that provides for normal, early, special early, and disability retirement pension benefits for eligible employees of participating employers primarily in the small packaging and freight industries. Generally, participation is based on covered service as defined by the applicable collective bargaining agreement. The Board of Trustees (the Trustees) is empowered to establish and amend provisions of the Fund, including benefit schedules. Although an individual trustee may participate in collective bargaining in the capacity of an employer or union representative, the Fund itself is not a party to such negotiations outside of presenting proposals for renewing or initial participation with the Fund. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

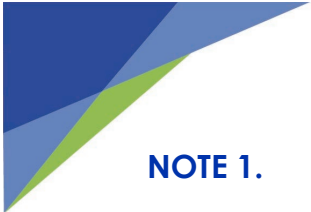
Contributions - Contributions are made to the Fund in accordance with collective bargaining or participation agreements. These agreements have varying lengths (usually one to five years), contribution rates, and other terms.

Pension Benefits - Benefit payments to participants are based upon type of pension benefit schedule, age, and pension credits earned. The Fund provides regular, early retirement, pre-retirement joint and survivor, deferred and disability benefits. Participants should refer to the Summary Plan Description for more complete information.

Regular Pension Benefits - The Fund pays participant full retirement benefit if participant retires at normal retirement age 65 or, if later, participant age on the fifth anniversary of participant's participation.

Early Pension Benefits - The Fund permits early retirement from age 50-64 depending upon the benefit schedule. The Fund also permits special early retirement at any age subject to certain requirements depending upon the benefit schedule.

Pre-Retirement Joint and Survivor Pension Benefits - Benefits are payable to a participant's spouse upon death of participant before retirement, if a participant has at least five (5) years of vesting service.



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Post-Retirement Joint and Survivor Pension Benefits – Benefits are payable to a participant's spouse upon death of participant after retirement. To be paid in a 50.0%, 66.7%, 75.0% or 100.0% benefit elected by participant at the time of their retirement.

Deferred Pension - Participants qualify for a deferred pension if the participant leaves covered employment before retiring with at least five years of vesting service. Participant will be eligible to start a deferred pension as early as age 62, subject to the eligibility and reduction factors of an early retirement pension, or at normal retirement age 65.

Disability Benefits - Disabled participants are, under certain circumstances, eligible to apply for disability benefits. Participants should refer to the Summary Plan Description for complete information.

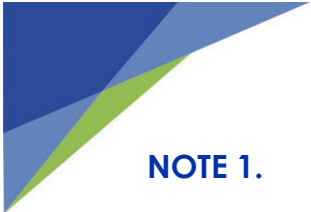
Vesting - Vested participants are entitled to monthly pension benefits after attaining a minimum service or age requirement. The Fund has provisions for 100% vesting of the right to receive the accumulated benefits attributable to employer contributions upon completion of sufficient covered employment of five or more years. Partial pensions are provided for participants who would otherwise lack sufficient service to be eligible for any pension because their years of employment were divided between different pension funds. Participants who have been separated from covered employment may, under certain circumstances, purchase one to three years of benefit accrual service in order to qualify for a pension.

Death Benefits (Five-year Certain) - Death benefits are available to designated beneficiaries of participants not eligible for or electing the joint and survivor provisions. Death benefits are distributed as a lump sum distribution or a monthly pension payment for the remainder of 60 months from date of retirement. The form and amount of the death benefit depends upon the participant's level of participation, years of service, age, schedule of benefits, and employment after satisfying various provisions of the Fund.

Funding Policy - Participating employer contribution rates are periodically reviewed and adjusted, through contract negotiations, to such amounts as are necessary, on an actuarial basis, to provide the Fund with assets sufficient to meet the benefits to be paid to the Fund's participants. The contributions are designed to fund the current administrative expenses and amortize the benefit costs arising from qualifying service before the establishment of the Fund (past service cost). The periods of amortization allowed by ERISA have been met.

Although it has not expressed any intention to do so, the Trustees have the right under the Fund's plan document to discontinue the Fund and terminate the Fund subject to the provisions of the plan document and ERISA. The Fund has met the minimum funding requirements of ERISA for December 31, 2024 and 2023.

Employer Withdrawal - In accordance with the amendments to ERISA by the Multiemployer Pension Fund Amendments Act of 1980, the trust agreement and the Fund provide for the presumptive method of determining employer withdrawal liability. Also contained are "de



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

minimus" provisions where employers are not required to pay withdrawal liability where the total amount is the lesser of \$50,000 or 0.75% of the present value of unfunded vested benefits (unfunded present value of vested benefits were \$52,108,951 and \$-0- at December 31, 2024 and 2023, respectively. This exemption amount is phased out between \$100,001 and \$150,000.

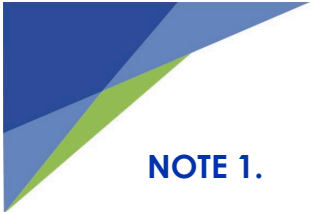
Upon withdrawal from the Fund, an employer is assessed a withdrawal liability, calculated at a discounted present value using an applicable discount factor over a certain term. This assessment is payable by the withdrawn employer in scheduled payments to the Fund over an actuarial determined term. On July 11, 2012, the Trustees adopted an amendment regarding the withdrawal liability allocation method, to which the Pension Benefit Guaranty Corp (PBGC) approved June 27, 2016.

Since the probability of collection is uncertain and, in some cases, remote, the Fund recognizes income from withdrawn employers either in the year of receipt, or as a withdrawal liability receivable when collections subsequent to period end have been made related to assessments made in the prior period. Until collections have been made, all employer withdrawal liability assessments are netted with an allowance for uncollectibility equal to 100% of the assessment. As of December 31, 2024 and 2023, the Fund had no withdrawal liability assessments receivable. Consequently the Fund did not record any income from withdrawn employers during the years ended December 31, 2024 and 2023.

Yellow Corporation Bankruptcy and Withdrawal Liability Claim - On or about July 30, 2023, various corporations affiliated with Yellow Corporation who were obligated by collective bargaining agreements to contribute to the Fund ("Contributing Employers") shut down their operations covered by the Fund and announced that the shut down and attendant layoff of employees was permanent. Thereafter, on August 6 and 7, 2023, Yellow and its affiliated companies (collectively "Yellow"), including the Contributing Employers, instituted Chapter 11 bankruptcy proceedings in the United States Bankruptcy Court for the District of Delaware. See *In re Yellow Corporation, et al.*, Case No. 23-11069 (CTG) (Bnkr. Ct. D. Del. 2023).

As a result of the aforementioned cessation of operations, the Fund, on November 9, 2023, filed proofs of claim in the Yellow bankruptcy against Yellow, including the Contributing Employers, for employer withdrawal liability under the Employee Retirement Income Security Act in the amount of \$21,400,083. On March 13, 2024, Yellow filed objections to such proofs of claim, asserting that they should be disallowed or substantially reduced. On April 18, 2024, the Fund filed a response to such objections. Yellow and the Fund subsequently engaged in discovery regarding the objections. Trial on the objections to the Fund's withdrawal liability claims (as well objections made by Yellow to withdrawal liability claims asserted by a number of other pension funds) was previously scheduled to begin on September 23, 2024. On August 28, 2024, the bankruptcy court entered an order that rescheduled the trial to begin on December 16, 2024.

On September 12, 2024, the Fund entered into a Claim Participation Agreement ("Agreement") with Barclays Bank PLC ("Barclays"). Under the terms of the Agreement,



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Yellow Corporation Bankruptcy and Withdrawal Liability Claim – (continued)

Barclays acquired a 100% undivided participation interest in the Fund's withdrawal liability claim against Yellow, including all recoveries, plus control of the litigation, including any settlement, in exchange for an up-front, lump sum purchase price of \$3,196,530.40. Although the Fund remains a party to the withdrawal liability claim and must cooperate with Barclays in the pursuit of that claim, Barclays assumed the obligation to pay litigation counsel on and after the Agreement date, and the Fund no longer has any financial interest in the outcome of the claim.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

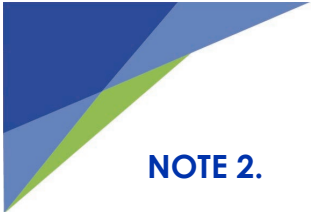
Cash and Cash Equivalents - The Fund considers cash and cash equivalents to include cash on deposit with financial institutions, money market accounts, and other investments purchased with original maturities of 90 days or less. Cash and cash equivalents that are maintained as part of the investment portfolio (Note 5) are classified as investments.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Fund's trustees determine the Fund's valuation policies utilizing information provided by its investment advisers and custodians. See Note 5 for a discussion of fair value measurements. Purchases and sales of securities are reported on a trade-date basis. Interest income is reported on the accrual basis. Dividends are reported on the ex-dividend date. Net appreciation includes the Fund's gains and losses on investments bought and sold as well as held during the year.

Property and Equipment - Property and equipment are recorded at cost less accumulated depreciation. Maintenance and repairs are reported as administrative expenses, as incurred, and expenditures for improvements are capitalized.

Depreciation of property and equipment is computed using the straight-line method over the estimated useful lives of the assets, generally 3 to 45 years.

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



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The following summary represents the various categories and amounts of pension benefits paid for the years ended December 31, 2024 and 2023.

	2024	2023
Retiree pensions	\$ 66,694,431	\$ 59,866,013
Survivor pensions	9,542,759	8,508,072
Disability pensions	197,657	184,866
	<u>\$ 76,434,847</u>	<u>\$ 68,558,951</u>

Reclassifications - When applicable, certain reclassifications may have been made to conform to current year financial statement presentation. These reclassifications had no effect on the net assets available for benefits.

Administrative Expenses - Administrative expenses are paid by the Plan.

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Fund's provisions, to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits payable under all circumstances, retirement, death, and disability, are included in the actuarial present of accumulated plan benefits, to the extent they are deemed attributable to participant service rendered prior to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and expected date of payment.

The actuarial present value of accumulated plan benefits as of December 31, 2024 (most recent valuation date) compared to December 31, 2023 are as follows:

	2024	2023
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving benefits	\$ 741,633,629	\$ 617,002,640
Other vested benefits	<u>589,591,890</u>	<u>425,758,454</u>
Total vested benefits	1,331,225,519	1,042,761,094
Non-vested benefits	52,944,703	46,501,765
Present value of operating expenses	<u>38,214,286</u>	<u>32,100,000</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 1,422,384,508</u>	<u>\$ 1,121,362,859</u>

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The following factors affected the change in the actuarial present value of accumulated plan benefits from December 31, 2023 to December 31, 2024:

	2024	2023
Actuarial present value of accumulated plan benefits - January 1,	<u>\$ 1,121,362,859</u>	<u>\$ 1,117,732,987</u>
Change during the year attributed to		
Benefits accumulated, net experience gain or loss, change in data	46,754,786	(2,644,759)
Benefits paid	(76,434,847)	(68,558,951)
Interest	94,355,887	76,836,632
Plan amendments	240,021,663	-
Operating expenses paid	<u>(3,675,840)</u>	<u>(2,003,050)</u>
Net change	<u>301,021,649</u>	<u>3,629,872</u>
Actuarial present value of accumulated plan benefits - December 31,	<u>\$ 1,422,384,508</u>	<u>\$ 1,121,362,859</u>

The present value of accumulated benefits is determined based on the unit credit cost method. The same actuarial assumptions that were used to determine the actuarial accrued liability as of the beginning of the plan year (e.g., January 1, 2024) are used to determine the actuarial present value of accumulated benefits as of the end of the prior plan year (e.g., December 31, 2024).

The present value of operating expenses is included in the present value of accumulated benefits below. This amount is equal to the expected expenses for the upcoming year payable as a perpetuity, discounted at the Plan's actuarial interest rate.

Summary of Actuarial Assumptions

The following economic assumptions were used in valuing the liabilities and benefits under the Fund.

Interest Rates

7.00% per annum, compounded annually, net of investment expense for determining costs and liabilities.

The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation and investment policy as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate is the actuary's best estimate and reflects professional judgment.

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Mortality

Healthy - Sex Distinct RP-2014 Blue Collar, adjusted to base year 2006 and projected on a generational basis with 100% scale of MP-2021.

Disabled - Sex Distinct RP-2014 Disabled Mortality Tables, adjusted to base year 2006 and projected on a generational basis with 100% scale of MP-2021.

Retirement

Participants are assumed to retire according to the following rates (%):

Age	No Special Early	Restored Special Early 30+ Years of Service	Special Early 25 or More Years of Service	Special Early 30 or More Years of Service
44	0.0%	0.0%	12.0%	0.0%
45	0.0	3.0	6.0	3.0
46	0.0	3.0	6.0	3.0
47	0.0	3.0	12.0	3.0
48	0.0	3.0	11.0	3.0
49	0.0	3.0	10.0	3.0
50	0.0	7.0	5.0	7.0
51	0.0	5.0	10.0	5.0
52	0.0	25.0	10.0	25.0
53	0.0	3.0	12.0	3.0
54	0.0	15.0	15.0	15.0
55	12.0	6.0	12.0	6.0
56	12.0	13.0	15.0	13.0
57	12.0	13.0	15.0	13.0
58	25.0	20.0	25.0	20.0
60	17.0	17.0	20.0	17.0
61	21.0	34.0	30.0	34.0
62	27.0	43.0	33.0	43.0
63	30.0	25.0	33.0	25.0
64	20.0	25.0	15.0	25.0
65	100.0	25.0	33.0	25.0
66+	100.0	100.0	100.0	100.0

Participants eligible for the Restored Special Early Pension are those who had less than 20 years of service as of 12/31/2009. The Restored Special Early Pension is only available with 30 or more years of Benefit Accrual Service.

Inactive vested participants are assumed to commence benefits at age 60.

Inactive vested participants previously in the Richmond Teamsters and Industry Pension Fund are assumed to commence benefits at age 65.

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The retirement assumptions were selected based on analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.

Representative Termination Rates

Illustrations of the annual rates of termination are shown in the table below for selected ages (the same rates are used for males and females):

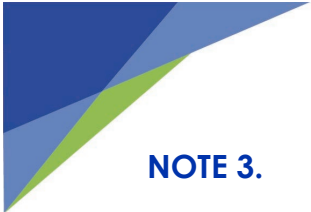
<u>Age</u>	<u>Rates (%)</u>
20	5.44
25	4.89
30	3.70
35	2.35
40	1.13
45	0.27
50	0.00
55	0.00
60+	0.00

The termination rate assumptions were selected based on analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.

Representative Disability

Illustrations of the annual rates of disablement are shown in the table below for selected ages (the same rates are used for males and females):

<u>Age</u>	<u>Rates (%)</u>
20	0.02
25	0.02
30	0.02
35	0.02
40	0.03
45	0.06
50	0.13
55	0.28
60+	0.58



NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The disability rate assumptions were selected based on analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.

Form of Payment

Married participants are assumed to elect the 50% Joint & Survivor annuity, with pop-up form of payment and non-married participants are assumed to elect a 5-year certain and life annuity form of payment.

Reemployment

It is assumed that participants will not be reemployed following a break in service.

Load for Reciprocal or Non-contiguous

0.50% of total accrued liability and costs.

Marriage

It is assumed that 80% of participants have a spouse and 20% of participants have a contingent annuitant. Female spouses are assumed to be 3 years younger than participants. Actual spouse information used for retirees when provided.

Participant Data

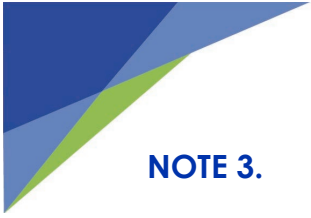
Participant data was supplied electronically as of the measurement date. For those participants missing information, we have assumed information exhibited by participants with similar known characteristics.

Missing or Incomplete Participant Data

Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.

Nature of Actuarial Calculations

The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.



NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

Actuarial Models

The information presented in this report is based on actuarial models, the intended purpose of which is the calculation and projection of the Plan's liabilities under ASC 960. Horizon Actuarial relies on third party actuarial modeling software to perform the liability calculations for our annual actuarial valuations. We also use internally developed models to project and present results. We have a robust review process to confirm the appropriateness of the inputs, check the calculations, and validate the results of the models to ensure they are consistent with the intended purpose. Overall, we believe the models are reasonable for their intended purpose.

Current Liability Interest Rate (no change in assumptions)

4.01% and 3.29% as of January 1, 2025 and 2024, respectively.

Mortality: Mortality for current liability purposes is the prescribed assumption under Section 1.430(h)(3)-1, which is based on the PRI-2012 mortality tables with projected mortality improvement using the 2024 Adjusted Scale MP-2021 scale.

<https://www.irs.gov/retirement-plans/weighted-average-interest-rate-table>

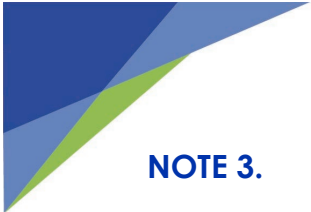
<https://www.irs.gov/pub/irs-drop/n-24-42.pdf>

Rate of Investment Return

Actuarial - Estimated Rate of Investment Return: 6.87% and 8.18%, for the years ended December 31, 2024 and 2023, respectively.

Market Value Rate of Investment Return

5.43% and 11.70% for years ended December 31, 2024 and 2023, respectively.



NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Operating Expenses

Expenses for the upcoming year are assumed to be equal to the actual expenses in the prior year, rounded up to the nearest \$100,000. For 2025, expenses are assumed to be \$2,500,000. For 2024, expenses were assumed to be \$2,100,000.

NOTE 4. FUND TERMINATION

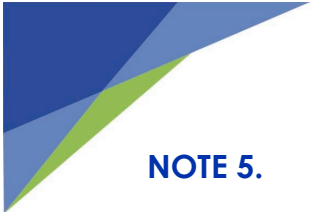
In the event the Fund is terminated, the net assets of the Fund will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Benefits attributable to employee contributions, taking into account those paid out before termination.
- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Fund's provisions. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Fund's provisions in effect at any time during the five years preceding Fund termination.
- Other vested benefits insured by the PBGC (a U.S. Governmental agency) up to the applicable limitations (discussed below).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Whether all participants receive their benefits should the Fund terminate at some future time will depend on the sufficiency, at that time, of the Fund's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Fund's employers and the level of benefits guaranteed by the PBGC.

Certain benefits under the Fund are insured by the PBGC if the Fund terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Fund, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Fund are guaranteed at the level in effect on the date of the Fund's termination.

If the Fund is underfunded when it is terminated, the employers are required to continue making contributions to the Fund until it is fully funded. The employer withdrawal liability will be calculated by the Fund's actuaries to determine each employer's portion, if any, of the unfunded vested benefits. In the event that employer contributions are not sufficient to fully fund the Fund, the benefits as set forth in the plan document will be reduced in accordance with regulations as prescribed by the PBGC.



NOTE 5. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund has the ability to access.
- Level 2 Inputs to the valuation methodology include other significant observable inputs including:
- 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; and
 - 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.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023.

Short-term investments: Valued at cost, which approximates fair value.

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. Government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds, and state, local, and foreign obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Common collective trusts (CCT): Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Fund to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Limited partnerships: The fair values of limited partnerships recorded by the Fund are determined from financial statements received by the Fund from the limited partnerships or other entities in which the Fund has invested. Some of these financial statements are financial statements audited by independent accountants other than the Fund's independent auditors and some are unaudited financial statements. In addition, most of these investment vehicles operate as "fund of funds" which invest in limited partnerships and other nonmarketable investments. The entities in which the Fund invests prepare their financial statements stating their investments at fair value as determined in good faith by the general partner or by a third-party valuator based on the best information available, in the absence of readily ascertainable market values.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Fund's assets at fair value as of December 31, 2024:

Assets at Fair Value as of December 31, 2024				
	Total	Level 1	Level 2	Level 3
Investments measured at fair value				
Short-term investments	\$ 55,553,102	\$ 55,553,102	\$ -	\$ -
Common stock	104,377,674	104,377,674	-	-
U.S. Government securities	70,310,313	-	70,310,313	-
Corporate bonds	70,711,999	-	70,711,999	-
State, local and foreign obligations	2,519,547	-	2,519,547	-
	303,472,635	<u>\$ 159,930,776</u>	<u>\$ 143,541,859</u>	<u>\$ -</u>
Investments measured at NAV*				
Common collective trusts	724,124,912			
Limited partnerships	374,099,660			
Total investments at fair value	<u>\$ 1,401,697,207</u>			

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Fund's assets at fair value as of December 31, 2023:

	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Investments measured at fair value				
Short-term investments	\$ 64,629,149	\$ 64,629,149	\$ -	\$ -
Common stock	95,630,028	95,630,028	-	-
U.S. Government securities	54,813,157	-	54,813,157	-
Corporate bonds	60,978,368	-	60,978,368	-
State, local and foreign obligations	2,366,523	-	2,366,523	-
	278,417,225	\$ 160,259,177	\$ 118,158,048	\$ -
Investments measured at NAV*				
Common collective trusts	643,422,745			
Limited partnerships	402,045,468			
Total investments at fair value	\$ 1,323,885,438			

*In accordance with Accounting Standards Codification, investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Fair Value of Investments that Calculate NAV

The following tables below and on the next page summarize the Fund's investments in certain entities that calculate NAV per share as fair value measurement as of December 31, 2024 and 2023 by investment category:

Description	12/31/24 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts	\$ 724,124,912	None	Daily or Monthly	1 day to 30 days
Limited partnerships				
Invesco Core Real Estate USA	78,942,209	None	Quarterly	> 45 days
Brandywine Global OPP Fixed	55,105,904	None	Daily	Daily
Teamsters Joint Council No. 83 of Virginia Pension Fd Pvt Eq Fd, LP	119,565,331	\$ 9,771,165	N/A	N/A
GCM Grosvenor Multi-Asset Class Fund II, L.P.	61,491,167	-	N/A	N/A
Siguler Guff Small Buyout Opportunities Fund IV, LP	25,903,038	4,138,038	N/A	N/A
Arrowmark Global Opportunity Fund IV	20,143,892	-	N/A	N/A
Arrowmark Global Opportunity Fund III	12,948,119	-	N/A	N/A
Total limited partnerships	374,099,660			
Total	\$ 1,098,224,572			

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Description	12/31/23 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts	<u>\$ 643,422,745</u>	None	Daily or Monthly	1 day to 30 days
Limited partnerships				
Invesco Core Real Estate USA	83,526,641	None	Quarterly	> 45 days
Brandywine Global OPP Fixed	60,410,508	None	Daily	Daily
Teamsters Joint Council No. 83 of Virginia Pension Fd Pvt Eq Fd, LP	126,992,948	\$ 10,885,568	N/A	N/A
GCM Grosvenor Multi-Asset Class Fund II, L.P.	65,953,882	-	N/A	N/A
Siguler Guff Small Buyout Opportunities Fund IV, LP	26,374,927	3,926,493	N/A	N/A
Arrowmark Global Opportunity Fund IV	20,239,763	-	N/A	N/A
Arrowmark Global Opportunity Fund III	<u>18,546,799</u>	-	N/A	N/A
Total limited partnerships	<u>402,045,468</u>			
Total	<u>\$ 1,045,468,213</u>			

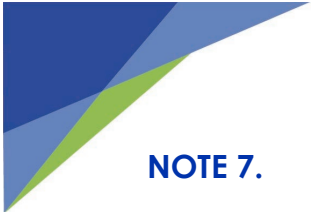
The Fund's investment in the common collective trust category is comprised of several investments. Underlying assets in these funds primarily include publicly traded equity securities and fixed income securities and are valued at their NAVs as reported by the fund managers and have daily or monthly liquidity.

The Fund's investment in the limited partnership category consists of numerous individual investments. These investments seek to achieve long term-growth of capital consistent with risk reduction through diversification. These investments are subject to various restrictions on redemption and frequency.

NOTE 6. TAX STATUS

The Fund obtained its latest determination letter on June 21, 2013, in which the IRS stated that the Fund, as then designed, was in compliance with the applicable requirements of the IRC. The Fund has been amended since receiving that determination letter. However, the Fund's administrator and the Fund's tax counsel believe that the Fund is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Fund was qualified, and the related Trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Fund's management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination. The Fund's administrator is not aware of any uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements as of December 31, 2019. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.



NOTE 7. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Fund shares offices, management and staff with the Teamsters Joint Council No. 83 Health & Welfare Fund (the Health & Welfare Fund) and the Teamsters Insurance Premium Reimbursement Fund (TIPRF). These funds have a shared services agreement whereby most administrative expenses, including salaries are shared. The Fund paid approximately 30% of such expenses during 2024 and 2023. During the years ended December 31, 2024 and 2023, \$1,131,022 and \$1,038,759, respectively, of expenses were allocated from the Health & Welfare Fund. At December 31, 2024 and 2023, \$270,883 and \$125,960, respectively, was owed to the Health & Welfare Fund for shared expenses. These amounts owed were settled in the subsequent period. Purchases made to carry out specific benefit programs for a Fund are paid for entirely by the Fund sponsoring such program.

The Fund also shares acquisition costs of property in approximately the same ratio, each recording its own share of the cost of the assets.

As disclosed in Note 2, the Fund pays certain administrative, investment and professional fees to various service providers. In addition, Bank of New York Mellon is the investment custodian for the Fund. These transactions are party in interest transactions under ERISA.

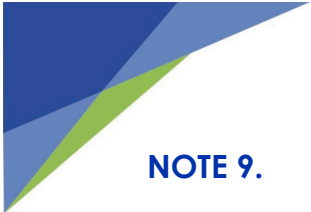
The Fund's disaster recovery program provides for a duplicate computer system, located at Local 592 (the Local), which allows for business continuity in the event of a disaster rendering the main Fund Office inoperable. In a formal rental agreement with the Local, monthly rent is paid for computer room space and additional rent is paid on an as needed basis for the use of the auditorium as the temporary operations center for the Fund.

NOTE 8. PROPERTY AND EQUIPMENT

Major classifications of property and equipment at December 31, 2024 and 2023 are summarized below:

	2024	2023
Land	\$ 49,738	\$ 49,738
Furniture and office equipment (5 to 12 year life)	63,132	63,132
Computer (3 to 10 year life)	99,559	92,221
Building and improvements (7 to 45 year life)	1,540,435	1,532,707
	1,752,864	1,737,798
Less: accumulated depreciation	(1,618,462)	(1,582,479)
Net property and equipment	<u>\$ 134,402</u>	<u>\$ 155,319</u>

Depreciation expense was \$35,984 and \$38,624 for the years ended December 31, 2024 and 2023, respectively, and is included in administrative expenses in the statements of changes in net assets available for benefits.



NOTE 9. CONCENTRATION OF CONTRIBUTION SOURCES

There was one major employer that accounted for 92% of employers' contributions during 2024 and 2023.

NOTE 10. OPERATING LEASES

The Fund has entered into various non-cancellable operating leases for office space within its building. The Fund shares the rental income from these leases with the Health and Welfare Fund based on the related party agreement.

The Fund's share of future minimum lease receipts under these non-cancellable operating leases as of December 31, 2024 is as follows:

2025	\$	72,222
2026		70,309
2027		59,983
2028		27,994
		<u>\$ 230,508</u>

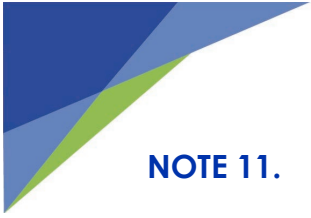
Rental income was \$61,442 and \$60,704 for the years ended December 31, 2024 and 2023, respectively, and is included in the statements of changes in net assets available for benefits.

NOTE 11. SECURITIES LENDING PROGRAM

The Trustees of the Fund have entered into an agreement with BNY Mellon which authorizes the lending of securities held in the Fund's accounts to third parties. BNY Mellon obtains collateral from the borrower in the form of cash, letters of credit issued by an entity other than the borrower, or acceptable securities. Both the collateral and the securities loaned are market-to-market on a daily basis so that all loaned securities are more than fully collateralized at all times. In the event that the loaned securities are not returned by the borrower, BNY Mellon will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the Fund's accounts with the cash equal to the fair value of the loaned securities.

The Fund receives 70% of the net revenue derived from all securities lending activities, and BNY Mellon receives the remainder.

Although the Fund's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with BNY Mellon require them to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk. In this context, market risk refers to the possibility that the borrower of securities will be unable to



NOTE 11. SECURITIES LENDING PROGRAM (CONTINUED)

collateralize their loan upon a sudden material change in the fair value of the loaned securities or the collateral, or that BNY Mellon's investment of cash collateral received from the borrowers of the Fund's securities may be subject to unfavorable market fluctuations. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

At December 31, 2024 and 2023 and 2023, the fair value of securities loaned was \$15,664,663 and \$7,697,619, respectively, while the cash collateral held was \$16,047,235 and \$7,894,363, respectively. Non-cash was \$-0-. In accordance with U.S. generally accepted accounting principles, the value of the cash collateral held and a corresponding liability to return the collateral have been reported on the accompanying statements of net assets available for benefits.

NOTE 12. RISKS AND UNCERTAINTIES

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

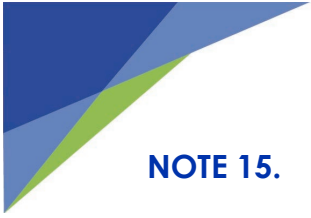
Fund contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions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

NOTE 13. SUMMARY OF PLAN AND TRUST AMENDMENTS

There were no significant plan amendments during the years ended December 31, 2024 and 2023.

NOTE 14. LITIGATION

Based on the advice of Fund Counsel, there is no litigation certain of collection, either pending or threatened, which would have a material adverse effect on the Fund's net assets available for benefits.



NOTE 15. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation for additions and deductions per the financial statements to expenses per Form 5500 for the year ended December 31, 2024:

Additions per financial statements	\$ 176,113,987
Add: investment expenses	<u>4,255,909</u>
Income per Form 5500	<u>\$ 180,369,896</u>
Deductions per financial statements	\$ 80,110,687
Add: investment expenses	<u>4,255,909</u>
Expenses per Form 5500	<u>\$ 84,366,596</u>

NOTE 16. SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 29, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



Schedule MB, Line 6 - Summary of Plan Provisions

This appendix summarizes the major provisions of the Fund that were reflected in the actuarial valuation. This summary of provisions is not intended to be a comprehensive statement of all provisions of the Fund. The following provisions do not apply to participants previously in the Richmond Teamsters and Industry Pension Fund. All deferred and in-payment benefit obligations assumed by the Fund from the Richmond Plan were determined prior to the merger as of July 1, 2015.

<i>Plan Name</i>	Teamsters Joint Council No. 83 of Virginia Pension Fund
<i>Plan Sponsor</i>	Board of Trustees of the Teamsters Joint Council No. 83 of Virginia Pension Fund
<i>EIN / PN</i>	54-6097996/001
<i>Effective Date and Most Recent Amendment</i>	The original effective date of the Plan is September 1, 1957. The most recent amendment to the Plan is effective January 1, 2024.
<i>Plan Year</i>	The twelve-month period beginning January 1 and ending December 31.
<i>Covered Employment</i>	Employment for which contributions are made on an employee's behalf as required under a collective bargaining agreement or other agreement.
<i>Participation</i>	The January 1 or July 1 following 1,000 hours in Covered Employment or contiguous non-covered employment in the employee's first employment year or a calendar year.

Schedule MB, Line 6 (cont.) - Summary of Plan Provisions

Benefit Accrual Service

Benefit Accrual Service is based on the Hours of Service in Covered Employment in a calendar year as follows:

Hours	Benefit Accrual Service
Less than 501	0.00 Years
501 (12 weeks) but less than 900	0.25 Years
900 (20 weeks) but less than 1,170	0.50 Years
1,170 (26 weeks) but less than 1,575	0.75 Years
1,575 (35 weeks) or more	1.00 Years

Benefit Accrual Service can include periods for past service.

Vesting Service

Vesting Service is based on the Hours of Service in Covered Employment in a calendar year as follows:

Hours	Benefit Accrual Service
Less than 501	0.00 Years
501 but less than 1,000	0.50 Years
1,000 or more	1.00 Years

Vesting Service can include periods of past service, contiguous non-covered employment, and/or service under another pension plan with which the Fund has a reciprocal agreement.

Benefit Accrual Fraction

The ratio of Benefit Accrual Service (not greater than 20) to 20.

Normal Retirement

Eligibility: The later of age 65 and the fifth anniversary of date of Participation.

Amount: An amount equal to a Participant's Benefit Accrual Fraction multiplied by the amount set forth in Tables 1 and 1a of this attachment for the applicable contribution rate schedule corresponding to the Participant's age at retirement.

Schedule MB, Line 6 (cont.) - Summary of Plan Provisions

Early Pension

Eligibility:

- The date that the participant has attained age 60 (age 62 for Schedules CA, BA, and AA) and has become vested under the Plan, or
- The date that the participant has attained age 50 (age 52 for Schedule CA) and has accumulated 20 years of Benefit Accrual Service, or
- The date that the participant (other than a participant under Schedule CA) has accumulated 30 years of Benefit Accrual Service, or
- The date that the participant under Schedule 7A, 7B, 7C, 8A, 8C, 9A, 9AD, 9AP, 9B, 9BP, 9P, 10, or YRC has accumulated 25 years of Benefit Accrual Service

Amount: An amount equal to a Participant's Benefit Accrual Fraction multiplied by the amount set forth in Tables 1 and 1a of this attachment for the applicable contribution rate schedule corresponding to the Participant's age at retirement.



Schedule MB, Line 6 (cont.) - Summary of Plan Provisions

Special Early Pension Eligibility:

- Schedules 5AP, 5BP, and 5CP - The date that the participant has accumulated 30 years of Benefit Accrual Service
- Schedule 6AP - The date that the participant has accumulated 30 years of Benefit Accrual Service or, if a participant had accumulated at least 20 years of Benefit Accrual Service as of December 31, 2009, the date that the participant has attained age 55 and has accumulated at least 25 years of Benefit Accrual Service
- Schedule 6BP - The date that the participant has accumulated 30 years of Benefit Accrual Service or, if a participant had accumulated at least 20 years of Benefit Accrual Service as of December 31, 2009, the date that the participant has attained age 50 and has accumulated at least 25 years of Benefit Accrual Service
- Schedules 7AP, 7BP, 8AP, 9AP, 9P, 9BP, 10, and YRC - The date that the participant has accumulated 30 years of Benefit Accrual Service or, if a participant had accumulated at least 20 years of Benefit Accrual Service as of December 31, 2009, the date that the participant has accumulated 25 years of Benefit Accrual Service

Amount: The amount set forth in Table 2 of this attachment for the applicable contribution rate schedule corresponding to the Participant's age at retirement.

Disability Pension Eligibility:

- The participant is totally and permanently disabled during Covered Employment, and
- Has never been eligible for any type of worker's compensation for such disability, and
- Has accumulated 10 years of Vesting Service (15 years of Vesting Service for Schedules BA, AA and 1A).

Amount: The amount set forth in Table 3 of this attachment.

Schedule CA – This schedule does not provide for the payment of a Disability Pension. For a participant that has accumulated 15 years of Vesting Service, a lump sum is payable equal to \$2.00 multiplied by the number of weeks since the last Permanent Break in Service for which contributions were required to be made on the Participant's behalf.

Schedule MB, Line 6 (cont.) - Summary of Plan Provisions

Vested Pension

Eligibility:

- A participant becomes 100% vested in his accrued benefit at the earlier of the accumulation of 5 years of Vesting Service or the attainment of Normal Retirement Age.
- A participant shall at all times be fully vested in the accrued benefit derived from the Participant's employee contributions, if any.
- The benefit shall commence at age 62 or later, for Schedules CA, BA and AA and at age 60 or later, for all other schedules.
- If a vested participant terminates employment after the accumulation of 20 or more years of Benefit Accrual Service, he is eligible to commence his benefit at age 50 or older (age 52 or older for Schedule CA)

Amount: An amount equal to a Participant's Benefit Accrual Fraction multiplied by the amount set forth in Tables 1 and 1a of this attachment for the applicable contribution rate schedule corresponding to the Participant's age at retirement.

Partial Pension

If the result provides a greater benefit compared to service under this plan only, a participant who is entitled to a service credit under another pension fund with which this fund has a reciprocity agreement, will have his pension calculated as the product of:

- a) The benefit based on combined service, and
- b) The ratio of
 - i. Service under this plan, divided by
 - ii. Combined service

Schedule MB, Line 6 (cont.) - Summary of Plan Provisions

Pre-Retirement Survivor Death Benefit

Eligibility: A pre-retirement survivor benefit shall be provided to the Eligible Spouse or Contingent Annuitant of any Participant who dies on or after he becomes vested.

Amount:

- Death on or after Early Pension Date – 100% of the amount to which the participant would have been entitled if he had retired on the date preceding the date of his death and elected to receive the 100% Joint and Survivor Benefit or Contingent Annuitant Benefit. Payments shall commence on the first day of the month following the participant's death.
- Death before Early Pension Date – 100% of the amount to which the participant would have been entitled if he had terminated Covered Employment on the date of death (unless he had already terminated Covered Employment), survived to the earliest date which he could commence benefits, and elected a 100% Joint and Survivor or Contingent Annuitant Benefit. Payments shall commence on the first day of the month following the participant's earliest commencement date.

Five Year Death Benefit

Eligibility: A Five-Year Death Benefit shall be provided to the designated beneficiary of an eligible Participant who has accumulated 20 or more years of Benefit Accrual Service and has an Eligible Spouse or Contingent Annuitant.

Amount:

- Death on or after Early Pension Date – 100% of the amount to which the participant would have been entitled. Payments are payable for 60 months.
- Death before Early Pension Date
 - Schedule CA - \$0 per month payable for 60 months
 - Schedule BA and AA - \$135 per month payable for 60 months
 - All other Schedules - \$155 per month payable for 60 months

Schedule MB, Line 6 (cont.) - Summary of Plan Provisions

Lump Sum Death Benefit

Eligibility: The designated beneficiary of an eligible participant who has accumulated 10 or more years of Benefit Accrual Service shall be eligible for a Lump Sum Death Benefit. A Lump Sum Death Benefit shall not be payable to a Participant's Spouse or Contingent Annuitant if she is eligible to receive a Joint and Survivor or Contingent Annuitant Benefit. Nor shall such Lump Sum Death Benefit be available if the Participant elected the Social Security Option.

Amount: The Lump Sum Death Benefit shall be equal to \$2.00 multiplied by the number of weeks since the last Permanent Break in Service for which contributions were required to be made on the Participant's behalf.

Normal Form of Payment

Married or Eligible for a Contingent Annuitant Annuity: The 50% Joint and Survivor Annuity. If the Eligible Spouse or Contingent Annuitant predeceases the participant, the participant's benefit will be increased to the benefit calculated prior to any option adjustments.

Not Married or Eligible for a Contingent Annuitant Annuity: The straight life annuity, unless the Schedule provides the 5-year certain and life annuity and the participant satisfies the 20 years of Benefit Accrual Service requirement.

Optional Forms of Payment

Single life pension with 60 certain payments

50% Joint & Survivor or Contingent Annuitant Pension

66.7% Joint & Survivor or Contingent Annuitant Pension

75% Joint & Survivor or Contingent Annuitant Pension

100% Joint & Survivor or Contingent Annuitant Pension

Schedule MB, Line 6 (cont.) - Summary of Plan Provisions

Voluntary Contributions

A participant may make voluntary after-tax contributions to the Fund on his own behalf for up to one year to earn his 20th, 25th, or 30th year of Benefit Accrual Service, or to avoid proration of his benefit under certain circumstances.

A participant who, while working in Covered Employment, becomes totally disabled or whose facility is closed and he has no right to transfer may pay up to three additional years of voluntary after-tax contributions on his own behalf to earn his 20th, 25th, or 30th year of Benefit Accrual Service.

Voluntary after-tax contributions are made in an amount equal to the amount that the Employer was obligated to contribute to the Fund on the Participant's behalf for regular full time Employees under the collective bargaining agreement covering such participant at the time he left regular full time employment.

Voluntary after-tax contributions made by a participant shall be non-forfeitable and shall be accounted for in a separate account for the participant.

Changes Since the Prior Valuation

- Plan Changes to Schedule 10, effective January 1, 2024
 - Special Early retirement benefit was increased from \$4,000 with 30 years of service plus \$100 for each year after 30 years of service to \$6,500 with 30 years of service plus \$216 for each year after 30 years of service.
 - Non-Special Early retirement benefits were increased by the same proportion as Special Early benefits.
- Plan Changes to Schedule 9BP, effective January 1, 2024
 - Special Early retirement benefit was increased from \$3,500 with 30 years of service plus \$0 for each year after 30 years of service to \$4,000 with 30 years of service plus \$100 for each year after 30 years of service.
 - Non-Special Early retirement benefits were increased by the same proportion as Special Early benefits.
- A 13th check of \$1,000 will be paid in late 2024 to participants in payment as of January 1, 2024.

Schedule MB, Line 6 (cont.) - Summary of Plan Provisions

Table 1 – Table of Maximum Monthly Pension Benefit (for Participants with 20 or More Years of Benefit Accrual Service)

Age	Benefit Schedule								
	5AD 5AP 5BD 5BP	5CD 5CP 6AD 6AP 6BD 6BP	7AD 7AP	7BD 7BP 8AD 8AP	9AD 9AP	9BP	9P	10	YRC
70+	\$3,030	\$3,273	\$3,633	\$3,774	\$3,774	\$4,313	\$3,774	\$7,009	\$944
69	2,680	2,893	3,211	3,336	3,336	3,813	3,336	6,196	834
68	2,375	2,565	2,847	2,958	2,958	3,381	2,958	5,494	740
67	2,110	2,279	2,530	2,628	2,628	3,003	2,628	4,880	657
66	1,880	2,031	2,254	2,342	2,342	2,677	2,342	4,350	586
65	1,685	1,819	2,019	2,098	2,098	2,667	2,154	4,334	584
64	1,512	1,633	1,813	1,884	1,884	2,395	1,934	3,892	524
63	1,363	1,472	1,634	1,698	1,698	2,160	1,744	3,510	473
62	1,231	1,329	1,475	1,532	1,532	2,057	1,596	3,343	450
61	1,116	1,205	1,338	1,390	1,500	2,057	1,571	3,343	450
60	1,012	1,093	1,213	1,260	1,500	2,057	1,571	3,343	450
59	949	1,025	1,138	1,182	1,500	2,057	1,571	3,343	450
58	891	963	1,069	1,111	1,500	2,057	1,571	3,343	450
57	828	895	993	1,032	1,500	2,057	1,571	3,343	450
56	771	833	925	961	961	1,098	961	1,784	240
55	707	764	848	881	881	1,007	881	1,636	220
54	667	720	799	830	830	949	830	1,542	208
53	627	677	751	780	780	891	780	1,448	195
52	587	634	704	731	731	835	731	1,357	183
51	546	590	655	680	680	777	680	1,263	170
50	506	546	606	630	630	720	630	1,170	158

The schedules above include the benefit schedules that cover active participants. There are other benefit schedules that are applicable for participants that terminated employment in prior years. See Plan Document for more information.

Schedule MB, Line 6 (cont.) - Summary of Plan Provisions

Table 1a (Exceptions to Table 1) – Table of Maximum Monthly Pension Benefit (for Participants with more than 20 Years of Benefit Accrual Service)

		Benefit Schedule							
Age	Svc	8AD	8AP	9P	9AD	9AP	9BP	10	YRC
69	29			\$3,347			\$ 3,867	\$6,284	\$846
68	29			3,059			3,867	6,284	846
68	28			3,031			3,734	6,068	817
68	27			3,004			3,601	5,852	788
68	26			2,976			3,467	5,634	759
67	29			2,807			3,867	6,284	846
67	28			2,780			3,734	6,068	817
67	27			2,752			3,601	5,852	788
67	26			2,724			3,467	5,634	759
67	25			2,697			3,334	5,418	729
67	24			2,659			3,201	5,202	700
67	23			2,641			3,067	4,984	671
66	29	\$2,417	\$2,417	2,646	\$2,417	\$2,417	3,867	6,284	846
66	28			2,561			3,734	6,068	817
66	27			2,534			3,601	5,852	788
66	26			2,506			3,467	5,634	759
66	25			2,478			3,334	5,418	729
66	24			2,451			3,201	5,202	700
66	23			2,423			3,067	4,984	671
66	22			2,395			2,934	4,768	641
66	21			2,368			2,801	4,552	612

		Benefit Schedule							
Age	Svc	8AD	8AP	9P	9AD	9AP	9BP	10	YRC
65	29	\$2,417	\$2,417	\$2,646	\$2,417	\$2,417	\$3,867	\$6,284	\$846
65	28	2,333	2,333	2,554	2,333	2,333	3,734	6,068	817
65	27	2,250	2,250	2,348			3,601	5,852	788
65	26	2,166	2,166	2,320			3,467	5,634	759
65	25			2,292			3,334	5,418	729
65	24			2,265			3,201	5,202	700
65	23			2,237			3,067	4,984	671
65	22			2,209			2,934	4,768	642
65	21			2,182			2,801	4,552	613
64	29	2,170	2,170	2,250			3,473	5,644	760
64	28	2,095	2,095	2,250			3,353	5,449	734
64	27	2,020	2,020	2,250			3,234	5,255	708
64	26			2,250			3,114	5,060	681
64	25			2,250			2,994	4,865	655
64	24			2,034			2,875	4,672	629
64	23			2,009			2,755	4,477	603
64	22			1,984			2,635	4,282	577
64	21			1,959			2,515	4,087	550
63	24			1,833			2,591	4,210	567
63	23			1,811			2,483	4,035	543
63	22			1,788			2,375	3,859	520
63	21			1,766			2,267	3,684	496
62	24			1,654			2,338	3,799	512
62	23			1,633			2,240	3,640	490
62	22			1,613			2,143	3,482	469
61	24			1,584			2,121	3,447	464

Schedule MB, Line 6 (cont.) - Summary of Plan Provisions

Table 2 – Table of Monthly Special Early Pension Benefit

		Benefit Schedule - Applicable for Participants with at least 20 Years of Benefit Accrual Service as of 12/31/2009												
Age	Service	5AP	5BP	5CP	6AP	6BP	7AP	7BP	8AP	9P	9AP	9BP	10	YRC
55	25				\$1,000									
Any	25					\$1,000	\$1,000	\$1,250	\$2,000	\$2,250	\$2,250	\$2,500*	\$2,500*	\$625**
Any	30	\$1,012	\$1,150	\$1,242	\$1,242	\$1,242	\$1,379	\$2,050	\$2,500	\$2,750	\$2,750	\$4,000*	\$6,500***	\$875**

*Plus \$100 for each Year of Benefit Accrual Service over the required amount

**Plus \$25 for each Year of Benefit Accrual Service over the required amount

***Plus \$216 for each Year of Benefit Accrual Service over the required amount

		Benefit Schedule - Applicable for Participants with less than 20 Years of Benefit Accrual Service as of 12/31/2009												
Age	Service	5AP	5BP	5CP	6AP	6BP	7AP	7BP	8AP	9P	9AP	9BP	10	YRC
Any	30	\$1,012	\$1,150	\$1,242	\$1,242	\$1,242	\$1,379	\$2,050	\$2,500	\$2,750	\$2,750	\$4,000**	\$6,500***	\$875*

*Plus \$0 for each Year of Benefit Accrual Service over the required amount

**Plus \$100 for each Year of Benefit Accrual Service over the required amount

***Plus \$216 for each Year of Benefit Accrual Service over the required amount

Table 3 – Table of Monthly Disability Benefit

		Benefit Schedule			
Service		AA, BA	1A	2, 3, 4A, 4B, 4C, 5A, 5AD, 5AP, 5BD, 5BP, 5CD, 5CP, 6AD, 6AP, 6BD, 6BP, 7AD, 7AP	7BD, 7BP, 8A, 8C, 9A, 9AD, 9AP, 9B, 9BD, 9BP, 9P, 10, YRC
10				\$100	\$400
11				120	480
12				140	560
13				160	640
14				180	720
15+		\$100	\$200	200	800

TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 54-6097996
Plan No. 001

(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d) Cost	(e) Current Value
(a)		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
Short-Term Investments							
	Dreyfus Cash Mgt Fund	MM	N/A	N/A		\$ 55,553,102	\$ 55,553,102
Common Stock							
	ACADIA HEALTHCARE CO INC	Equity	N/A	N/A	8,315	342,622	329,690
	ACV AUCTIONS INC	Equity	N/A	N/A	34,686	612,548	749,218
	AECOM	Equity	N/A	N/A	4,754	184,868	507,822
	ALASKA AIR GROUP INC	Equity	N/A	N/A	23,227	1,194,949	1,503,948
	ALBEMARLE CORP	Equity	N/A	N/A	6,049	739,347	520,698
	ALIGN TECHNOLOGY INC	Equity	N/A	N/A	2,994	660,472	624,279
	AMPHASTAR PHARMACEUTICALS INC	Equity	N/A	N/A	8,263	162,881	306,805
	ASPEN AEROGELS INC	Equity	N/A	N/A	35,299	449,460	419,352
	ATI INC	Equity	N/A	N/A	34,353	642,163	1,890,789
	AVANTOR INC	Equity	N/A	N/A	45,346	998,254	955,440
	AZEK CO INC/THE	Equity	N/A	N/A	17,119	532,929	812,639
	BEACON ROOFING SUPPLY INC	Equity	N/A	N/A	17,262	878,037	1,753,474
	BELDEN INC	Equity	N/A	N/A	1,381	158,096	155,514
	BILL HOLDINGS INC	Equity	N/A	N/A	3,860	337,927	326,981
	BORGWARNER INC	Equity	N/A	N/A	26,803	966,187	852,067
	BOYD GAMING CORP	Equity	N/A	N/A	7,437	198,132	539,480
	BRIDGEBIO PHARMA INC	Equity	N/A	N/A	12,244	313,088	335,975
	BUILDERS FIRSTSOURCE INC	Equity	N/A	N/A	8,412	221,401	1,202,327
	BWX TECHNOLOGIES INC	Equity	N/A	N/A	4,247	318,950	473,073
	CAESARS ENTERTAINMENT INC	Equity	N/A	N/A	34,071	1,463,795	1,138,653
	CARLYLE GROUP INC/THE	Equity	N/A	N/A	19,259	549,110	972,387
	CARPENTER TECHNOLOGY CORP	Equity	N/A	N/A	11,724	358,011	1,989,680
	CHARLES RIVER LABORATORIES INT	Equity	N/A	N/A	4,912	1,060,517	906,755
	CHART INDUSTRIES INC	Equity	N/A	N/A	3,069	445,604	585,688
	CITIZENS FINANCIAL GROUP INC	Equity	N/A	N/A	16,118	518,244	705,324
	COGENT COMMUNICATIONS HOLDINGS	Equity	N/A	N/A	11,419	614,348	880,062
	COGNEX CORP	Equity	N/A	N/A	8,914	356,388	319,656
	COHERENT CORP	Equity	N/A	N/A	11,804	597,386	1,118,193
	COOPER COS INC/THE	Equity	N/A	N/A	12,536	582,673	1,152,434
	CURTIS-WRIGHT CORP	Equity	N/A	N/A	1,735	406,367	615,699
	DARLING INGREDIENTS INC	Equity	N/A	N/A	25,899	1,216,286	872,537
	DEVON ENERGY CORP	Equity	N/A	N/A	11,727	153,328	383,825
	DIGITALBRIDGE GROUP INC	Equity	N/A	N/A	32,108	526,264	362,178
	DOLBY LABORATORIES INC	Equity	N/A	N/A	3,573	285,409	279,051
	EAGLE MATERIALS INC	Equity	N/A	N/A	5,201	528,797	1,283,399
	EASTERN BANKSHARES INC	Equity	N/A	N/A	22,720	395,235	391,920
	ELANCO ANIMAL HEALTH INC	Equity	N/A	N/A	31,147	439,705	377,190
	ELASTIC NV	Equity	N/A	N/A	2,091	230,787	207,176
	ENERSYS	Equity	N/A	N/A	4,716	313,903	435,900
	EPAM SYSTEMS INC	Equity	N/A	N/A	3,629	837,205	848,533
	EQUIFAX INC	Equity	N/A	N/A	3,748	690,128	955,178
	EURONET WORLDWIDE INC	Equity	N/A	N/A	4,848	532,295	498,568
	EVEREST GROUP LTD	Equity	N/A	N/A	2,565	581,087	929,710
	EXACT SCIENCES CORP	Equity	N/A	N/A	15,144	878,480	850,941
	FABRINET	Equity	N/A	N/A	1,894	47,299	416,453
	FIRST BANCORP/PUERTO RICO	Equity	N/A	N/A	39,378	259,021	732,037
	FLEX LTD	Equity	N/A	N/A	38,773	361,229	1,488,495
	FMC CORP	Equity	N/A	N/A	13,741	808,490	667,950
	FTAI AVIATION LTD	Equity	N/A	N/A	19,036	341,199	2,741,945
	FTAI INFRASTRUCTURE INC	Equity	N/A	N/A	26,453	228,367	192,049
	GMS INC	Equity	N/A	N/A	7,913	597,989	671,260
	GRANITE CONSTRUCTION INC	Equity	N/A	N/A	19,195	610,648	1,683,593
	GRID DYNAMICS HOLDINGS INC	Equity	N/A	N/A	48,942	508,018	1,088,470
	GUIDEWIRE SOFTWARE INC	Equity	N/A	N/A	4,834	360,504	814,916

TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 54-6097996
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares					
(b)							
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	HEALTH EQUITY INC	Equity	N/A	N/A	2,939	\$ 280,141	\$ 281,997
	HEXCEL CORP	Equity	N/A	N/A	8,209	543,457	514,704
	HOLOGIC INC	Equity	N/A	N/A	6,425	446,456	463,178
	HOPE BANCORP INC	Equity	N/A	N/A	25,836	343,432	317,524
	HUBBELL INC	Equity	N/A	N/A	1,255	426,522	525,707
	HUBSPOT INC	Equity	N/A	N/A	821	248,261	572,048
	ICON PLC	Equity	N/A	N/A	1,287	263,404	269,897
	INCYTE CORP	Equity	N/A	N/A	4,403	288,493	304,115
	INDEPENDENCE REALTY TRUST INC	Equity	N/A	N/A	20,001	344,748	396,820
	INDIE SEMICONDUCTOR INC	Equity	N/A	N/A	201,113	1,019,437	814,508
	INSMED INC	Equity	N/A	N/A	9,280	262,311	640,691
	INSPIRE MEDICAL SYSTEMS INC	Equity	N/A	N/A	4,607	742,115	854,046
	INSULET CORP	Equity	N/A	N/A	4,640	356,843	1,211,365
	INTEGRAL AD SCIENCE HOLDING CO	Equity	N/A	N/A	66,864	1,099,188	698,060
	IRHYTHM TECHNOLOGIES INC	Equity	N/A	N/A	9,654	657,851	870,501
	JABIL INC	Equity	N/A	N/A	12,797	274,112	1,841,488
	JAZZ PHARMACEUTICALS PLC	Equity	N/A	N/A	2,351	286,286	289,526
	KBR INC	Equity	N/A	N/A	14,010	226,224	811,599
	KIRBY CORP	Equity	N/A	N/A	7,799	441,727	825,134
	KNIGHT-SWIFT TRANSPORTATION HO	Equity	N/A	N/A	14,545	445,212	771,467
	KRATOS DEFENSE & SECURITY SOLU	Equity	N/A	N/A	31,725	454,775	836,906
	LAMB WESTON HOLDINGS INC	Equity	N/A	N/A	8,609	563,826	575,339
	LANTHEUS HOLDINGS INC	Equity	N/A	N/A	8,502	525,393	760,589
	LATTICE SEMICONDUCTOR CORP	Equity	N/A	N/A	15,678	974,825	888,159
	LGI HOMES INC	Equity	N/A	N/A	6,377	630,655	570,104
	LXP INDUSTRIAL TRUST	Equity	N/A	N/A	39,786	395,047	323,062
	MACOM TECHNOLOGY SOLUTIONS HOL	Equity	N/A	N/A	6,894	212,332	895,600
	MAGNITE INC	Equity	N/A	N/A	43,273	471,436	688,906
	MARKEL GROUP INC	Equity	N/A	N/A	384	583,477	662,872
	MASTEC INC	Equity	N/A	N/A	10,356	529,927	1,409,866
	MATTEL INC	Equity	N/A	N/A	45,843	747,605	812,796
	MAXLINEAR INC	Equity	N/A	N/A	43,215	736,075	854,793
	MKS INSTRUMENTS INC	Equity	N/A	N/A	5,279	423,824	551,075
	MODINE MANUFACTURING CO	Equity	N/A	N/A	8,580	108,647	994,679
	MONGODB INC	Equity	N/A	N/A	3,080	698,300	717,055
	MONOLITHIC POWER SYSTEMS INC	Equity	N/A	N/A	1,435	313,936	849,090
	MP MATERIALS CORP	Equity	N/A	N/A	38,634	733,337	602,690
	MRC GLOBAL INC	Equity	N/A	N/A	145,648	1,233,029	1,861,381
	NATERA INC	Equity	N/A	N/A	6,716	352,061	1,063,143
	NEXTRACKER INC	Equity	N/A	N/A	9,735	263,914	355,620
	NMI HOLDINGS INC	Equity	N/A	N/A	10,700	248,098	393,332
	NOVOCURE LTD	Equity	N/A	N/A	13,814	901,443	411,657
	OKTA INC	Equity	N/A	N/A	6,779	473,639	534,185
	PAYCOM SOFTWARE INC	Equity	N/A	N/A	4,337	782,061	888,955
	PERDOCEO EDUCATION CORP	Equity	N/A	N/A	22,345	210,181	591,472
	PERMIAN RESOURCES CORP	Equity	N/A	N/A	71,504	548,349	1,028,228
	PINNACLE FINANCIAL PARTNERS IN	Equity	N/A	N/A	9,962	575,274	1,139,553
	PLANET FITNESS INC	Equity	N/A	N/A	14,934	771,756	1,476,525
	PLANET LABS PBC	Equity	N/A	N/A	104,038	373,227	420,314
	POPULAR INC	Equity	N/A	N/A	8,029	350,806	755,208
	PURE STORAGE INC	Equity	N/A	N/A	15,636	590,974	960,519
	QORVO INC	Equity	N/A	N/A	10,685	824,050	747,202
	QUANTA SERVICES INC	Equity	N/A	N/A	1,903	67,211	601,443
	REGAL REXNORD CORP	Equity	N/A	N/A	4,507	702,245	699,171
	REVVITY INC	Equity	N/A	N/A	3,374	400,189	376,572
	REXFORD INDUSTRIAL REALTY INC	Equity	N/A	N/A	10,243	502,829	395,994
	ROGERS CORP	Equity	N/A	N/A	5,196	597,350	527,966
	RXO INC	Equity	N/A	N/A	27,656	505,599	659,319
	SANMINA CORP	Equity	N/A	N/A	10,191	575,289	771,153
	SAREPTA THERAPEUTICS INC	Equity	N/A	N/A	2,384	298,524	289,871

TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 54-6097996
Plan No. 001

(b)		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d)	(e)
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
	SHOALS TECHNOLOGIES GROUP INC	Equity	N/A	N/A	75,979	\$ 834,117	\$ 420,164
	SILA REALTY TRUST INC	Equity	N/A	N/A	12,957	327,480	315,114
	SITIME CORP	Equity	N/A	N/A	2,940	376,024	630,718
	SM ENERGY CO	Equity	N/A	N/A	25,433	926,900	985,783
	STAG INDUSTRIAL INC	Equity	N/A	N/A	12,342	328,153	417,406
	STANLEY BLACK & DECKER INC	Equity	N/A	N/A	6,631	567,270	532,403
	STERIS PLC	Equity	N/A	N/A	1,437	325,223	295,390
	SYMBOTIC INC	Equity	N/A	N/A	36,084	920,721	855,552
	TANDEM DIABETES CARE INC	Equity	N/A	N/A	18,276	553,357	658,302
	TERADYNE INC	Equity	N/A	N/A	2,637	293,829	332,051
	TPG INC	Equity	N/A	N/A	6,999	205,411	439,817
	TRANSMEDICS GROUP INC	Equity	N/A	N/A	3,579	304,944	223,151
	TRANSUNION	Equity	N/A	N/A	7,454	496,697	691,060
	TREX CO INC	Equity	N/A	N/A	15,651	599,950	1,080,389
	TYLER TECHNOLOGIES INC	Equity	N/A	N/A	784	317,129	452,086
	ULTRA CLEAN HOLDINGS INC	Equity	N/A	N/A	19,750	660,845	710,013
	UNITED THERAPEUTICS CORP	Equity	N/A	N/A	2,248	537,719	793,184
	UNIVERSAL DISPLAY CORP	Equity	N/A	N/A	4,620	540,907	675,444
	VERICEL CORP	Equity	N/A	N/A	10,982	386,009	603,022
	VERTIV HOLDINGS CO	Equity	N/A	N/A	10,310	128,985	1,171,319
	VIKING THERAPEUTICS INC	Equity	N/A	N/A	7,692	363,857	309,526
	W R BERKLEY CORP	Equity	N/A	N/A	10,375	243,393	607,145
	WINTRUST FINANCIAL CORP	Equity	N/A	N/A	6,860	523,244	855,511
	WOLFSPEED INC	Equity	N/A	N/A	57,385	1,670,657	382,184
	WORKIVA INC	Equity	N/A	N/A	5,277	408,708	577,832
	XPO INC	Equity	N/A	N/A	13,278	515,948	1,741,410
	ZOOMINFO TECHNOLOGIES INC	Equity	N/A	N/A	55,907	1,120,641	587,583
	Total common stock					73,322,280	104,377,674
U.S. Government Securities							
	FEDERAL FARM CR BK CONS BD	Bond			260,000	260,000	236,301
	FEDERAL FARM CR BK CONS BD	Bond			550,000	550,000	511,187
	FEDERAL HOME LN BK CONS BD	Bond			290,000	290,000	249,609
	FEDERAL HOME LN BK CONS BD	Bond			610,000	610,000	533,604
	FEDERAL HOME LN MTG CORP	Bond			485,000	566,345	537,880
	FEDERAL NATL MTG ASSN	Bond			1,040,000	950,605	858,634
	FEDERAL NATL MTG ASSN	Bond			180,000	179,421	175,493
	FEDERAL NATL MTG ASSN	Bond			650,000	780,643	720,363
	FHLMC POOL #C0-3830	Bond			10,179	10,643	9,613
	FHLMC POOL #C9-1347	Bond			8,478	8,862	8,239
	FHLMC POOL #C9-1370	Bond			2,400	2,553	2,382
	FHLMC POOL #C9-1707	Bond			37,556	38,471	35,385
	FHLMC POOL #C9-1710	Bond			15,604	16,014	14,934
	FHLMC POOL #C9-1926	Bond			14,324	15,219	13,803
	FHLMC POOL #C9-1945	Bond			20,131	20,646	18,396
	FHLMC POOL #G0-5275	Bond			2,058	2,196	2,062
	FHLMC POOL #G0-6893	Bond			11,935	12,444	11,262
	FHLMC POOL #G0-8372	Bond			8,973	9,591	8,708
	FHLMC POOL #G1-5922	Bond			13,344	14,088	12,812
	FHLMC POOL #G1-8527	Bond			20,164	20,961	19,550
	FHLMC POOL #G1-8578	Bond			21,062	21,928	20,266
	FHLMC POOL #G1-8614	Bond			113,217	114,473	106,988
	FHLMC POOL #G3-0892	Bond			10,131	11,411	10,212
	FHLMC POOL #G3-0896	Bond			137,520	141,194	129,788
	FHLMC POOL #G3-0943	Bond			24,346	24,791	22,479
	FHLMC POOL #G6-0683	Bond			28,905	30,875	28,832
	FHLMC POOL #G6-0723	Bond			262,968	264,036	228,556
	FHLMC POOL #G6-0989	Bond			11,191	11,258	9,710
	FHLMC POOL #G6-1242	Bond			16,405	17,508	15,836
	FHLMC POOL #J1-3314	Bond			909	952	903

TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

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EIN: 54-6097996
Plan No. 001

(b)		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares			(d)		(e)
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
	FHLMC POOL #J1-6447	Bond			2,629	\$ 2,755	\$ 2,602
	FHLMC POOL #Q0-2173	Bond			11,331	11,965	10,996
	FHLMC POOL #Q0-3516	Bond			13,650	14,443	13,246
	FHLMC POOL #Q0-5692	Bond			12,930	13,666	12,196
	FHLMC POOL #Q0-7189	Bond			11,667	12,378	11,003
	FHLMC POOL #Q1-4872	Bond			35,865	36,257	31,677
	FHLMC POOL #Q3-7573	Bond			11,746	12,714	11,357
	FHLMC POOL #Q5-3595	Bond			104,035	109,058	93,461
	FHLMC POOL #QA-7416	Bond			196,262	201,529	168,927
	FHLMC POOL #QA-8518	Bond			49,318	52,408	42,448
	FHLMC POOL #QB-4847	Bond			67,720	71,561	55,257
	FHLMC POOL #RA-9258	Bond			363,702	357,110	351,776
	FHLMC POOL #SB-0179	Bond			134,414	129,405	128,016
	FHLMC POOL #SB-0378	Bond			133,367	141,932	128,531
	FHLMC POOL #SB-0661	Bond			225,128	208,560	205,371
	FHLMC POOL #SB-0811	Bond			91,767	91,538	89,905
	FHLMC POOL #SB-8184	Bond			164,150	164,035	157,611
	FHLMC POOL #SB-8186	Bond			164,238	166,709	160,699
	FHLMC POOL #SB-8191	Bond			718,133	720,884	702,413
	FHLMC POOL #SB-8216	Bond			47,387	46,551	46,408
	FHLMC POOL #SB-8217	Bond			334,709	334,944	333,427
	FHLMC POOL #SB-8220	Bond			247,829	245,655	249,682
	FHLMC POOL #SB-8243	Bond			184,575	186,306	183,663
	FHLMC POOL #SB-8293	Bond			181,256	180,415	180,361
	FHLMC POOL #SB-8303	Bond			914,396	920,981	909,879
	FHLMC POOL #SB-8319	Bond			245,226	250,495	246,855
	FHLMC POOL #SD-0499	Bond			166,484	177,826	143,895
	FHLMC POOL #SD-0558	Bond			56,214	58,603	46,573
	FHLMC POOL #SD-1100	Bond			111,317	94,915	91,852
	FHLMC POOL #SD-1397	Bond			88,995	91,470	88,506
	FHLMC POOL #SD-2184	Bond			353,009	351,106	354,901
	FHLMC POOL #SD-3294	Bond			120,720	121,249	120,705
	FHLMC POOL #SD-3857	Bond			510,787	504,484	513,581
	FHLMC POOL #SD-5250	Bond			154,275	129,905	127,020
	FHLMC POOL #SD-7543	Bond			91,104	83,061	75,376
	FHLMC POOL #SD-7548	Bond			89,001	82,410	73,662
	FHLMC POOL #SD-7552	Bond			160,531	136,276	132,493
	FHLMC POOL #SD-7568	Bond			76,179	77,492	75,962
	FHLMC POOL #U9-9126	Bond			29,674	28,724	26,273
	FHLMC POOL #V6-0358	Bond			36,181	37,176	35,246
	FHLMC POOL #Z4-0211	Bond			83,523	81,644	77,637
	FHLMC POOL #ZS-4693	Bond			80,500	83,016	69,587
	FHLMC POOL #ZS-7738	Bond			35,578	37,429	33,823
	FHLMC POOL #ZT-0794	Bond			28,389	31,796	27,118
	FHLMC POOL #ZT-1748	Bond			129,676	140,537	127,548
	FHLMC POOL #ZT-1949	Bond			16,452	17,650	16,185
	FHLMC MULTICLASS MTG K053 A2	Bond			180,000	176,794	177,566
	FHLMC MULTICLASS MTG K055 A2	Bond			198,623	203,758	194,498
	FHLMC MULTICLASS MTG K070 A2	Bond			71,000	73,768	68,540
	FHLMC MULTICLASS MTG K071 A2	Bond			53,000	54,587	51,093
	FHLMC MULTICLASS MTG K146 A2	Bond			355,000	319,188	311,846
	FHLMC MULTICLASS MTG K733 A2	Bond			231,963	250,484	230,439
	FMC GMSR ISSUER TRU GT1 A 144A	Bond			260,000	259,900	249,265
	FNMA POOL #0555647	Bond			20,852	22,569	20,402
	FNMA POOL #0636708	Bond			8,284	8,836	8,469
	FNMA POOL #0646956	Bond			6,930	7,047	6,902
	FNMA POOL #0888009	Bond			19,631	21,860	20,238
	FNMA POOL #0888012	Bond			3,046	3,074	3,104

TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 54-6097996
Plan No. 001

(b)		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d)	(e)
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
	FNMA POOL #0890790	Bond			58,111	\$ 59,867	\$ 55,357
	FNMA POOL #0932745	Bond			9,570	9,907	9,276
	FNMA POOL #0995240	Bond			10,758	11,778	10,387
	FNMA POOL #0AA4463	Bond			6,086	6,536	5,899
	FNMA POOL #0AB5080	Bond			90,785	93,126	86,267
	FNMA POOL #0AC3312	Bond			7,861	8,562	7,619
	FNMA POOL #0AD3443	Bond			136	142	135
	FNMA POOL #0AD6431	Bond			10,202	11,161	9,887
	FNMA POOL #0AE0215	Bond			8,214	8,766	7,748
	FNMA POOL #0AE0216	Bond			13,102	13,569	12,358
	FNMA POOL #0AE7758	Bond			1,158	1,212	1,150
	FNMA POOL #0AH7007	Bond			8,977	9,562	8,467
	FNMA POOL #0AI6610	Bond			5,286	5,625	5,244
	FNMA POOL #0AL3754	Bond			9,879	10,990	9,841
	FNMA POOL #0AL3807	Bond			27,071	28,848	25,533
	FNMA POOL #0AL6040	Bond			18,322	21,002	19,023
	FNMA POOL #0AL6301	Bond			13,485	14,687	13,049
	FNMA POOL #0AL6663	Bond			24,301	25,934	23,074
	FNMA POOL #0AL8936	Bond			12,539	13,374	12,044
	FNMA POOL #0AL9621	Bond			14,960	15,928	14,367
	FNMA POOL #0AL9698	Bond			113,461	132,608	117,361
	FNMA POOL #0AL9737	Bond			23,494	25,234	23,020
	FNMA POOL #0AL9918	Bond			161,944	169,586	146,396
	FNMA POOL #0AQ1260	Bond			29,351	29,718	25,865
	FNMA POOL #0AS4583	Bond			13,611	14,315	12,649
	FNMA POOL #0AS5449	Bond			143,506	144,582	125,014
	FNMA POOL #0AS5469	Bond			32,411	34,799	30,087
	FNMA POOL #0AS7047	Bond			128,515	130,463	121,612
	FNMA POOL #0AS8678	Bond			82,588	78,291	77,789
	FNMA POOL #0AT5860	Bond			311,059	325,944	282,650
	FNMA POOL #0AU3751	Bond			9,090	9,546	8,528
	FNMA POOL #0AX8309	Bond			17,368	18,039	16,806
	FNMA POOL #0BK0875	Bond			10,118	10,766	9,967
	FNMA POOL #0BK7697	Bond			81,349	81,272	77,644
	FNMA POOL #0BM1972	Bond			14,565	15,195	13,682
	FNMA POOL #0BM3286	Bond			4,362	4,570	4,195
	FNMA POOL #0BM3635	Bond			114,571	114,034	104,359
	FNMA POOL #0BM3898	Bond			201,058	214,189	186,447
	FNMA POOL #0BM4427	Bond			180,861	177,922	162,261
	FNMA POOL #0BM5172	Bond			122,714	119,358	117,805
	FNMA POOL #0BM6059	Bond			57,617	58,427	56,629
	FNMA POOL #0BM6373	Bond			24,743	25,841	25,422
	FNMA POOL #0BM6535	Bond			36,922	37,589	38,347
	FNMA POOL #0BO1337	Bond			188,340	192,313	163,957
	FNMA POOL #0BO3192	Bond			104,267	106,866	89,907
	FNMA POOL #0BO6275	Bond			45,622	48,370	40,928
	FNMA POOL #0BO8653	Bond			116,677	119,685	100,425
	FNMA POOL #0BP5462	Bond			31,823	33,106	26,394
	FNMA POOL #0BP6450	Bond			206,617	217,658	178,366
	FNMA POOL #0BP6565	Bond			339,136	355,457	291,497
	FNMA POOL #0BP6638	Bond			251,152	264,887	215,617
	FNMA POOL #0BR6523	Bond			52,611	54,403	43,928
	FNMA POOL #0BR6524	Bond			54,319	56,092	45,136
	FNMA POOL #0BU7516	Bond			811,914	825,108	666,606
	FNMA POOL #0BU9898	Bond			70,821	69,449	62,935
	FNMA POOL #0BW0045	Bond			67,125	67,765	65,015
	FNMA POOL #0BW6309	Bond			101,205	100,256	97,714
	FNMA POOL #0BW9918	Bond			89,963	89,865	87,166

TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 54-6097996
Plan No. 001

(b)		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d)	(e)
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
	FNMA POOL #0CA0623	Bond			37,345	\$ 41,225	\$ 35,765
	FNMA POOL #0CA3641	Bond			41,407	44,034	38,347
	FNMA POOL #0CA3853	Bond			111,463	120,833	109,565
	FNMA POOL #0CA4128	Bond			66,703	67,610	57,495
	FNMA POOL #0CA4950	Bond			31,846	34,130	28,569
	FNMA POOL #0CA5624	Bond			86,163	81,114	79,501
	FNMA POOL #0CA5969	Bond			93,830	78,993	77,472
	FNMA POOL #0CA6097	Bond			71,757	75,906	64,200
	FNMA POOL #0CA6635	Bond			124,873	113,245	103,571
	FNMA POOL #0CA7944	Bond			63,654	67,551	59,540
	FNMA POOL #0CB0189	Bond			169,761	178,674	145,589
	FNMA POOL #0CB2279	Bond			97,264	79,787	76,971
	FNMA POOL #0CB2284	Bond			111,509	101,909	92,307
	FNMA POOL #0CB2979	Bond			303,675	286,972	276,074
	FNMA POOL #0CB4352	Bond			124,501	122,459	121,501
	FNMA POOL #0CB6096	Bond			167,361	166,354	168,584
	FNMA POOL #0CB7331	Bond			277,495	271,078	274,367
	FNMA POOL #0CB7336	Bond			122,853	122,364	121,391
	FNMA POOL #0CB8687	Bond			450,972	447,872	445,484
	FNMA POOL #0FM1242	Bond			6,273	6,794	6,173
	FNMA POOL #0FM1526	Bond			95,367	97,062	82,071
	FNMA POOL #0FM2336	Bond			20,761	22,337	19,221
	FNMA POOL #0FM2493	Bond			21,230	23,068	20,895
	FNMA POOL #0FM2674	Bond			39,478	42,451	36,549
	FNMA POOL #0FM3889	Bond			37,047	39,345	31,846
	FNMA POOL #0FM4116	Bond			21,508	23,537	20,510
	FNMA POOL #0FM4330	Bond			52,673	56,014	43,687
	FNMA POOL #0FM4622	Bond			43,238	46,150	37,641
	FNMA POOL #0FM5259	Bond			51,640	47,282	46,294
	FNMA POOL #0FM7341	Bond			36,289	39,385	33,672
	FNMA POOL #0FM7785	Bond			114,047	122,138	105,738
	FNMA POOL #0FM8216	Bond			89,224	90,353	82,608
	FNMA POOL #0FM8672	Bond			99,519	108,351	91,802
	FNMA POOL #0FM8793	Bond			159,581	165,914	131,431
	FNMA POOL #0FM9728	Bond			148,276	152,805	122,113
	FNMA POOL #0FS1590	Bond			114,220	94,125	93,969
	FNMA POOL #0FS1938	Bond			129,107	109,902	106,232
	FNMA POOL #0FS3196	Bond			109,332	86,782	86,699
	FNMA POOL #0FS3669	Bond			83,217	82,034	78,490
	FNMA POOL #0FS5175	Bond			419,961	412,218	405,880
	FNMA POOL #0FS6214	Bond			123,425	121,650	123,409
	FNMA POOL #0FS6467	Bond			68,770	69,522	67,593
	FNMA POOL #0MA0457	Bond			13,514	14,358	13,269
	FNMA POOL #0MA1010	Bond			17,453	18,000	16,820
	FNMA POOL #0MA1689	Bond			13,215	14,133	12,834
	FNMA POOL #0MA2868	Bond			61,217	57,563	57,694
	FNMA POOL #0MA2964	Bond			18,286	18,860	17,426
	FNMA POOL #0MA3148	Bond			78,785	72,655	70,684
	FNMA POOL #0MA4667	Bond			110,286	111,036	104,269
	FNMA POOL #0MA4713	Bond			625,787	625,999	601,532
	FNMA POOL #0MA4797	Bond			129,797	127,849	124,727
	FNMA POOL #0MA4825	Bond			121,456	122,321	120,860
	FNMA POOL #0MA4840	Bond			513,189	496,832	483,347
	FNMA POOL #0MA4991	Bond			126,367	126,881	127,313
	FNMA POOL #0MA5014	Bond			106,095	106,758	105,571
	FNMA POOL #0MA5145	Bond			293,505	295,655	298,403
	FNMA POOL #0MA5178	Bond			283,366	291,419	288,095
	GGAM FINANCE LTD 144A	Bond			275,000	275,000	279,032

TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

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EIN: 54-6097996
Plan No. 001

(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares			(d) Cost	(e) Current Value
(a)		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	
	GGAM FINANCE LTD 144A	Bond			225,000	\$ 223,452
	GNMA POOL #0784369	Bond			19,092	20,148
	GNMA POOL #0784605	Bond			5,145	5,345
	GNMA POOL #0784638	Bond			21,337	22,024
	GNMA POOL #0AA6091	Bond			42,962	43,955
	GNMA II POOL #0005055	Bond			20,017	21,862
	GNMA II POOL #0005174	Bond			19,020	19,738
	GNMA II POOL #0005334	Bond			3,368	3,713
	GNMA II POOL #0784319	Bond			8,115	8,409
	GNMA II POOL #0785283	Bond			172,548	183,872
	GNMA II POOL #0AV9421	Bond			23,543	24,683
	GNMA II POOL #0MA7589	Bond			121,798	109,999
	GS MORTGAGE-BACKE PJ4 A16 144A	Bond			412,028	411,104
	GS MORTGAGE-BACKE PJ5 A21 144A	Bond			620,000	584,690
	GS MORTGAGE-BACKE PJ6 A15 144A	Bond			133,455	131,603
	GS MORTGAGE-BACKED MM1 A8 144A	Bond			335,553	330,099
	GS MORTGAGE-BACKED PJ1 A2 144A	Bond			268,548	279,751
	GS MORTGAGE-BACKED PJ1 A2 144A	Bond			764,614	652,707
	GS MORTGAGE-BACKED PJ1 A4 144A	Bond			278,746	288,110
	GS MORTGAGE-BACKED PJ2 A4 144A	Bond			259,657	268,623
	GS MORTGAGE-BACKED PJ3 A3 144A	Bond			783,548	751,961
	GS MORTGAGE-BACKED PJ3 A4 144A	Bond			398,429	404,405
	GS MORTGAGE-BACKED PJ4 A4 144A	Bond			527,160	533,256
	GS MORTGAGE-BACKED PJ6 A8 144A	Bond			464,628	406,114
	SBA GTD PARTN CTFS 2008-20A 1	Bond			5,684	5,563
	SBA GTD PARTN CTFS 2009-20H 1	Bond			10,129	10,432
	SBA GTD PARTN CTFS 2012-20H 1	Bond			8,576	8,576
	SBA GTD PARTN CTFS 2012-20K 1	Bond			10,891	10,682
	SBA GTD PARTN CTFS 2012-20L 1	Bond			19,189	19,189
	SBA GTD PARTN CTFS 2013-20A 1	Bond			7,137	6,957
	SBA GTD PARTN CTFS 2013-20C 1	Bond			8,912	8,756
	SBA GTD PARTN CTFS 2014-20A 1	Bond			25,311	25,311
	SBA GTD PARTN CTFS 2014-20D 1	Bond			25,658	25,658
	SBA GTD PARTN CTFS 2014-20J 1	Bond			83,134	84,608
	SBA GTD PARTN CTFS 2014-20K 1	Bond			17,141	17,141
	SBA GTD PARTN CTFS 2015-20F 1	Bond			26,702	26,915
	SBA GTD PARTN CTFS 2016-20K 1	Bond			90,790	90,547
	SBA GTD PARTN CTFS 2016-20L 1	Bond			135,944	134,925
	SBA GTD PARTN CTFS 2017-20H 1	Bond			125,673	128,561
	SBA GTD PARTN CTFS 2017-20I 1	Bond			201,310	200,579
	SBA GTD PARTN CTFS 2019-25J 1	Bond			258,475	258,475
	SBA GTD PARTN CTFS 2022-25J 1	Bond			106,818	106,818
	SBA GTD PARTN CTFS 2022-25L 1	Bond			51,539	51,539
	SBA GTD PARTN CTFS 2023-10A 1	Bond			94,144	94,144
	SBA GTD PARTN CTFS 2023-25L 1	Bond			50,178	50,178
	SBA GTD PARTN CTFS 2024-10A 1	Bond			134,603	134,603
	U S TREASURY BOND	Bond			416,000	397,411
	U S TREASURY BOND	Bond			251,000	232,767
	U S TREASURY BOND	Bond			928,000	844,757
	U S TREASURY BOND	Bond			288,000	280,766
	U S TREASURY BOND	Bond			168,000	152,728
	U S TREASURY BOND	Bond			57,000	57,345
	U S TREASURY BOND	Bond			463,000	443,404
	U S TREASURY BOND	Bond			144,000	115,787
	U S TREASURY BOND	Bond			192,000	170,222
	U S TREASURY BOND	Bond			501,000	421,519
	U S TREASURY BOND	Bond			194,000	174,871
	U S TREASURY BOND	Bond			102,000	95,995

TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

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EIN: 54-6097996
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares					
(b)						(d)	(e)
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
	U S TREASURY BOND	Bond			82,000	\$ 78,091	\$ 72,247
	U S TREASURY BOND	Bond			61,000	60,088	54,421
	U S TREASURY BOND	Bond			88,000	90,061	82,888
	U S TREASURY BOND	Bond			263,000	253,142	240,337
	U S TREASURY BOND	Bond			105,000	102,743	100,324
	U S TREASURY BOND	Bond			187,000	188,088	181,478
	U S TREASURY BOND	Bond			148,000	146,380	135,396
	U S TREASURY BOND	Bond			880,000	1,131,898	774,954
	U S TREASURY BOND	Bond			1,135,000	921,385	632,320
	U S TREASURY BOND	Bond			1,530,000	1,227,041	1,071,842
	U S TREASURY BOND	Bond			735,000	594,260	528,252
	U S TREASURY NOTE	Bond			1,130,000	1,164,890	1,102,146
	U S TREASURY NOTE	Bond			1,345,000	1,306,109	1,236,136
	U S TREASURY NOTE	Bond			850,000	874,011	846,813
	U S TREASURY NOTE	Bond			765,000	756,595	732,518
	U S TREASURY NOTE	Bond			570,000	591,578	558,600
	U S TREASURY NOTE	Bond			600,000	592,994	598,290
	U S TREASURY NOTE	Bond			400,000	391,939	393,152
	U S TREASURY NOTE	Bond			965,000	945,791	926,101
	U S TREASURY NOTE	Bond			185,000	190,934	176,906
	U S TREASURY NOTE	Bond			785,000	744,719	681,537
	U S TREASURY NOTE	Bond			570,000	556,031	545,621
	U S TREASURY NOTE	Bond			1,210,000	1,255,147	1,155,223
	U S TREASURY NOTE	Bond			595,000	584,686	569,272
	U S TREASURY NOTE	Bond			1,230,000	1,234,502	1,133,617
	U S TREASURY NOTE	Bond			462,000	453,709	451,351
	U S TREASURY NOTE	Bond			172,000	167,990	168,211
	U S TREASURY NOTE	Bond			168,000	171,669	168,045
	U S TREASURY NOTE	Bond			401,000	394,364	395,454
	U S TREASURY NOTE	Bond			1,250,000	1,268,544	1,261,813
	U S TREASURY NOTE	Bond			1,586,000	1,608,231	1,560,656
	U S TREASURY NOTE	Bond			438,000	433,517	432,972
	U S TREASURY NOTE	Bond			2,315,000	2,181,981	1,910,245
	U S TREASURY NOTE	Bond			2,325,000	2,054,699	2,073,435
	U S TREASURY NOTE	Bond			2,545,000	2,324,758	2,385,329
	U S TREASURY NOTE	Bond			1,610,000	1,475,561	1,485,660
	U S TREASURY NOTE	Bond			185,000	174,919	174,109
	U S TREASURY NOTE	Bond			1,330,000	1,236,625	1,194,460
	U S TREASURY NOTE	Bond			960,000	888,938	851,366
	U S TREASURY NOTE	Bond			805,000	795,719	785,157
	U S TREASURY NOTE	Bond			340,000	322,216	325,577
	U S TREASURY NOTE	Bond			625,000	639,174	597,656
	US TREAS-CPI INFLAT	Bond			148,450	154,843	134,824
	US TREAS-CPI INFLAT	Bond			1,647,614	1,499,404	1,191,950
	US TREAS-CPI INFLAT	Bond			2,214,469	1,745,787	1,630,403
	US TREAS-CPI INFLAT	Bond			1,370,204	1,320,137	1,216,125
	US TREAS-CPI INFLAT	Bond			631,647	593,851	605,384
	US TREAS-CPI INFLAT	Bond			1,626,609	1,522,397	1,496,301
	US TREAS-CPI INFLAT	Bond			426,202	410,659	415,223
	Total U.S. Government securities					76,170,955	70,310,313
Corporate Obligations							
	AAR ESCROW ISSUER LLC 144A	Bond	3/15/2029	6.75%	495,000	498,583	501,984
	ABBOTT LABORATORIES	Bond	11/30/2026	3.75%	505,000	541,492	498,955
	ABBVIE INC	Bond	3/15/2031	4.95%	400,000	407,154	400,008
	ADOBE INC	Bond	4/4/2029	4.80%	410,000	415,488	412,177
	AIR PRODUCTS AND CHEMICALS INC	Bond	2/8/2034	4.85%	230,000	232,506	224,715
	ALBERTSONS COS INC / SAFE 144A	Bond	3/15/2026	3.25%	320,000	308,349	312,186

TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 54-6097996
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares					
						(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
	ALEXANDRIA REAL ESTATE EQUITIE	Bond	5/18/2032	2.00%	97,000	\$ 77,471	\$ 77,355
	ALLSTATE CORP/THE	Bond	12/15/2025	0.75%	310,000	302,626	298,862
	AMAZON.COM INC	Bond	8/22/2027	3.15%	390,000	400,607	376,537
	AMAZON.COM INC	Bond	4/13/2062	4.10%	138,000	137,354	108,213
	AMERICAN AIRLINES INC/AAD 144A	Bond	4/20/2026	5.50%	482,500	476,328	481,443
	AMERICAN WATER CAPITAL CORP	Bond	3/1/2025	3.40%	125,000	127,451	124,645
	AMPHENOL CORP	Bond	3/30/2026	4.75%	475,000	475,784	475,247
	ANALOG DEVICES INC	Bond	4/1/2025	2.95%	130,000	141,423	129,435
	ANHEUSER-BUSCH INBEV WORLDWIDE	Bond	1/23/2029	4.75%	380,000	409,073	379,745
	APPLE INC	Bond	9/11/2026	2.05%	490,000	491,708	471,375
	APPLE INC	Bond	8/4/2046	3.85%	226,000	265,525	182,445
	APPLIED MATERIALS INC	Bond	6/15/2029	4.80%	200,000	202,251	200,624
	ARES CAPITAL CORP	Bond	7/15/2025	3.25%	355,000	354,597	351,560
	ASCENSION HEALTH	Bond	11/15/2029	2.53%	25,000	26,006	22,465
	AT&T INC	Bond	6/1/2027	2.30%	460,000	434,780	434,093
	AUTOMATIC DATA PROCESSING INC	Bond	5/15/2028	1.70%	380,000	370,476	347,043
	AUTOMATIC DATA PROCESSING INC	Bond	9/9/2034	4.45%	195,000	196,171	185,802
	AVERY DENNISON CORP	Bond	12/6/2028	4.88%	460,000	487,718	459,006
	BA CREDIT CARD TRUST A2 A2	Bond	11/15/2028	4.98%	585,000	595,633	590,634
	BANK 2024-BNK48 BNK48 A5	Bond	10/15/2057	5.05%	81,000	83,426	79,748
	BANK OF AMERICA CORP	Bond	1/20/2028	VAR	265,000	279,782	259,634
	BANK OF AMERICA CORP	Bond	4/24/2038	VAR	117,000	140,797	104,153
	BANK OF AMERICA CORP	Bond	10/20/2032	VAR	75,000	60,437	63,328
	BANK OF AMERICA CORP	Bond	7/22/2028	VAR	99,000	99,000	99,191
	BANK5 2023-5YR1 5YR1 A3	Bond	4/15/2056	VAR	133,000	136,290	137,336
	BANK5 2023-5YR2 5YR2 A3	Bond	7/15/2056	VAR	128,000	131,835	134,097
	BARCLAYS PLC	Bond	3/12/2030	VAR	200,000	204,586	201,946
	BBCMS MORTGAGE TRUST 2 5C27 A3	Bond	7/15/2057	6.01%	80,000	82,398	82,676
	BBCMS MORTGAGE TRUST 20 C26 A5	Bond	5/15/2057	5.83%	26,000	28,219	27,138
	BENCHMARK 2020-B20 MORT B20 A2	Bond	10/15/2053	1.75%	76,000	78,280	74,360
	BENCHMARK 2024-V5 MORTGA V5 A3	Bond	1/10/2057	5.81%	183,000	188,688	187,533
	BERKSHIRE HATHAWAY ENERGY CO	Bond	4/1/2036	6.13%	230,000	317,669	242,087
	BLUE OWL CAPITAL CORP	Bond	7/15/2026	3.40%	590,000	590,322	571,592
	BREAD FINANCIAL HOLDINGS 144A	Bond	3/15/2029	9.75%	280,000	285,275	300,927
	BRINK'S CO/THE 144A	Bond	6/15/2029	6.50%	300,000	300,000	304,026
	BRISTOL-MYERS SQUIBB CO	Bond	2/1/2031	5.75%	420,000	437,970	436,951
	BROOKFIELD FINANCE INC	Bond	4/15/2031	2.72%	86,000	86,000	74,801
	BROWN-FORMAN CORP	Bond	4/15/2033	4.75%	320,000	324,740	312,272
	CANADIAN NATIONAL RAILWAY CO	Bond	7/15/2028	6.90%	435,000	523,759	464,889
	CANADIAN PACIFIC RAILWAY CO	Bond	6/1/2028	4.00%	310,000	305,562	301,819
	CANADIAN PACIFIC RAILWAY CO	Bond	9/15/2115	6.13%	40,000	40,000	40,090
	CAPITAL ONE FINANCIAL CORP	Bond	05/10/2028	VAR	6,000	5,959	5,980
	CAPITAL ONE FINANCIAL CORP	Bond	06/08/2029	VAR	73,000	73,000	75,394
	CAPITAL ONE FINANCIAL CORP	Bond	07/26/2035	VAR	54,000	54,000	54,329
	CAPITAL ONE MULTI-ASSET A1 A1	Bond	3/15/2027	2.80%	595,000	590,683	592,781
	CAPITAL ONE MULTI-ASSET A3 A3	Bond	8/15/2028	2.06%	206,000	213,773	198,184
	CATERPILLAR FINANCIAL SERVICES	Bond	5/15/2026	4.35%	445,000	443,643	444,373
	CBOE GLOBAL MARKETS INC	Bond	12/15/2030	1.63%	355,000	331,357	294,533
	CHARTER COMMUNICATIONS OPERATI	Bond	10/23/2035	6.38%	166,000	198,202	165,764
	CHASE HOME LENDING M 1 A5 144A	Bond	06/25/2054	VAR	375,000	368,803	372,728
	CINTAS CORP NO 2	Bond	4/1/2027	3.70%	550,000	569,410	539,055
	CITIGROUP INC	Bond	10/21/2026	3.20%	275,000	264,925	267,482
	CITIGROUP INC	Bond	5/1/2026	3.40%	178,000	182,443	174,917
	CNH EQUIPMENT TRUST 2021- C A3	Bond	12/15/2026	0.81%	151,489	148,352	149,351
	CNH EQUIPMENT TRUST 2024- B A3	Bond	9/17/2029	5.19%	65,000	64,994	65,837
	CNH INDUSTRIAL CAPITAL LLC	Bond	1/12/2029	5.50%	230,000	233,435	233,284
	COMCAST CORP	Bond	11/1/2027	4.52%	480,000	472,134	462,797
	COMCAST CORP	Bond	10/15/2030	4.25%	57,000	56,522	53,220

TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 54-6097996
Plan No. 001

(b)		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d)	(e)
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
	COMM 2015-CCRE26 MORTG CR26 A4	Bond	1/15/2033	4.25%	175,000	\$ 195,727	\$ 173,010
	CONNECTICUT LIGHT AND POWER CO	Bond	10/10/2048	3.63%	195,000	184,809	188,497
	CONOCOPHILLIPS CO	Bond	12/1/2025	0.75%	410,000	408,262	405,736
	CROWN AMERICAS LLC / CROWN AME	Bond	1/15/2030	4.70%	585,000	601,094	577,881
	CUMMINS INC	Bond	2/1/2026	4.75%	250,000	256,107	250,200
	CVS PASS-THROUGH TRUST	Bond	2/20/2034	5.15%	17,856	20,755	17,952
	CVS PASS-THROUGH TRUST 144A	Bond	12/10/2028	6.04%	76,049	76,049	75,741
	CVS PASS-THROUGH TRUST SE 144A	Bond	1/10/2033	5.77%	35,517	41,347	38,236
	DAIMLER TRUCKS RETAIL TRU 1 A3	Bond	7/10/2031	8.35%	580,000	585,433	585,864
	DARDEN RESTAURANTS INC	Bond	3/15/2027	5.90%	315,000	308,054	307,894
	DBJPM 2016-C3 MORTGAGE T C3 A4	Bond	5/1/2027	3.85%	119,175	112,178	115,652
	DCP MIDSTREAM OPERATING LP	Bond	8/10/2049	2.63%	350,000	372,555	350,434
	DELEK LOGISTICS PARTNERS 144A	Bond	7/15/2025	5.38%	285,000	285,000	294,673
	DELTA AIR LINES INC / SKY 144A	Bond	3/15/2029	8.63%	570,000	584,960	562,294
	DELUXE CORP 144A	Bond	10/20/2028	4.75%	150,000	150,000	152,103
	DEUTSCHE TELEKOM INTERNATIONAL	Bond	9/15/2029	8.13%	65,000	101,241	80,597
	DICK'S SPORTING GOODS INC	Bond	6/1/2032	9.25%	170,000	162,071	149,029
	DTE ELECTRIC SECURITIZATION FU	Bond	1/15/2032	3.15%	63,391	63,383	61,776
	DTE ENERGY CO	Bond	12/1/2027	2.64%	56,000	58,315	57,502
	DUKE ENERGY CAROLINAS LLC	Bond	6/1/2034	5.85%	340,000	342,001	329,678
	DUKE ENERGY CAROLINAS LLC	Bond	1/15/2034	4.85%	117,000	116,634	82,503
	DUKE ENERGY CORP	Bond	3/15/2052	3.55%	91,000	78,575	77,711
	DUKE ENERGY OHIO INC	Bond	6/15/2031	2.55%	110,000	138,215	110,708
	EATON CORP	Bond	6/1/2025	6.90%	430,000	416,331	404,325
	ECOLAB INC	Bond	3/15/2033	4.15%	330,000	337,955	336,158
	ELEVANCE HEALTH INC	Bond	1/15/2028	5.25%	74,000	73,544	74,734
	ELI LILLY & CO	Bond	10/15/2032	5.50%	445,000	447,605	446,015
	EMERSON ELECTRIC CO	Bond	2/9/2027	4.50%	315,000	308,441	292,644
	EMERSON ELECTRIC CO	Bond	10/15/2027	1.80%	156,000	155,551	146,629
	ENERGY TRANSFER LP	Bond	10/15/2026	0.88%	134,000	133,653	133,882
	ENERGY TRANSFER LP	Bond	9/1/2034	5.60%	505,000	611,463	506,884
	ESTEE LAUDER COS INC/THE	Bond	4/15/2049	6.25%	145,000	144,482	138,491
	EXELON CORP	Bond	5/15/2033	4.65%	133,000	158,097	120,534
	EXXON MOBIL CORP	Bond	6/15/2045	5.10%	460,000	446,981	419,796
	FERGUSON FINANCE PLC 144A	Bond	8/16/2029	2.44%	200,000	219,996	195,558
	FIRSTKEY HOMES 202 SFR3 A 144A	Bond	10/24/2028	4.50%	98,192	89,999	93,448
	FISERV INC	Bond	12/17/2038	2.14%	175,000	173,952	172,981
	FIVE 2023-V1 MORTGAGE TR V1 A3	Bond	3/15/2030	4.75%	120,000	123,398	121,982
	FLAGSTAR MORTGAGE TR 1 A4 144A	Bond	02/10/2056	VAR	218,759	224,980	172,667
	FLORIDA POWER & LIGHT CO	Bond	02/01/2051	VAR	545,000	552,566	550,297
	FORD CREDIT AUTO OWNER TR B A4	Bond	4/1/2028	5.05%	78,000	77,980	77,625
	FORD MOTOR CREDIT CO LLC	Bond	8/15/2027	3.93%	200,000	172,372	179,096
	FORD MOTOR CREDIT CO LLC	Bond	2/10/2029	2.90%	445,000	470,143	439,820
	FREDDIE MAC SEASONED CRED 1 MA	Bond	8/1/2026	4.54%	16,916	17,013	16,029
	FREDDIE MAC SEASONED CRED 2 MA	Bond	7/25/2058	3.50%	70,215	71,737	64,749
	FREDDIE MAC SEASONED CRED 2 MA	Bond	8/25/2056	3.00%	38,922	39,865	37,248
	FREDDIE MAC SEASONED CRED 2 MA	Bond	11/25/2057	3.50%	49,061	50,813	46,269
	FREDDIE MAC SEASONED CRED 4 MA	Bond	8/26/2058	3.50%	55,292	55,583	52,521
	FRONTIER ISSUER LLC 1 A2 144A	Bond	3/25/2058	3.50%	435,000	418,239	442,717
	GENERAL DYNAMICS CORP	Bond	8/20/2053	6.60%	26,000	25,618	21,499
	GENERAL MOTORS FINANCIAL CO IN	Bond	4/1/2050	4.25%	480,000	470,158	462,418
	GENERAL MOTORS FINANCIAL CO IN	Bond	1/8/2026	1.25%	305,000	326,903	309,541
	GENTING NEW YORK LLC / GE 144A	Bond	1/17/2029	5.65%	300,000	302,625	309,060
	GEORGIA POWER CO	Bond	10/1/2029	7.25%	430,000	433,906	428,151
	GEORGIA-PACIFIC LLC	Bond	5/16/2028	4.65%	430,000	479,477	440,952
	GLOBAL ATLANTIC FIN CO 144A	Bond	12/1/2025	7.38%	73,000	64,309	62,644
	GM FINANCIAL CONSUMER AUT 4 A4	Bond	6/15/2031	3.13%	105,000	104,996	102,137
	GOLDMAN SACHS GROUP INC/THE	Bond	10/18/2027	0.99%	125,000	124,005	117,310

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SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

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		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares					
(b)						(d)	(e)
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
	HCA INC	Bond	3/15/2030	3.80%	390,000	\$ 392,347	\$ 391,950
	HERC HOLDINGS INC 144A	Bond	2/15/2026	5.88%	400,000	397,270	394,912
	HERSHEY CO/THE	Bond	7/15/2027	5.50%	310,000	337,872	307,198
	HEWLETT PACKARD ENTERPRISE CO	Bond	8/21/2025	3.20%	540,000	621,326	562,410
	HEWLETT PACKARD ENTERPRISE CO	Bond	10/15/2045	VAR	595,000	583,826	561,133
	HOME DEPOT INC/THE	Bond	10/15/2054	5.60%	340,000	342,850	342,808
	HOME DEPOT INC/THE	Bond	9/30/2026	4.95%	170,000	171,300	171,754
	HOME PARTNERS OF AMER 2 A 144A	Bond	6/25/2026	5.15%	126,423	126,420	119,928
	HONDA AUTO RECEIVABLES 20 1 A3	Bond	12/17/2026	1.90%	24,602	24,599	24,391
	ICAHN ENTERPRISES LP / ICAHN E	Bond	5/15/2026	1.88%	420,000	390,768	397,648
	ILLINOIS TOOL WORKS INC	Bond	7/1/2025	2.32%	530,000	527,012	514,646
	INTEL CORP	Bond	5/15/2027	5.25%	205,000	204,082	198,815
	J.P. MORGAN MORT INV3 A3B 144A	Bond	11/15/2026	2.65%	338,470	317,844	279,989
	J.P. MORGAN MORTGAGE 1 A3 144A	Bond	8/5/2027	3.75%	751,180	728,410	599,967
	J.P. MORGAN MORTGAGE 6 A4 144A	Bond	09/25/2052	VAR	413,169	408,352	414,611
	J.P. MORGAN MORTGAGE 8 A5 144A	Bond	07/25/2052	VAR	370,000	358,525	368,135
	JACOBS ENGINEERING GROUP INC	Bond	12/26/2053	VAR	165,000	170,027	171,778
	JBS USA HOLDING LUX SARL/ JBS	Bond	02/25/2054	VAR	285,000	280,396	283,219
	JBS USA HOLDING LUX SARL/ JBS	Bond	8/18/2028	6.35%	225,000	224,703	238,163
	JOHN DEERE OWNER TRUST 20 A A3	Bond	2/1/2028	5.13%	65,000	64,996	65,497
	JOHN DEERE OWNER TRUST 20 B A3	Bond	3/15/2034	6.75%	50,000	50,072	50,412
	JOHNSON & JOHNSON	Bond	11/15/2028	4.96%	145,000	144,036	96,473
	JP MORGAN MORTGAGE 10 A7 144A	Bond	3/15/2028	5.18%	1,050,000	1,020,760	6,490,542
	JP MORGAN MORTGAGE 4 A15 144A	Bond	9/1/2040	2.10%	356,862	359,929	283,009
	JP MORGAN MORTGAGE 6 A15 144A	Bond	05/25/2054	VAR	356,203	360,043	282,932
	JPMBB COMMERCIAL MORTGA C33 A4	Bond	08/25/2051	VAR	131,000	123,954	129,680
	JPMORGAN CHASE & CO	Bond	10/25/2051	VAR	192,000	207,835	186,895
	JPMORGAN CHASE & CO	Bond	12/15/2048	3.77%	78,000	78,000	77,643
	KENVUE INC	Bond	07/23/2029	VAR	440,000	443,936	444,057
	KEURIG DR PEPPER INC	Bond	01/23/2035	VAR	395,000	400,039	398,962
	KIMBERLY-CLARK CORP	Bond	3/22/2026	5.35%	525,000	549,878	513,072
	KINETIK HOLDINGS LP 144A	Bond	3/15/2031	5.20%	285,000	286,425	291,558
	KKR GROUP FINANCE CO II L 144A	Bond	11/1/2028	3.95%	75,000	86,033	71,935
	L3HARRIS TECHNOLOGIES INC	Bond	12/15/2028	6.63%	55,000	54,711	52,913
	LAM RESEARCH CORP	Bond	2/1/2043	5.50%	47,000	46,876	29,742
	LOCKHEED MARTIN CORP	Bond	8/15/2054	5.50%	445,000	448,616	440,154
	LOCKHEED MARTIN CORP	Bond	6/15/2050	2.88%	100,000	126,553	89,510
	LOWE'S COS INC	Bond	2/15/2029	4.50%	108,000	107,614	103,947
	MACQUARIE AIRFINANCE HOLD 144A	Bond	5/15/2046	4.70%	280,000	280,000	293,415
	MASTERCARD INC	Bond	4/15/2053	5.63%	220,000	228,359	216,647
	MELLO MORTGAGE C MTG3 A27 144A	Bond	5/1/2028	8.38%	208,657	209,407	164,693
	MERCEDES-BENZ AUTO RECEIV 1 A3	Bond	5/9/2034	4.88%	75,786	75,777	75,795
	METRO WTR RECOVERY CO SWR REVE	Bond	07/01/2051	VAR	250,000	250,000	248,550
	MICROSOFT CORP	Bond	11/15/2027	4.51%	68,000	65,434	45,077
	MOLSON COORS BEVERAGE CO	Bond	4/1/2025	2.12%	410,000	398,552	399,356
	MONDELEZ INTERNATIONAL INC	Bond	3/17/2052	2.92%	545,000	516,547	521,418
	MORGAN STANLEY	Bond	7/15/2026	3.00%	83,000	83,000	81,798
	MORGAN STANLEY	Bond	3/17/2027	2.63%	187,000	193,115	182,658
	MORGAN STANLEY	Bond	04/20/2028	VAR	575,000	600,668	585,270
	MORGAN STANLEY BANK OF C24 A4	Bond	7/27/2026	3.13%	78,000	86,994	77,436
	MORGAN STANLEY BANK OF C32 A5B	Bond	04/18/2030	VAR	36,836	37,939	36,368
	MORGAN STANLEY CAPITAL UB11 A4	Bond	5/15/2048	3.73%	85,000	77,875	81,811
	MORGAN STANLEY RESID 1 A2 144A	Bond	12/15/2049	3.51%	332,388	327,298	325,481
	MORGAN STANLEY RESID 4 A6 144A	Bond	8/15/2049	2.78%	400,000	389,314	400,024
	NATIONAL RURAL UTILITIES COOPE	Bond	12/25/2053	VAR	365,000	344,643	321,959
	NISSAN AUTO LEASE TRUST 2 B A3	Bond	11/25/2053	VAR	62,742	62,737	62,955
	NORFOLK SOUTHERN CORP	Bond	3/15/2030	2.40%	100,000	120,509	91,308
	NORFOLK SOUTHERN CORP	Bond	7/15/2026	5.69%	43,000	43,846	33,047

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SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

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		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares					
						(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
	NORTHERN STATES POWER CO/MN	Bond	10/1/2041	4.84%	97,000	\$ 102,360	\$ 105,067
	NRZ EXCESS SPREAD- FHT1 A 144A	Bond	8/15/2052	4.05%	19,728	19,727	19,027
	NRZ EXCESS SPREAD- GNT1 A 144A	Bond	6/1/2036	6.25%	85,626	85,624	80,189
	NRZ EXCESS SPREAD- PLS1 A 144A	Bond	7/25/2026	3.10%	55,113	55,113	54,200
	NSTAR ELECTRIC CO	Bond	11/25/2026	3.47%	46,000	45,779	45,414
	NVENT FINANCE SARL	Bond	12/25/2025	3.84%	165,000	176,086	163,370
	OBX 2021-J1 TRUST J1 A19 144A	Bond	11/15/2025	3.25%	375,888	378,766	297,873
	OBX 2023-J2 TRUST J2 A11 144A	Bond	4/15/2028	4.55%	470,000	452,883	468,327
	OGE ENERGY CORP	Bond	05/25/2051	VAR	335,000	342,648	340,558
	ORACLE CORP	Bond	11/25/2053	VAR	225,000	236,569	235,982
	ORACLE CORP	Bond	5/15/2029	5.45%	71,000	51,128	52,633
	ORACLE CORP	Bond	11/9/2029	6.15%	580,000	580,497	429,960
	ORACLE CORP	Bond	3/25/2051	3.95%	300,000	300,369	336,663
	O'REILLY AUTOMOTIVE INC	Bond	3/25/2051	3.95%	445,000	430,635	426,577
	PACCAR FINANCIAL CORP	Bond	11/9/2052	6.90%	225,000	227,397	228,031
	PACCAR FINANCIAL CORP	Bond	6/1/2029	3.90%	125,000	125,621	124,869
	PACIFIC GAS AND ELECTRIC CO	Bond	11/9/2026	5.20%	180,000	186,511	184,811
	PALMER SQUARE CLO 20 1A A 144A	Bond	8/6/2027	4.45%	100,000	100,200	100,272
	PENSKE AUTOMOTIVE GROUP INC	Bond	6/15/2032	5.90%	585,000	599,667	577,600
	PEPSICO INC	Bond	04/20/2035	VAR	560,000	543,306	508,794
	PG&E ENERGY RECOVERY FUNDING L	Bond	9/1/2025	3.50%	221,178	215,284	200,011
	PG&E RECOVERY FUNDING LLC	Bond	3/19/2030	2.75%	122,000	122,000	121,063
	PG&E WILDFIRE RECOVERY FUNDING	Bond	7/15/2033	1.46%	92,898	92,896	89,939
	PG&E WILDFIRE RECOVERY FUNDING	Bond	6/1/2035	4.84%	45,000	44,999	42,254
	PG&E WILDFIRE RECOVERY FUNDING	Bond	6/1/2032	3.59%	58,777	55,940	57,396
	PG&E WILDFIRE RECOVERY FUNDING	Bond	6/1/2038	4.26%	85,000	84,995	81,218
	PLAINS ALL AMERICAN PIPELINE L	Bond	6/1/2033	4.02%	520,000	528,612	482,685
	PNC FINANCIAL SERVICES GROUP I	Bond	6/1/2039	4.72%	161,000	161,000	159,928
	PROCTER & GAMBLE CO/THE	Bond	9/15/2030	3.80%	174,000	191,186	144,216
	PROGRESS RESIDENTI SFR2 A 144A	Bond	07/23/2035	VAR	98,441	98,181	94,080
	PROGRESSIVE CORP/THE	Bond	3/25/2040	3.55%	310,000	276,683	272,363
	PROVIDENCE ST JOSEPH HEALTH OB	Bond	4/17/2027	2.95%	104,000	114,173	100,320
	PRUDENTIAL FINANCIAL INC	Bond	3/15/2032	3.00%	87,000	86,628	83,938
	PUBLIC SERVICE CO OF COLORADO	Bond	10/1/2026	2.75%	165,000	167,566	163,703
	PUBLIC SERVICE ELECTRIC AND GA	Bond	3/10/2026	1.50%	330,000	339,222	328,878
	PUBLIC SERVICE ELECTRIC AND GA	Bond	5/15/2025	2.90%	88,000	87,297	46,582
	PUBLIC STORAGE OPERATING CO	Bond	3/1/2034	5.20%	270,000	275,068	268,971
	QUANTA SERVICES INC	Bond	8/1/2050	2.05%	245,000	244,601	244,645
	RATE MORTGAGE TRUST J1 A5 144A	Bond	8/1/2033	5.10%	771,350	744,762	615,537
	RCKT MORTGAGE TRUST 1 A1 144A	Bond	8/9/2027	4.75%	761,405	746,072	606,688
	RCKT MORTGAGE TRUST 1 A13 144A	Bond	01/25/2052	VAR	261,234	265,887	206,192
	RCKT MORTGAGE TRUST 2 A6 144A	Bond	01/25/2052	VAR	505,046	492,263	439,496
	RCKT MORTGAGE TRUST 4 A21 144A	Bond	03/25/2051	VAR	402,996	405,200	319,596
	REALTY INCOME CORP	Bond	02/25/2052	VAR	72,000	74,143	71,312
	REPUBLIC SERVICES INC	Bond	09/25/2051	VAR	505,000	490,599	491,759
	RMF BUYOUT ISSUANC HB1 A1 144A	Bond	10/15/2026	4.13%	83,335	83,334	79,173
	ROPER TECHNOLOGIES INC	Bond	5/15/2028	3.95%	290,000	291,981	282,077
	RYDER SYSTEM INC	Bond	10/25/2050	VAR	106,000	105,863	107,091
	SAFEHOLD GL HOLDINGS LLC	Bond	2/15/2032	4.75%	490,000	468,019	411,781
	SATURN OIL & GAS INC 144A	Bond	6/1/2028	5.25%	400,000	400,000	388,868
	SBA TOWER TRUST 144A	Bond	1/15/2032	2.85%	141,000	141,000	137,710
	SEQUOIA MORTGAGE TRU 3 A1 144A	Bond	6/15/2029	9.63%	96,482	91,692	80,178
	SEQUOIA MORTGAGE TRU 3 A1 144A	Bond	04/25/2050	VAR	413,211	408,950	412,273
	SEQUOIA MORTGAGE TRUST 20 4 A2	Bond	09/25/2053	VAR	74,916	75,221	63,786
	SEQUOIA MORTGAGE TRUST 201 2 A	Bond	04/25/2043	VAR	65,913	66,310	54,747
	SONOCO PRODUCTS CO	Bond	02/25/2043	VAR	85,000	84,666	80,602
	SOUTHERN CO GAS CAPITAL CORP	Bond	9/1/2034	5.00%	129,000	129,562	124,850
	STARWOOD PROPERTY TRUST INC	Bond	9/15/2034	4.95%	297,000	296,998	296,846

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SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

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(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
	SUBWAY FUNDING LLC 3A A21 144A	Bond	3/15/2025	4.75%	79,000	\$ 79,000	\$ 76,918
	TACO BELL FUNDING 1A A211 144A	Bond	7/30/2054	5.25%	56,985	57,432	50,531
	TALLGRASS ENERGY PARTNERS 144A	Bond	8/25/2051	2.29%	300,000	300,000	300,951
	TEGNA INC	Bond	2/15/2029	7.38%	245,000	221,725	231,525
	TEXAS INSTRUMENTS INC	Bond	3/15/2028	4.63%	300,000	302,454	301,260
	T-MOBILE USA INC	Bond	2/8/2027	4.60%	350,000	361,077	348,422
	TOYOTA AUTO RECEIVABLES 2 B A4	Bond	4/15/2025	3.50%	114,000	113,974	112,181
	TOYOTA AUTO RECEIVABLES 2 C A4	Bond	8/16/2027	3.11%	107,000	106,963	104,714
	TRANSCONTINENTAL GAS PIPE LINE	Bond	1/15/2027	0.72%	195,000	202,228	189,460
	TRANSDIGM INC 144A	Bond	3/15/2028	4.00%	150,000	150,000	150,333
	TRICON AMERICAN HO SFR1 A 144A	Bond	3/1/2029	6.38%	142,948	129,452	137,054
	TRUIST FINANCIAL CORP	Bond	7/17/2038	1.50%	129,000	129,000	130,014
	UBS COMMERCIAL MORTGAG C13 ASB	Bond	01/24/2035	VAR	55,321	56,980	54,577
	UNION PACIFIC RAILROAD CO 2014	Bond	10/15/2051	4.24%	417,218	419,545	409,921
	UNITED AIRLINES 2014-1 CLASS A	Bond	5/14/2026	3.23%	16,863	16,863	16,664
	UNITED AIRLINES 2014-2 CLASS A	Bond	10/11/2027	4.00%	120,785	118,267	118,397
	UNITED PARCEL SERVICE INC	Bond	3/3/2028	3.75%	340,000	347,664	336,522
	UNITED PARCEL SERVICE INC	Bond	3/3/2033	4.88%	147,000	108,676	103,697
	US AIRWAYS 2013-1 CLASS A PASS	Bond	9/1/2049	3.40%	44,417	43,338	43,969
	US BANCORP	Bond	7/1/2025	3.06%	73,000	73,000	73,666
	VENTAS REALTY LP	Bond	5/15/2027	3.95%	150,000	146,175	145,967
	VERIZON MASTER TRUST 1 A1A	Bond	01/23/2035	VAR	107,000	106,997	107,545
	VERIZON MASTER TRUST 6 A1A	Bond	3/1/2028	4.00%	275,000	274,929	272,327
	VIRGINIA POWER FUEL SECURITIZA	Bond	12/20/2028	5.00%	114,000	114,951	113,908
	VISA INC	Bond	8/20/2030	4.17%	100,000	107,887	98,842
	VULCAN MATERIALS CO	Bond	3/15/2027	3.50%	205,000	204,960	204,424
	WARNERMEDIA HOLDINGS INC	Bond	5/1/2033	4.88%	915,000	765,255	683,084
	WASTE MANAGEMENT INC	Bond	12/14/2025	3.15%	420,000	414,540	397,022
	WELLS FARGO & CO	Bond	12/1/2029	4.95%	370,000	354,558	361,830
	WELLS FARGO & CO	Bond	3/15/2052	5.14%	79,000	78,729	77,256
	WISCONSIN ELECTRIC POWER CO	Bond	4/15/2032	4.15%	90,000	92,986	89,328
	WISCONSIN ELECTRIC POWER CO	Bond	4/22/2026	3.00%	345,000	350,385	347,374
	WISCONSIN ELECTRIC POWER CO	Bond	4/22/2026	3.00%	145,000	145,599	138,304
	WORLD OMNI AUTO RECEIVABLE C A3	Bond	12/17/2029	4.43%	126,000	125,975	125,551
	WORLD OMNI AUTO RECEIVABLE D A4	Bond	11/15/2027	1.10%	206,000	205,930	200,364
	WW GRAINGER INC	Bond	2/15/2025	1.85%	235,000	234,440	234,001
	WW GRAINGER INC	Bond	9/15/2034	4.45%	235,000	236,066	223,685
	XYLEM INC/NY	Bond	1/30/2031	2.25%	235,000	200,678	200,349
	Total corporate obligations					68,480,391	70,711,999
State, Local, and Foreign Obligations							
	COLORADO ST HSG & FIN AUTH	Bond	11/1/2027	4.52%	185,000	185,000	184,841
	DALLAS-FORT WORTH TX INTERNATI	Bond	11/1/2026	2.26%	150,000	150,338	144,267
	GEORGIA ST	Bond	2/1/2027	3.39%	335,000	353,110	328,980
	HONOLULU CITY & CNTY HI WSTWTR	Bond	7/1/2025	2.32%	235,000	235,000	232,716
	MICHIGAN ST FIN AUTH REVENUE	Bond	12/1/2034	3.08%	155,000	131,466	133,909
	MICHIGAN ST UNIV REVENUES	Bond	8/15/2122	4.17%	25,000	25,000	18,416
	NEBRASKA ST INVESTMENT FIN AUT	Bond	3/1/2029	4.37%	300,000	301,800	296,133
	NEBRASKA ST PUBLIC PWR DIST RE	Bond	1/1/2026	2.42%	85,000	85,000	83,373
	NEW YORK ST URBAN DEV CORP REV	Bond	3/15/2028	3.27%	115,000	112,551	110,869
	NEW YORK ST URBAN DEV CORP REV	Bond	3/15/2039	5.77%	130,000	155,758	131,283
	OHIO ST TURNPIKE COMMISSION	Bond	2/15/2028	2.25%	175,000	175,000	164,502
	PROVINCE OF QUEBEC CANADA	Bond	1/30/2026	6.35%	107,000	126,912	108,797
	RALEIGH NC COMB ENTERPRISE SYS	Bond	3/1/2026	2.28%	205,000	205,000	200,355
	UNIV OF CALIFORNIA REVENUES	Bond	7/1/2025	3.06%	50,000	49,379	49,701
	VIRGINIA ELECTRIC AND POWER CO	Bond	3/15/2027	3.50%	340,000	347,386	331,405
	Total State, Local, and Foreign obligations					2,638,700	2,519,547

TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 54-6097996
Plan No. 001

(b)		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d)	(e)
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
Common Collective Trusts							
	BNYM-M DB NSL SIF	CCT	N/A	N/A	252,567	\$ 67,865,832	\$ 258,958,570
	LSV INTERNATIONAL VALUE EQUITY	CCT	N/A	N/A	297,225	55,814,658	102,787,890
	INVESCO BALANCED RISK	CCT	N/A	N/A	2,213,764	55,101,728	64,221,286
	CIF OPP INVEST ALLOC	CCT	N/A	N/A	3,962,918	45,892,310	71,451,419
	RBC EMERGING MARKETS EQUITY	CCT	N/A	N/A	72,635,546	82,630,714	86,016,953
	EARNEST PARTNERS SMID CAP VAL	CCT	N/A	N/A	7,637,828	111,206,777	140,688,794
	Total common collective trusts					<u>418,512,019</u>	<u>724,124,912</u>
Limited Partnerships							
	INVESCO CORE REAL ESTATE USA	LP	N/A	N/A	451	67,822,766	78,942,209
	GCM GROSVENOR MULTI ASSET	LP	N/A	N/A	61,491,167	38,982,583	61,491,167
	BRANDYWINE GLOBAL OP FIXED INC CLASS A	LP	N/A	N/A	1,286,214	55,780,666	55,105,904
	ARROWMARK GLOBAL OPP FUND III	LP	N/A	N/A	11,223,124	11,223,124	12,948,119
	JP MORGAN PRIVATE EQUITY	LP	N/A	N/A	119,565,331	66,449,445	119,565,331
	SIGULER GUFF SMALL BO OPP IV	LP	N/A	N/A	25,903,038	5,724,604	25,903,038
	ARROWMARK GLOBAL OPP FUND IV	LP	N/A	N/A	20,143,892	19,609,223	20,143,892
	Total limited partnerships					<u>265,592,411</u>	<u>374,099,660</u>
	Total assets (held at end of year)					<u>\$ 960,269,858</u>	<u>\$ 1,401,697,207</u>

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

Distribution of Active Participants

Measurement Date: January 1, 2024

[Form 5500 Sch. MB, Line 8b(2)]

Age	Stat	Years of Benefit Accrual Service										Total
		Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	Count	-	85	-	-	-	-	-	-	-	-	85
	Avg Ben		\$448									\$448
25 - 29	Count	-	276	73	-	-	-	-	-	-	-	349
	Avg Ben		\$631	\$1,302								\$771
30 - 34	Count	-	167	176	5	-	-	-	-	-	-	348
	Avg Ben		\$619	\$1,557								\$1,110
35 - 39	Count	-	136	156	52	37	-	-	-	-	-	381
	Avg Ben		\$634	\$1,603	\$2,408	\$3,593						\$1,561
40 - 44	Count	-	100	110	27	90	16	1	-	-	-	344
	Avg Ben		\$650	\$1,642	\$2,212	\$3,826						\$2,112
45 - 49	Count	-	70	72	24	139	54	34	10	-	-	403
	Avg Ben		\$668	\$1,578	\$2,299	\$3,818	\$4,470	\$5,145				\$3,012
50 - 54	Count	-	46	39	15	94	61	50	151	11	-	467
	Avg Ben		\$597	\$1,593		\$3,807	\$4,454	\$5,270	\$5,609			\$4,137
55 - 59	Count	-	25	32	11	54	24	33	95	97	-	371
	Avg Ben		\$564	\$1,392		\$3,735	\$4,312	\$5,285	\$5,922	\$6,658		\$4,772
60 - 64	Count	-	7	16	7	38	24	14	30	53	27	216
	Avg Ben					\$3,591	\$4,231		\$6,006	\$6,793	\$7,369	\$5,043
65 - 69	Count	-	3	4	2	4	-	4	5	6	13	41
	Avg Ben											\$5,073
70 +	Count	-	-	-	-	-	-	1	-	-	2	3
	Avg Ben											
Total	Count	-	915	678	143	456	179	137	291	167	42	3,008
	Avg Ben		\$612	\$1,549	\$2,285	\$3,770	\$4,413	\$5,235	\$5,709	\$6,673	\$7,455	\$2,743

Stat Description:

- Count: Number of active participants as of the valuation date

- Avg Ben: The average accrued monthly benefit for active participants as of the valuation date

Notes

- As of January 1, 2024, there were no active participants with unknown dates of birth in the data.
- Active participants with unknown gender were assumed to be male for the valuation.
- Benefit Accrual Service includes UPS part-time reciprocal service.



Schedule MB, Line 3(d) Withdrawal Liability Amounts

[Form 5500 Sch. MB, Line 3(d)]

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
09/13/2024	\$0	\$3,196,530	\$3,196,530
Total	\$0	\$3,196,530	\$3,196,530



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

Funding Standard Account Amortization Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024 Period	Balance	Annual Payment
Amendment	1/1/1995	30.00	Not Available	1.00	\$ 2,277,864	\$ 2,277,864
Assumption	1/1/1996	30.00	Not Available	2.00	1,845,539	953,974
Amendment	1/1/1997	30.00	Not Available	3.00	8,396,577	2,990,214
Assumption	1/1/1998	30.00	Not Available	4.00	2,722,571	751,195
Amendment	1/1/1999	30.00	Not Available	5.00	7,193,943	1,639,753
Amendment	1/1/2000	30.00	Not Available	6.00	6,295,829	1,234,429
Amendment	1/1/2001	30.00	Not Available	7.00	1,604,390	278,224
Amendment	1/1/2002	30.00	Not Available	8.00	3,088,328	483,360
Assumption	1/1/2007	30.00	Not Available	13.00	14,136,020	1,580,735
ENIL (2008)	1/1/2009	29.00	89,973,081	14.00	65,101,680	6,957,054
Exper Loss	1/1/2010	15.00	20,666,861	1.00	2,168,284	2,168,284
ENIL (2008)	1/1/2011	27.00	48,275,983	14.00	35,708,844	3,816,005
ENIL (2008)	1/1/2012	26.00	7,385,079	14.00	5,531,204	591,089
Assumption	1/1/2012	15.00	12,708,508	3.00	3,728,210	1,327,702
Exper Loss	1/1/2012	15.00	12,877,095	3.00	3,777,667	1,345,315
ENIL (2008)	1/1/2013	25.00	20,512,909	14.00	15,573,794	1,664,285
ENIL (2008)	1/1/2014	24.00	26,349,606	14.00	20,303,810	2,169,755
Exper Loss	1/1/2015	15.00	5,469,202	6.00	2,896,924	568,002
Amendment	1/1/2015	15.00	449,402	6.00	238,040	46,672
Amendment	7/1/2015	15.00	3,928,934	6.50	2,225,267	409,131
Exper Loss	1/1/2016	15.00	25,250,870	7.00	15,093,984	2,617,511
Assumption	1/1/2016	15.00	501,121	7.00	299,551	51,946
Exper Loss	1/1/2017	15.00	14,103,413	8.00	9,323,902	1,459,302
Exper Loss	1/1/2018	15.00	5,882,777	9.00	4,235,924	607,624
Exper Loss	1/1/2019	15.00	16,600,587	10.00	12,863,868	1,711,706
Amendment	1/1/2020	15.00	63,290,027	11.00	52,273,890	6,515,032
Exper Loss	1/1/2020	15.00	2,637,895	11.00	2,178,748	271,543
Amendment	1/1/2022	15.00	45,584,969	13.00	41,829,912	4,677,556
Assumption	1/1/2022	15.00	37,399,025	13.00	34,318,286	3,837,581
Exper Loss	1/1/2023	15.00	1,684,152	14.00	1,617,132	172,814
Amendment	1/1/2024	1.00	3,576,181	1.00	3,576,181	3,576,181
Amendment	1/1/2024	15.00	281,596,337	15.00	281,596,337	28,895,107
Total Charges					\$ 664,022,500	\$ 87,646,945

See the comments following this Exhibit.



Schedule MB, Lines 9c and 9h (cont.) - Schedule of Funding Standard Account Bases

Funding Standard Account Amortization Bases

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024 Period	Balance	Annual Payment
Method	1/1/2009	30.00	Not Available	15.00	\$ 28,176,852	\$ 2,891,277
Amendment	1/1/2010	15.00	906,946	1.00	95,154	95,154
ENIL (2008)	1/1/2010	28.00	32,346,727	14.00	23,653,379	2,527,705
Amendment	1/1/2011	15.00	27,498,731	2.00	5,569,439	2,878,889
Exper Gain	1/1/2011	15.00	34,517,132	2.00	6,990,912	3,613,660
Exper Gain	1/1/2013	15.00	4,329,670	4.00	1,636,077	451,417
Exper Gain	1/1/2014	15.00	23,328,216	5.00	10,649,594	2,427,418
Exper Gain	1/1/2021	15.00	33,939,398	12.00	29,643,799	3,488,050
Exper Gain	1/1/2022	15.00	56,458,776	13.00	51,807,991	5,793,337
Exper Gain	1/1/2024	15.00	24,498,235	15.00	24,498,235	2,513,808
Total Credits					\$ 182,721,432	\$ 26,680,715

Net Total

\$ 481,301,068 \$ 60,966,230

The table above shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases

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

Changes in Assumptions

Since the prior valuation, the following assumptions have been changed:

Funding:

- The assumption for operating expenses is based on the actual expenses in the prior year, rounded up to the nearest \$100,000, and adjusted for expenses in the prior year that are not expected to occur in future years. Operating expenses for 2024 are assumed to be equal to \$2,100,000.

Current Liability:

- The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.

Justification for Changes in Assumptions and Methods

The adjustment to the assumption for operating expenses was made to account for expenses in the prior year that are not expected to occur in future years.

The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes.



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

Plan Name	Teamsters Joint Council No. 83 of Virginia Pension Fund
Plan Sponsor	Board of Trustees of the Teamsters Joint Council No. 83 of Virginia Pension Fund
EIN / PN	54-6097996/001
Interest Rates	7.00% per annum, compounded annually, net of investment expense for determining costs and liabilities The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation and investment policy as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate is the actuary's best estimate and reflects professional judgment. The highest rate within the IRS allowable range for determining Current Liability, which is 3.29% per annum as of the valuation date.
Future Increases in Social Security	N/A
Future Increases in Maximum Benefits	It is assumed that maximum benefit and plan compensation limitations under the Internal Revenue Code will not increase in the future.
Assumed Cost of Living Adjustment	None.
Administrative Expenses	Administrative expenses are assumed to equal the actual administrative expenses in the prior year, rounded up to the nearest \$100,000. The expense assumption was selected based on a review of past experience as well as expectations for the upcoming year.

Schedule MB, Line 6 (cont.) - Statement of Actuarial Assumptions/Methods

Mortality

The sex-distinct RP-2014 Blue Collar Mortality Tables, adjusted to base year 2006 and projected on a generational basis with 100% of Scale MP-2021.

For purposes of developing RPA '94 current liability, the mortality table required by the Internal Revenue Service was used.

The non-disabled mortality tables were chosen upon review of available tables and projection scales, the underlying demographic basis of those tables in relation to the demographics of the Plan, expectations regarding future mortality improvement, analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.

Disabled Mortality

The sex-distinct RP-2014 Disabled Mortality Tables, adjusted to base year 2006 and projected on a generational basis with 100% of Scale MP-2021.

For purposes of developing RPA '94 current liability, the mortality table required by the Internal Revenue Service was used.

The disabled mortality table was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables in relation to the demographics of the Plan, the Plan's definition of disabled, expectations regarding future mortality improvement, analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.

Schedule MB, Line 6 (cont.) - Statement of Actuarial Assumptions/Methods

Retirement Age

Participants are assumed to retire according to the following rates (%):

Age	No Special Early	Restored Special Early 30+ Years of Service	Special Early 25+ Years of Service	Special Early 30+ Years of Service
44	0.00	0.00	12.00	0.00
45	0.00	3.00	6.00	3.00
46	0.00	3.00	6.00	3.00
47	0.00	3.00	12.00	3.00
48	0.00	3.00	11.00	3.00
49	0.00	3.00	10.00	3.00
50	0.00	7.00	5.00	7.00
51	0.00	5.00	10.00	5.00
52	0.00	25.00	10.00	25.00
53	0.00	3.00	12.00	3.00
54	0.00	15.00	15.00	15.00
55	12.00	6.00	12.00	6.00
56	12.00	13.00	15.00	13.00
57	12.00	13.00	15.00	13.00
58	25.00	20.00	25.00	20.00
59	38.00	25.00	25.00	25.00
60	17.00	17.00	20.00	17.00
61	21.00	34.00	30.00	34.00
62	27.00	43.00	33.00	43.00
63	30.00	25.00	33.00	25.00
64	20.00	25.00	15.00	25.00
65	100.00	25.00	33.00	25.00
66+	100.00	100.00	100.00	100.00

Participants eligible for the Restored Special Early Pension are those who had less than 20 years of service as of 12/31/2009. The Restored Special Early Pension is only available with 30 or more years of Benefit Accrual Service.

Inactive vested participants are assumed to commence benefits at age 60.

Inactive vested participants previously in the Richmond Teamsters and Industry Pension Fund are assumed to commence benefits at age 65.

The retirement assumptions were selected based on analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.

Schedule MB, Line 6 (cont.) - Statement of Actuarial Assumptions/Methods

Retirement Age (cont.) The weighted average retirement age for active participants is age 60. This average is based on the active population in the January 1, 2024 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Weeks Worked For the purpose of projecting future contributions, it is assumed that each active participant will work 52 weeks during the plan year.

The weeks assumption was selected based on a review of past experience as well as input from the Trustees regarding future work levels.

Active Participants For valuation purposes, an active participant is a participant who has at least one year of Benefit Accrual Service, and who worked at least 12 weeks in the plan year ended December 31, 2023, and had not retired as of January 1, 2024.

Representative Termination Rates Illustrations of the annual rates of termination are shown in the table below for selected ages (the same rates are used for males and females):

Age	Rates (%)
20	5.44
25	4.89
30	3.70
35	2.35
40	1.13
45	0.27
50	0.00
55	0.00
60 and Over	0.00

The termination rate assumptions were selected based on analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.



Schedule MB, Line 6 (cont.) - Statement of Actuarial Assumptions/Methods

Representative Disability Rates

Illustrations of the annual rates of disablement are shown in the table below for selected ages (the same rates are used for males and females):

Age	Rates (%)
20	0.02
25	0.02
30	0.02
35	0.02
40	0.03
45	0.06
50	0.13
55	0.28
60 and Over	0.58

The disability rate assumptions were selected based on analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.

Form of Payment

Married participants are assumed to elect the 50% Joint & Survivor annuity, with pop-up form of payment and non-married participants are assumed to elect a 5-year certain and life annuity form of payment.

Future Benefit Accruals

Participants are assumed to earn 1 year of Vesting and Benefit Accrual Service annually.

Reemployment

It is assumed that participants will not be reemployed following a break in service.

Load for Reciprocal or Non-contiguous Service

0.5% of total accrued liability and costs

Marriage

It is assumed that 80% of participants have a spouse and 20% of participants have a contingent annuitant. Female spouses are assumed to be 3 years younger than participants. Actual spouse information is used for retirees when provided.

Schedule MB, Line 6 (cont.) - Statement of Actuarial Assumptions/Methods

Asset Valuation Method

The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last 5 years at the rate of 20% per year. Expected investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.

Cost Method

The valuation was performed by using the Entry Age Normal Actuarial Cost Method. Under this method, the Normal Cost is equal to the sum of the Normal Cost of plan benefits and the Normal Cost of operating expenses. The Normal Cost of plan benefits is the sum of the level amounts for each active participant that would exactly fund their projected benefits under the Plan if this amount were contributed from their entry age until retirement. Entry Age is defined as attained age minus Benefit Accrual Service as of the valuation date. Normal Cost is calculated as if the current benefit accrual rate has always been in effect.

Participant Data

Participant data was supplied electronically as of the valuation date. For those participants missing information, we have assumed information exhibited by participants with similar known characteristics.

Missing or Incomplete Participant Data

Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.

Financial Information

Financial information was obtained from the audited financial statements that were filed with the 2023 Form 5500.

Schedule MB, Line 6 (cont.) - Statement of Actuarial Assumptions/Methods

Nature of Actuarial Calculations

The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

Actuarial Models

The information presented in this report is based on actuarial models, the intended purpose of which is the calculation and projection of the Plan's liabilities and assets under ERISA. Horizon Actuarial relies on third party actuarial modeling software to perform the liability calculations for our annual actuarial valuations. We also use internally developed models to project and present results. We have a robust review process to confirm the appropriateness of the inputs, check the calculations, and validate the results of the models to ensure they are consistent with the intended purpose. Overall, we believe the models are reasonable for their intended purpose.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 4085 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****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.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 09/01/1957
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION 8814 FARGO ROAD RICHMOND VA 23229-4673	2b Employer Identification Number (EIN) 54-6097996 2c Plan Sponsor's telephone number 804-282-3131 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		10/1/25	JAMES SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/29/25	TONY NATIONS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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

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

5 Total number of participants at the beginning of the plan year	5	8,043
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	3,126
a (2) Total number of active participants at the end of the plan year	6a(2)	2,815
b Retired or separated participants receiving benefits	6b	2,947
c Other retired or separated participants entitled to future benefits	6c	1,012
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	6,774
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	985
f Total. Add lines 6d and 6e	6f	7,759
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	17

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____



TEAMSTERS JOINT COUNCIL NO. 83 OF VIRGINIA PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

EIN: 54-6097996
Plan No.: 001

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Disposed Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	Dreyfus Treasury Securities CM	\$ 81,459,829	\$ -	\$ -	\$ 81,459,829	\$ -
N/A	Dreyfus Treasury Securities CM	-	90,531,669	90,531,669	90,531,669	-

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

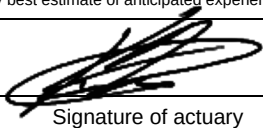
Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Teamsters Joint Council No. 83 of Virginia Pension Fund	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Teamsters Joint Council No. 83 of Virginia Pension Fund	D Employer Identification Number (EIN) 54-6097996

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) 1,376,562,531
(2) Actuarial value of assets for funding standard account	1b(2) 1,403,313,082
c (1) Accrued liability for plan using immediate gain methods	1c(1) 1,412,808,731
(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) 1,329,284,522
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) 2,156,614,572
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 63,323,792
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 88,552,390
(3) Expected plan disbursements for the plan year	1d(3) 84,306,590

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

SIGN HERE  Signature of actuary	9/28/2025 Date 2307423 Most recent enrollment number 240-247-4600 Telephone number (including area code)
Kevin M. Culp Type or print name of actuary Horizon Actuarial Services, LLC Firm name	

8601 Georgia Avenue, Suite 905
Silver Spring MD 20910
Address of the firm

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1,376,562,531
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3,724	849,245,012
(2) For terminated vested participants	1,060	129,613,212
(3) For active participants:		
(a) Non-vested benefits		265,272,226
(b) Vested benefits		912,484,122
(c) Total active	3,008	1,177,756,348
(4) Total	7,792	2,156,614,572
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	63.82 %

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
	100,814,146	7,292			
Totals ▶			3(b)	100,814,146	7,292

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 3,196,530

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	105.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

Line 3(a): Contributions are made throughout the year.

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	7.00 %
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	8.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.7 %
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)	2,100,000
(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	-24,498,235	-2,513,808
3	281,596,337	28,895,107
3	3,576,181	3,576,181

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	0
b Employer's normal cost for plan year as of valuation date.....	9b	21,075,591

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)	664,022,500
(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	7,610,578
e Total charges. Add lines 9a through 9d.....	9e	116,333,114

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	471,805,419
g Employer contributions. Total from column (b) of line 3.....	9g	100,814,146

	Outstanding balance	
h Amortization credits as of valuation date.....	9h	182,721,432
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	38,422,524

j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	566,166,115
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	572,642,806
(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	637,722,804
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	521,389,690
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)	
(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
--	--