Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
TEAMSTERS LOCAL NO. 469 ANNUITY FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1989

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)
TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST

3400 ROUTE 35, SUITE 8
HAZLET, NJ 07730-1247

2b Employer Identification Number (EIN) 22-2980666

2c Plan Sponsor's telephone number 732-264-9000

2d Business code (see instructions) 484110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	MICHAEL BRODERICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address [X] 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**	463
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)**	242
a(2) Total number of active participants at the end of the plan year	**6a(2)**	236
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	232
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	468
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	468
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)**	463
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	468
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**	30

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

2E

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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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 LOCAL NO. 469 ANNUITY FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST

D Employer Identification Number (EIN)
22-2980666

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

CORBIN CAPITAL PARTNERS, LP

30-0299433

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

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

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

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

CHARTWELL INVESTMENT PARTNERS

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	63805	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FABIAN & BYRN, LLC

25-1914887

(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?
13 50	NONE	59105	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	26133	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)

MSPC

22-2951202

(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	ACCT FOR LOCAL 469	21442	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INNOVATIVE SOFTWARE SOLUTIONS, INC.

23-2180279

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	18924	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT PERFORMANCE SERVICES LLC

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 27 51	NONE	15000	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)

O'SULLIVAN ASSOCIATES, INC

20-8199367

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	8800	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 ☐

(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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 LOCAL NO. 469 ANNUITY FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST

D Employer Identification Number (EIN)
22-2980666

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: HARDMAN JOHNSTON INTL EQUITY GROUP

b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS

c EIN-PN 26-6493485-001 | **d** Entity code E | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2978951

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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
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b Name of plan sponsor	**c** EIN-PN
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b Name of plan sponsor	**c** EIN-PN
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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)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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 LOCAL NO. 469 ANNUITY FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST

D Employer Identification Number (EIN)
22-2980666

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	1764161	894538
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	264518	309847
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	211882	249025
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	650264	573353
(2) U.S. Government securities	1c(2)	3080782	4979217
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	12124362	11852219
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	4024335	3310966
(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)		
(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)	2634370	2978951
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7705474	7877609
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	7795341	8224829

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	2771	1604
f Total assets (add all amounts in lines 1a through 1e)	1f	40258260	41252158
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	26299	24187
i Acquisition indebtedness	1i		
j Other liabilities	1j		49296
k Total liabilities (add all amounts in lines 1g through1j)	1k	26299	73483
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	40231961	41178675

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)	3398259	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3398259
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	20752	
(B) U.S. Government securities	2b(1)(B)	95311	
(C) Corporate debt instruments	2b(1)(C)	606642	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		722705
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	13268180	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13422665	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-154485
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	-140565	
(B) Other	2b(5)(B)	556378	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		415813

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		880484
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1305511
c Other income	2c		17500
d Total income. Add all **income** amounts in column (b) and enter total	2d		6585787
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5356656	
(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)		5356656
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)	16203	
(2) Contract administrator fees	2i(2)	59105	
(3) Recordkeeping fees	2i(3)	17442	
(4) IQPA audit fees	2i(4)	4000	
(5) Investment advisory and investment management fees	2i(5)	104939	
(6) Bank or trust company trustee/custodial fees	2i(6)	2096	
(7) Actuarial fees	2i(7)	8800	
(8) Legal fees	2i(8)	2869	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	66963	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		282417
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5639073
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		946714
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) [X] 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)** [X] 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: MSPC CERTIFIED PUBLIC ACCOUNTANTS & **(2)** EIN: 22-2951202

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
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?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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 LOCAL NO. 469 ANNUITY FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TRUST

D Employer Identification Number (EIN)
22-2980666

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** 0

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**

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
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**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Teamsters Local No. 469 Annuity Fund
Hazlet, New Jersey

Opinion

We have audited the financial statements of Teamsters Local No. 469 Annuity Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Teamsters Local No. 469 Annuity 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 Teamsters Local No. 469 Annuity Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Teamsters Local No. 469 Annuity Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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546 5th Avenue, 6th Floor, New York, NY 10036-5000 212 682-1234

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Teamsters Local No. 469 Annuity 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 Teamsters Local No. 469 Annuity 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 schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not required parts of the financial statements but is supplementary 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 GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule 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.

MSPC

MSPC
Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 8, 2025

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Money Market Funds:						
	First Am Govt	573,353			$ 573,353	$ 573,353
U.S. Government Securities:						
	F F C B Deb	70,000	4.980%	07/20/32	70,000	69,633
	F F C B Deb	90,000	2.500%	03/15/27	90,000	86,484
	F F C B Deb	130,000	3.300%	03/23/32	130,000	118,153
	F F C B Deb	65,000	4.300%	05/17/32	65,000	62,715
	F H L B Deb	15,000	1.500%	11/23/26	15,000	14,231
	F H L B Deb	135,000	2.000%	01/27/32	135,000	117,269
	F H L B Deb	90,000	1.900%	02/17/27	90,000	85,583
	F H L B Deb	90,000	2.750%	03/25/27	90,000	87,064
	F H L B Deb	90,000	3.500%	04/26/27	90,000	88,198
	F H L B Deb	90,000	2.150%	03/14/25	89,979	89,616
	F H L M C #Sb8229	52,703	4.500%	04/01/38	52,258	51,558
	F H L M C #Sd3857	32,212	6.000%	09/01/53	31,920	32,374
	F N M A	70,000	4.125%	08/28/25	70,000	69,841
	F N M A #By3394	44,954	5.500%	06/01/53	43,816	44,412
	FHLMC Rb5318	128,905	4.500%	11/01/44	124,171	123,009
	FNMA Cb5384	109,281	4.500%	12/01/52	104,286	103,011
	U S Treasury	128,052	1.750%	01/15/28	158,479	127,109
	US Treasury	330,000	1.125%	02/15/31	296,712	272,333
	US Treasury	365,000	1.125%	08/31/28	332,189	325,551
	US Treasury	510,000	1.375%	11/15/31	437,962	416,752
	US Treasury	100,616	0.125%	04/15/27	99,831	96,438
	US Treasury	250,000	3.250%	06/30/29	240,826	238,558
	US Treasury	255,000	2.750%	08/15/32	232,571	226,142
	US Treasury	70,000	4.125%	09/30/27	71,025	69,724
	US Treasury	227,831	1.125%	01/15/33	219,205	209,539
	US Treasury	310,000	4.500%	11/15/33	320,890	308,596
	US Treasury	40,000	4.375%	05/15/34	39,744	39,385
	US Treasury	340,000	2.375%	05/15/27	322,876	325,608
	US Treasury	490,000	1.625%	09/30/26	492,169	468,592
	US Treasury	175,000	0.625%	05/15/30	139,726	143,591
	US Treasury	470,000	2.625%	03/31/25	488,531	468,148
	Total U.S. Government Securities				5,184,166	4,979,217
Corporate Bonds:						
	Aadvantage Loyalty	156,667	5.439%	04/20/26	148,970	156,161
	Aadvantage Loyalty	50,000	5.750%	04/20/29	49,219	49,584
	Accenture Capital	30,000	3.900%	10/04/27	29,961	29,558
	Albertsons Cos Inc	200,000	3.250%	03/15/26	181,720	195,116
	Amgen Inc	100,000	5.250%	03/02/33	99,926	99,262
	Anheuser Busch Inbev	40,000	3.500%	06/01/30	41,429	37,502
	Anthem Inc	95,000	3.650%	12/01/27	101,190	92,419
	Ares Capital	90,000	3.875%	01/15/26	93,072	88,970

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
	Ares Capital Corp	100,000	3.250%	07/15/25	103,256	99,029
	Bank of America Mtn	60,000	6.221%	02/05/26	60,770	60,051
	Bank of America Mtn	60,000	6.204%	11/10/28	63,376	62,119
	Blackrock Funding	60,000	4.700%	03/14/29	60,028	60,044
	Blackrock Funding	20,000	4.600%	07/26/27	19,999	20,046
	Boyd Gaming	195,000	4.750%	12/01/27	184,590	188,524
	Brinks Co	105,000	6.500%	06/15/29	106,439	106,409
	Centene Corp	205,000	4.250%	12/15/27	191,340	198,584
	Charter Comm Opt LLC	195,000	4.908%	07/23/25	197,023	194,768
	Clearway Energy LLC	205,000	4.750%	03/15/28	199,425	196,048
	Cleveland Cliffs Inc	20,000	6.875%	11/01/29	20,000	19,786
	Comcast Corp	150,000	4.150%	10/15/28	164,674	146,285
	Comcast Corp	105,000	4.250%	10/15/30	116,700	101,253
	Crown Amer Cap Corp	197,000	4.750%	02/01/26	203,210	194,847
	CVS Health Corp	110,000	3.250%	08/15/29	112,795	100,144
	Duke Energy	140,000	4.850%	01/15/34	137,014	135,691
	Esab Corporation	135,000	6.458%	04/15/29	135,056	136,679
	Extra Space Storage	85,000	2.200%	10/15/30	80,775	72,322
	Fmc Corp	40,000	3.450%	10/01/29	42,503	36,635
	Fmc Corp	40,000	5.150%	05/18/26	39,974	40,043
	Fortress Trans L P	200,000	5.500%	05/01/28	191,481	195,608
	Fybr	75,000	6.600%	08/20/53	73,804	76,334
	General Motors Finl	45,000	5.650%	01/17/29	51,689	45,669
	Genting New York	70,000	7.250%	10/01/29	70,322	72,125
	Georgia Pwr Co Sr	60,000	5.004%	02/23/27	59,933	60,461
	Ggam Fin Ltd	105,000	7.750%	05/15/26	105,000	106,455
	Ggam Fin Ltd	85,000	8.000%	02/15/27	85,787	87,674
	GLP Capital	195,000	5.250%	06/01/25	212,374	194,955
	Goldman Sachs Group	165,000	3.691%	06/05/28	172,945	160,258
	Gs Mortgage Backed	94,566	5.000%	10/27/53	90,754	90,805
	Gs Mtg Bcd Secs	74,239	6.500%	01/25/54	74,073	75,045
	Hat Hldngs I LLC	170,000	3.375%	06/15/26	159,936	164,727
	Hat Hldngs I LLC	30,000	8.000%	06/15/27	30,425	31,258
	Healthpeak	55,000	2.875%	01/15/31	54,970	48,432
	Herc Hldgs Inc	65,000	6.625%	06/15/29	65,056	65,824
	Herc Holdings Inc	125,000	5.500%	07/15/27	124,250	123,402
	Hewlett Packard	70,000	5.000%	10/15/34	69,353	67,282
	Hillenbrand Inc	195,000	5.000%	09/15/26	219,097	193,122
	Hilton Domestic	5,000	5.375%	05/01/25	5,000	4,976
	Hilton Worldwide Fin	195,000	5%	04/01/27	202,231	192,342
	Icahn Enterprises	120,000	5.250%	05/15/27	111,295	113,614
	Icahn Enterprises LP	51,000	6.250%	05/15/26	49,200	50,566
	Intercontinental	45,000	4.600%	03/15/33	44,540	43,183
	International Game	190,000	6.250%	01/15/27	189,240	191,201
	Jazz Securities	180,000	4.375%	01/15/29	167,050	169,717
	Jbs USA Lux S A	90,000	5.125%	02/01/28	89,865	89,370
	Jefferies Fin Group	55,000	6.200%	04/14/34	55,426	56,681

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
	Jefferies Financial	30,000	5.875%	07/21/28	29,848	30,677
	JP Morgan Chase Co	100,000	4.452%	12/05/29	108,788	97,999
	JP Morgan Chase Co	120,000	2.595%	02/24/26	119,451	119,588
	JP Morgan Mortgage	34,800	6.000%	04/25/54	34,022	34,895
	Kinetik Hldngs	195,000	6.625%	12/15/28	196,798	199,487
	Lincoln National	45,000	3.400%	01/15/31	48,557	40,460
	MacQuarie Airfinance	65,000	8.375%	05/01/28	64,981	68,131
	Merrill Lynch Co	70,000	5.968%	09/15/26	69,796	70,100
	Morgan Stanley Mtn	100,000	2.188%	04/28/26	100,820	99,108
	Morgan Stanley Mtn	70,000	4.210%	04/20/28	68,458	68,998
	Morgan Stanley Sr	65,000	5.656%	04/18/30	67,857	66,167
	Onemain Financial	55,000	3.500%	01/15/27	50,679	52,463
	Oracle Corp	50,000	6.250%	11/09/32	49,916	52,989
	Owl Rock Capital	95,000	3.400%	07/15/26	94,265	92,045
	Park Inter Hldgs L P	50,000	5.875%	10/01/28	49,056	48,809
	Park Inter LP	85,000	4.875%	05/15/29	79,475	79,988
	Penske Automotive	80,000	3.500%	09/01/25	82,093	78,986
	Philip Morris Intl	65,000	5.625%	09/07/33	64,381	66,036
	Philip Morris Intl	105,000	5.250%	02/13/34	102,984	103,775
	Phinia Inc	105,000	7.163%	04/15/29	106,031	107,100
	Pnc Finl Svcs	75,000	5.300%	01/21/28	75,079	75,644
	Precision Castparts	35,000	3.250%	06/15/25	37,216	34,799
	Prime Sec Svcs	195,000	5.750%	04/15/26	191,853	194,891
	Rmct	101,314	6.000%	11/25/54	100,919	101,042
	Rockwell Automation	70,000	3.500%	03/01/29	76,490	66,487
	Safehold Oper LP	110,000	2.800%	06/15/31	105,688	93,919
	Safehold Oper LP	80,000	2.850%	01/15/32	77,390	67,214
	SBA Communications	200,000	3.875%	02/15/27	207,765	191,464
	Simon Property Group	40,000	3.500%	09/01/25	41,867	39,718
	Simon Property LP	150,000	2.450%	09/13/29	147,078	134,882
	Sirius Xm	205,000	3.125%	09/01/26	184,347	196,915
	Slm Corp Sr	105,000	4.200%	10/29/25	110,873	104,061
	SLMAMTN	100,000	3.125%	11/02/26	98,875	95,393
	Springleaf Finance	145,000	7.125%	03/15/26	147,518	147,604
	Starwood Ppty Tr	105,000	4.375%	01/15/27	102,206	101,518
	Starwood Property	97,000	4.750%	03/15/25	102,208	96,950
	Sunoco LP	195,000	6.000%	04/15/27	204,750	194,614
	Tallgrass Energy LP	95,000	7.375%	02/15/29	95,000	95,301
	Tallgrass Nrg LP	25,000	6.000%	03/01/27	24,444	24,770
	Tallgrass Nrg Prtner	80,000	5.500%	01/15/28	76,632	76,938
	Tegna Inc	135,000	4.625%	03/15/28	124,419	127,575
	Tenet Healthcare	100,000	5.125%	11/01/27	98,250	97,937
	Tenet Healthcare	110,000	4.250%	06/01/29	101,683	103,268
	Teva Pharmaceuticals	95,000	3.150%	10/01/26	85,633	91,285
	Teva Pharmaceuticals	30,000	6.75%	03/01/28	30,325	30,632
	Teva Pharmaceuticals	80,000	4.75%	05/09/27	76,870	78,066
	Tractor Supply Co	45,000	5.250%	05/15/33	44,892	44,973

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
	Transdigm Inc	130,000	6.750%	08/15/28	131,789	131,134
	Transdigm Inc Sr	60,000	6.750%	08/15/28	60,016	60,133
	Truist Bank Mtn	120,000	2.250%	03/11/30	111,311	103,048
	Under Armour Inc	205,000	3.250%	06/15/26	213,540	197,907
	United Rentals	173,000	5.500%	05/15/27	177,389	171,967
	Verizon	100,000	2.550%	03/21/31	97,879	86,117
	Vici Properties	50,000	4.250%	12/01/26	46,154	49,171
	Virginia Elec	25,000	5.050%	08/15/34	24,938	24,377
	Virginia Elec Power	65,000	3.500%	03/15/27	69,124	63,342
	Vistra Operations	195,000	5.500%	09/01/26	191,818	194,386
	Walt Disney Corp	60,000	3.375%	11/15/26	64,712	58,720
	Warnermedia Hldgs	120,000	3.755%	03/15/27	118,680	115,612
	Wesco Distr Inc	80,000	6.375%	03/15/29	80,000	81,070
	Western Digital Corp	195,000	4.750%	02/15/26	213,267	193,120
	Wyndham Destinations	130,000	6.625%	07/31/26	129,318	131,390
	Wyndham Worldwide	60,000	6.600%	10/01/25	65,986	60,152
	Xpo Inc	155,000	6.250%	10/01/25	155,056	155,947
	Total Corporate Bonds				12,119,033	11,852,219
	Mutual Funds:					
	Northern Trust Collective S&P Index Fund	347			5,088,605	7,877,609
	103-12 Investment Equity:					
	Hardman Johnson International	70,304			1,950,647	2,978,951
	Hedge Fund:					
	GoldenTree Multi-Sector Fund Offshore ERISA, Ltd.	1,355			3,000,000	3,146,731
	Real Estate Funds:					
	Boyd Watterson GSA Fund, LP	2,572			2,006,960	2,536,815
	Boyd Watterson State Government Fund, LP	2,555			2,688,251	2,541,283
	Total Real Estate Funds				4,695,211	5,078,098
	Partnership/Joint Venture:					
	Corbin ERISA Opportunity Fund				2,215,946	3,310,966
	Total Assets Held				$ 34,826,961	$ 39,797,144

* Represents a party-in-interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

See Independent Auditors' Report.

TEAMSTERS LOCAL NO. 469
ANNUITY FUND

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2024 AND 2023

MSPC
Certified Public
Accountants and Advisors, P.C.

MOORE

An independent firm associated with
Moore Global Network Limited

TEAMSTERS LOCAL NO. 469 ANNUITY FUND

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Teamsters Local No. 469 Annuity Fund
Hazlet, New Jersey

Opinion

We have audited the financial statements of Teamsters Local No. 469 Annuity Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Teamsters Local No. 469 Annuity 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 Teamsters Local No. 469 Annuity Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Teamsters Local No. 469 Annuity Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Teamsters Local No. 469 Annuity 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 Teamsters Local No. 469 Annuity 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 schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not required parts of the financial statements but is supplementary 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 GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule 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.

MSPC

MSPC
Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 8, 2025

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND

Statements of Net Assets Available for Benefits

	December 31, 2024	December 31, 2023
Assets:		
Investments at Fair Value:		
Money Market Funds	$ 573,353	$ 650,264
U.S. Government Securities	4,979,217	3,080,782
Mutual Funds	7,877,609	7,705,474
Corporate Bonds	11,852,219	12,124,362
103-12 Investment Entity	2,978,951	2,634,370
Hedge Fund	3,146,731	--
Real Estate Funds	5,078,098	7,795,341
Partnership/Joint Venture Interests	3,310,966	4,024,335
Total Investments at Fair Value	39,797,144	38,014,928
Receivables:		
Due from Broker for Securities Sold	64,854	--
Employers' Contributions	309,847	264,518
Accrued Interest and Dividends	172,765	168,233
Payroll Taxes Withheld Receivable	11,406	--
Due from Affiliates	--	43,649
Total Receivables	558,872	476,400
Property and Equipment:		
Office Furniture and Equipment	23,168	23,168
Less: Accumulated Depreciation	21,564	20,397
Total Property and Equipment - Net	1,604	2,771
Cash	894,538	1,764,161
Total Assets	41,252,158	40,258,260
Liabilities:		
Accounts Payable and Accrued Expenses	24,187	26,299
Due to Affiliates	49,296	--
Total Liabilities	73,483	26,299
Net Assets Available for Benefits	$ 41,178,675	$ 40,231,961

See Accompanying Notes to Financial Statements.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND

Statements of Changes of Net Assets Available for Benefits

	Years ended December 31, 2024	Years ended December 31, 2023
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation in Fair Value of Investments	$ 2,447,323	$ 2,068,970
Interest and Dividends	722,705	659,916
Totals	3,170,028	2,728,886
Less: Investment Expenses	107,035	99,291
Net Investment Income	3,062,993	2,629,595
Employers' Contributions	3,398,259	3,368,643
Other Income	17,500	5,498
Total Additions	6,478,752	6,003,736
Deductions from Net Assets Attributed to:		
Benefits Paid Directly to Participants	5,356,656	4,151,631
Administrative Expenses:		
Administrator's Fee	59,105	7,812
Accounting Fees	21,442	11,060
Computer Expenses	18,924	10,837
Insurance Expense	17,686	16,939
Payroll	16,203	14,054
Employees' Benefits Expense	13,319	12,047
Actuarial Fees	8,800	11,350
Office Supplies and Expenses	8,582	7,988
Rent	4,640	4,640
Legal Fees	2,869	6,789
Payroll Tax Expense	1,448	1,843
Conferences and Meetings	1,197	--
Depreciation Expense	1,167	1,167
Miscellaneous	--	26,695
Total Administrative Expenses	175,382	133,221
Total Deductions	5,532,038	4,284,852
Net Increase in Net Assets Available for Benefits	946,714	1,718,884
Net Assets Available for Benefits - Beginning of Years	40,231,961	38,513,077
Net Assets Available for Benefits - End of Years	$ 41,178,675	$ 40,231,961

See Accompanying Notes to Financial Statements.

(1) Description of Plan

The following brief description of the Teamsters Local No. 469 (the "Union") Annuity Fund (the "Plan") provides only general information. Participants should refer to the Plan document and Declaration of Trust and the Rules and Regulations for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer collectively bargained defined contribution plan covering Teamsters Local No. 469 members employed by contributing employers. The administration of the Plan is the responsibility of the Trustees, comprised of union and employer trustees. The Plan is maintained pursuant to a number of different collective bargaining agreements and/or participation agreements between the Union and various employers. The administration of the plan is the responsibility of a Board of Trustees, comprised of union and employer trustees. The investments of the Plan are managed by investment advisors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Funding Policy - Contributing employers are required to make contributions to the Plan on behalf of each participant in accordance with the various collective bargaining agreements in effect. Participants are not required to contribute to the Plan.

Vesting - A participant becomes fully vested with respect to his account when the value of the account equals or exceeds $500; or when he becomes eligible to receive a pension from the Teamsters Local No. 469 Pension Plan; or when he completes five years of service.

A participant who is not vested forfeits the amount credited to his annuity account upon completion of five consecutive one year breaks in service.

Participant Accounts - The Plan provides for the creation of an individual account, on behalf of each participant, to which all employers' contributions are credited. As soon as practicable, after December 31st of each year, plan earnings and administrative expenses are allocated to each account as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested balance.

Payment of Benefits - Benefits are generally payable upon retirement, death, disability or termination. Election may be made by participants to receive either a lump sum payment, a partial lump sum payment, monthly installment payments for a period not to exceed 10 years, or a lifetime annuity. Partial lump sum payments are limited to two payments per calendar year.

(2) Summary of Significant Accounting Policies

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Adoption of New Accounting Standard - Effective January 1, 2023, the Plan adopted ASC 326 which changed how entities will measure credit losses for certain financial assets that aren't measured at fair value through changes in net assets available to benefits. The most significant change in this standard is a shift from the incurred loss model to the expected loss model. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing the Plan's exposure to credit risk and the measurement of credit losses. The primary financial asset held by the Plan that are subject to the guidance in ASC 326 is employers' contributions receivable. The impact of the adoption was not considered material to the financial statements and primarily resulted solely in enhanced disclosures.

(2) Summary of Significant Accounting Policies (Continued)

Adoption of New Accounting Standard (Continued) - On July 30, 2025, the FASB issued Accounting Standards Update (ASU) 2025-05, Financial Instruments—Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets. This standard allows entities to elect a practical expedient that assumes that current conditions as of the fiscal year-end do not change for the remaining life of the asset. In addition, the standard provides for consideration of subsequent collections in developing reasonable and supportable forecasts as part of estimating expected credit losses. The Plan elected to early adopt this standard in the reporting period ended December 31, 2024.

Use of Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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. Plan management determines the Plan's valuation policies utilizing information principally provided by the Plan's custodians.

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

Employers' Contributions and Related Receivables - Contributions receivable are reported at their outstanding balances net of an estimated reserve for doubtful accounts and are primarily composed of balances due from employers. The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers for covered employees are payable to the plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. The Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection, including subsequent period collection activity. As of December 31, 2024 and 2023, the Plan did not record any credit loss allowance for employers' contributions receivable.

The Board of Trustees has established a program to review participating employer records in order to determine compliance with contribution provisions of the collective bargaining agreement. As a result of this program, previously unreported contributions are identified related to current and prior fiscal years. However, due to the collection efforts required by the Plan, including litigation, the ultimate realization of any additional contribution receivable cannot be reasonably estimated until the collection process is completed. Accordingly, the Plan primarily recognizes these previously unreported contributions in the fiscal year in which the settlement proceeds are received.

Property and Equipment - Property and equipment is recorded at cost. Depreciation is provided using the straight-line method over the estimated useful lives of the assets as follows.

	Useful Lives in Years
Office Furniture and Equipment	5

Repairs and maintenance are expensed as incurred. Expenditures that increase the value or productive capacity of assets are capitalized. When other assets are retired, sold, or otherwise disposed of, the asset's carrying amount and related accumulated depreciation are removed from the accounts and any gain or loss is included in changes in net assets available for benefits.

(2) Summary of Significant Accounting Policies (Continued)

Long-Lived Asset Impairment - The Plan reviews the carrying value of long-lived assets for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than the carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends, and prospects, as well as the effects of obsolescence and other economic factors. For the years ended December 31, 2024 and 2023, the Plan recorded no impairment charges against the carrying value of long-lived assets employed in operations.

Leases - Leases are categorized at their inception as either operating or financing leases. Operating right-of-use assets and liabilities are recognized at the lease commencement date based on the present value of the lease payments over the lease term. Leased assets represent the Plan's right to use an underlying asset for the lease term, and lease liabilities represent the Plan's obligation to make lease payments arising from the lease. The lease term may include options to extend or terminate the lease when it is reasonably certain that the Plan will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term. The Plan uses a risk-free discount rate when the rate implicit in the lease contract is not readily determinable.

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

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related ERISA plans. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plan. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events - The Plan has evaluated subsequent events through October 8, 2025, the date the financial statements were available to be issued.

(3) Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under ASC 820 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 Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; 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.

(3) Fair Value Measurements (Continued)

Money Market Funds: Valued at amortized cost which approximates fair value.

U.S. Government Securities: U.S. Government securities classified as Level 1 are valued based upon quoted market prices reported on the active market on which they are traded. U.S. government securities classified as Level 2 are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate Bonds: 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.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

103-12 Investment Entity: Valued at the Plans portion of pension assets from more than one unaffiliated pension plan employer. The Net Asset Value ("NAV") of the common collective trust (CCT) is the basis on which units of participation are issued or redeemed for participating pension plans in the CCT.

Real Estate Funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end. The NAV, as provided by the general partners, is used as a practical expedient to estimate fair value. The NAV is based on the value of all assets of the real estate funds, less its liabilities.

Partnership/Joint Venture Interests: Valued at the net asset value ("NAV") of shares held by the Plan at year end. The NAV, as provided by the general partners, is used as a practical expedient to estimate fair value. The NAV is based on the value of all assets of the Partnerships, less its liabilities.

Hedge Fund: Valued at the net asset value ("NAV") of shares held by the Plan at year end as a practical expedient.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan 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 Plan's assets fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 573,353	$ --	$ --	$ 573,353
U.S. Government Securities	--	4,979,217	--	4,979,217
Mutual Funds	7,877,609	--	--	7,877,609
Corporate Bonds	--	11,852,219	--	11,852,219
Total Assets in the Fair Value Hierarchy	$ 8,450,962	$ 16,831,436	$ --	25,282,398
Investments Measured at Net Asset Value*				14,514,746
Total Assets at Fair Value				$ 39,797,144

(3) Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 650,264	$ --	$ --	$ 650,264
U.S. Government Securities	--	3,080,782	--	3,080,782
Mutual Funds	7,705,474	--	--	7,705,474
Corporate Bonds	--	12,124,362	--	12,124,362
Total Assets in the Fair Value Hierarchy	$ 8,355,738	$ 15,205,144	$ --	23,560,882
Investments Measured at Net Asset Value*				14,454,046
Total Assets at Fair Value				$ 38,014,928

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

Transfers Between Levels - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

The following table sets forth additional disclosures of Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2024 and 2023:

	December 31, 2024			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
103-12 Investment Entity:				
Hardman Johnston International Equity Group Trust (a)	$ 2,978,951	None	Monthly	10 days
Real Estate Funds:				
Boyd Watterson GSA Fund LP (b)	2,536,815	None	Quarterly	60 days
Boyd Watterson State Government Fund LP (c)	2,541,283	None	Quarterly	60 days
Partnership/Joint Venture Interests				
Corbin ERISA Opportunity Fund, L.P. (d)	3,310,966	None	Quarterly	65 days
Hedge Fund:				
GoldenTree Multi-Sector Fund Offshore ERISA, Ltd. (e)	3,146,731	None	Quarterly	90 days
Total	$ 14,514,746			

(3) Fair Value Measurements (Continued)

	December 31, 2023			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
103-12 Investment Entity:				
Hardman Johnston International Equity Group Trust (a)	$ 2,634,370	None	Monthly	10 days
Real Estate Funds:				
Boyd Watterson GSA Fund LP (b)	3,888,933	None	Quarterly	60 days
Boyd Watterson State Government Fund LP (c)	3,906,408	None	Quarterly	60 days
Partnership/Joint Venture Interests				
Corbin ERISA Opportunity Fund, L.P. (d)	4,024,335	None	Quarterly	65 days
Total	$ 14,454,046			

(a) Hardman Johnston International Equity Group Trust (the "Fund") is the initial investment fund of a tax exempt group trust organized in 2008. The Fund was established to permit qualified retirement plans and certain governmental plans to commingle their assets for investment purposes. The Fund seeks long-term capital appreciation by investing primarily in equity securities of issuers located outside the United States and primarily in mid to large capitalization companies.

(b) Boyd Watterson GSA Fund, L.P. and Subsidiary (the "Fund"), a Delaware limited partnership, was formed on August 16, 2013 to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The Fund was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration ("GSA") or other federal government agencies.

(c) Boyd Watterson State Government Fund, L.P. and Subsidiary (the "Fund"), a Delaware limited partnership, was formed on August 8, 2017 to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The Fund was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to state governments.

(d) Corbin ERISA Opportunity Fund, L.P. (the "Fund") is a Delaware limited partnership formed in August 2015 that operates as a private investment fund. The Fund's investment objective is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations, though at times the Fund will have exposure to other assets, instruments, and markets.

(e) GoldenTree Multi-Sector Fund Offshore ERISA, Ltd. (the "Fund") is a Cayman Islands exempted company, provide ERISA investors access to Golden Tree's multi-sector strategy. The Fund invests primarily in leveraged loans, high-yield bonds, and structured credit with flexibility to allocate to special situations and other credit-related opportunities. The strategy is benchmark-agnostic, long-oriented, and emphasizes fundamental credit research, with limited use of leverage and hedging to manage risk.

(4) Related Party and Party-In-Interest Transactions

The Plan leases office space on a month-to-month basis from Teamsters Local No. 469 Pension Fund together with Teamsters Local No. 469 Welfare Fund. The rent is based on a square footage of 232 multiple by a rate of $20 and $20, as of December 31, 2024 and 2023 respectively. The rent expense incurred by the Plan amounted to $4,640 and $4,640 for the years ended December 31, 2024 and 2023, respectively.

Certain administrative expenses incurred by Teamsters Local No. 469 Welfare Fund are allocated throughout the year to the other affiliated funds of Teamsters Local Union No. 469. The Plan's share amounted to $132,560 and $68,472 for the years ended December 31, 2024 and 2023, respectively.

Certain building related expenses incurred by Teamsters Local No. 469 Pension Fund are allocated to the other affiliated funds of Teamsters Local Union No. 469. The Plan's share amounted to $-0- and $-0- for the years ended December 31, 2024 and 2023, respectively.

During the years ended December 31, 2024 and 2023, the Plan was owed or (owes) the following funds:

	December 31, 2024	December 31, 2023
Teamsters Local No. 469 Welfare Fund	$ (48,560)	$ 43,013
Teamsters Local No. 469 Pension Fund	(736)	636
Totals	$ (49,296)	$ 43,649

During the years ended December 31, 2024 and 2023, the Plan received $64,212 and $62,731, respectively, in employer contributions from the Teamsters Local Union No. 469, and $11,535 and $10,541, respectively, from Teamsters Local 469 Welfare Fund.

The Plan's investments in money market funds are managed by an affiliate of US Bank, the Plan's custodian. As such, transactions in the money market funds qualify as exempt party-in-interest transactions.

(5) Commitments and Contingencies

Under the terms of the agreement, a third-party administrator ("TPA") will provide implementation, benefit processing, record keeping, and financial administrative services to the Plan. The TPA agreement is on a month-to-month basis, unless terminated by either party. Total administration fees paid for the years ended December 31, 2024 and 2023 were $59,105 and $7,812, respectively.

(6) Multiemployer Pension Plan

The Plan contributes to a multiemployer defined benefit pension plan, Teamsters Local 469 Pension Fund. The following table outlines the Plan's participation in this plan for the years ended December 31, 2024 and 2023 and sets forth calendar year contributions into the plan. The "EIN/Pension Plan Number" column provides the Employer Identification Number ("EIN") and the three-digit plan number. The most recent Pension Protection Act zone status available in 2024 and 2023 relates to the plan's two most recent fiscal year-ends. The zone status is based on information received from the plan's administrator and is certified by the plan's actuary. Among other factors, plans certified in the red zone are generally less than 65% funded, plans certified in the orange zone are both less than 80% funded and have an accumulated funding deficiency or are expected to have a deficiency in any of the next six plan years, plans certified in the yellow zone are less than 80% funded, and plans certified in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates whether a financial improvement plan ("FIP") for yellow/orange zone plans, or a rehabilitation plan ("RP") for red zone plans, is either pending or has been implemented. As of December 31, 2024, the fund had implemented a FIP. The Plan did not provide more than 5% of the contributions by all contributing employers to this fund. There is no collective bargaining agreement associated with the Plan's participation in this fund.

Pension Fund	EIN/Pension Plan Number	Pension Protection Act Zone Status 2024	Pension Protection Act Zone Status 2023	FIP/RP Status Pending/ Implemented	Contributions 2024	Contributions 2023	Surcharge Imposed
Teamsters Local 469 Pension Fund (1)	22-6172237/001	Deep Red	Deep Red	Implemented	$ 3,984	$ 3,677	No

(1) The contributions represent the Plan's allocated share of the total contributions made on behalf of its employees.

(7) Other Multiemployer Benefit Plans

The Plan also contributes to Teamsters Local 469 Welfare Fund, a multiemployer plan that provides health and welfare benefits to active participants, and to the Teamsters Local 469 Annuity Fund, a defined contribution multiemployer plan that provides retirement benefits to participants. Contributions to these other multiemployer plans for the years ended December 31, 2024 and 2023 amounted to $9,335 and $8,370, respectively.

(8) Tax Status

The Plan obtained its latest determination letter on November 20, 2015, in which the IRS states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service.

(9) Plan Termination

If the Plan is terminated, or is partially terminated, the rights of all affected participants to their Annuity Accounts as of the date of such termination, to the extent funded as of such date, are non-forfeitable. If this Plan is terminated for any reason, the assets then remaining in the Plan, after necessary administrative expenses have been provided for will be set aside by the Trustees for the purpose of paying benefits in the following order:

A. Benefits will be paid to Participants who have already commenced to receive benefits to the extent that the annuity account credit balances to which they are entitled have not previously been provided; and,
B. The credit balance in each participant's annuity account will be paid to him as soon as practicable; and,
C. Any balance thereafter remaining will be distributed among the Participants in proportion to the credit balances in each participant's annuity account at the date of termination.

No part of the Plan will revert to any Employer or to the Union.

(10) Significant Participating Employer

The Plan has the following participating employers which individually represented more than ten percent of total employer contributions for the years ended December 31, 2024 and 2023:

	2024	2023
Employer A	29%	29%
Employer B	19%	21%
Totals	48%	50%

(11) Risks and Uncertainties

Investment Risk - The Plan 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 participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

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SUPPLEMENTARY INFORMATION

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
Money Market Funds:						
	First Am Govt	573,353			$ 573,353	$ 573,353
U.S. Government Securities:						
	F F C B Deb	70,000	4.980%	07/20/32	70,000	69,633
	F F C B Deb	90,000	2.500%	03/15/27	90,000	86,484
	F F C B Deb	130,000	3.300%	03/23/32	130,000	118,153
	F F C B Deb	65,000	4.300%	05/17/32	65,000	62,715
	F H L B Deb	15,000	1.500%	11/23/26	15,000	14,231
	F H L B Deb	135,000	2.000%	01/27/32	135,000	117,269
	F H L B Deb	90,000	1.900%	02/17/27	90,000	85,583
	F H L B Deb	90,000	2.750%	03/25/27	90,000	87,064
	F H L B Deb	90,000	3.500%	04/26/27	90,000	88,198
	F H L B Deb	90,000	2.150%	03/14/25	89,979	89,616
	F H L M C #Sb8229	52,703	4.500%	04/01/38	52,258	51,558
	F H L M C #Sd3857	32,212	6.000%	09/01/53	31,920	32,374
	F N M A	70,000	4.125%	08/28/25	70,000	69,841
	F N M A #By3394	44,954	5.500%	06/01/53	43,816	44,412
	FHLMC Rb5318	128,905	4.500%	11/01/44	124,171	123,009
	FNMA Cb5384	109,281	4.500%	12/01/52	104,286	103,011
	U S Treasury	128,052	1.750%	01/15/28	158,479	127,109
	US Treasury	330,000	1.125%	02/15/31	296,712	272,333
	US Treasury	365,000	1.125%	08/31/28	332,189	325,551
	US Treasury	510,000	1.375%	11/15/31	437,962	416,752
	US Treasury	100,616	0.125%	04/15/27	99,831	96,438
	US Treasury	250,000	3.250%	06/30/29	240,826	238,558
	US Treasury	255,000	2.750%	08/15/32	232,571	226,142
	US Treasury	70,000	4.125%	09/30/27	71,025	69,724
	US Treasury	227,831	1.125%	01/15/33	219,205	209,539
	US Treasury	310,000	4.500%	11/15/33	320,890	308,596
	US Treasury	40,000	4.375%	05/15/34	39,744	39,385
	US Treasury	340,000	2.375%	05/15/27	322,876	325,608
	US Treasury	490,000	1.625%	09/30/26	492,169	468,592
	US Treasury	175,000	0.625%	05/15/30	139,726	143,591
	US Treasury	470,000	2.625%	03/31/25	488,531	468,148
	Total U.S. Government Securities				5,184,166	4,979,217
Corporate Bonds:						
	Aadvantage Loyalty	156,667	5.439%	04/20/26	148,970	156,161
	Aadvantage Loyalty	50,000	5.750%	04/20/29	49,219	49,584
	Accenture Capital	30,000	3.900%	10/04/27	29,961	29,558
	Albertsons Cos Inc	200,000	3.250%	03/15/26	181,720	195,116
	Amgen Inc	100,000	5.250%	03/02/33	99,926	99,262
	Anheuser Busch Inbev	40,000	3.500%	06/01/30	41,429	37,502
	Anthem Inc	95,000	3.650%	12/01/27	101,190	92,419
	Ares Capital	90,000	3.875%	01/15/26	93,072	88,970

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
	Ares Capital Corp	100,000	3.250%	07/15/25	103,256	99,029
	Bank of America Mtn	60,000	6.221%	02/05/26	60,770	60,051
	Bank of America Mtn	60,000	6.204%	11/10/28	63,376	62,119
	Blackrock Funding	60,000	4.700%	03/14/29	60,028	60,044
	Blackrock Funding	20,000	4.600%	07/26/27	19,999	20,046
	Boyd Gaming	195,000	4.750%	12/01/27	184,590	188,524
	Brinks Co	105,000	6.500%	06/15/29	106,439	106,409
	Centene Corp	205,000	4.250%	12/15/27	191,340	198,584
	Charter Comm Opt LLC	195,000	4.908%	07/23/25	197,023	194,768
	Clearway Energy LLC	205,000	4.750%	03/15/28	199,425	196,048
	Cleveland Cliffs Inc	20,000	6.875%	11/01/29	20,000	19,786
	Comcast Corp	150,000	4.150%	10/15/28	164,674	146,285
	Comcast Corp	105,000	4.250%	10/15/30	116,700	101,253
	Crown Amer Cap Corp	197,000	4.750%	02/01/26	203,210	194,847
	CVS Health Corp	110,000	3.250%	08/15/29	112,795	100,144
	Duke Energy	140,000	4.850%	01/15/34	137,014	135,691
	Esab Corporation	135,000	6.458%	04/15/29	135,056	136,679
	Extra Space Storage	85,000	2.200%	10/15/30	80,775	72,322
	Fmc Corp	40,000	3.450%	10/01/29	42,503	36,635
	Fmc Corp	40,000	5.150%	05/18/26	39,974	40,043
	Fortress Trans L P	200,000	5.500%	05/01/28	191,481	195,608
	Fybr	75,000	6.600%	08/20/53	73,804	76,334
	General Motors Finl	45,000	5.650%	01/17/29	51,689	45,669
	Genting New York	70,000	7.250%	10/01/29	70,322	72,125
	Georgia Pwr Co Sr	60,000	5.004%	02/23/27	59,933	60,461
	Ggam Fin Ltd	105,000	7.750%	05/15/26	105,000	106,455
	Ggam Fin Ltd	85,000	8.000%	02/15/27	85,787	87,674
	GLP Capital	195,000	5.250%	06/01/25	212,374	194,955
	Goldman Sachs Group	165,000	3.691%	06/05/28	172,945	160,258
	Gs Mortgage Backed	94,566	5.000%	10/27/53	90,754	90,805
	Gs Mtg Bcd Secs	74,239	6.500%	01/25/54	74,073	75,045
	Hat Hldngs I LLC	170,000	3.375%	06/15/26	159,936	164,727
	Hat Hldngs I LLC	30,000	8.000%	06/15/27	30,425	31,258
	Healthpeak	55,000	2.875%	01/15/31	54,970	48,432
	Herc Hldgs Inc	65,000	6.625%	06/15/29	65,056	65,824
	Herc Holdings Inc	125,000	5.500%	07/15/27	124,250	123,402
	Hewlett Packard	70,000	5.000%	10/15/34	69,353	67,282
	Hillenbrand Inc	195,000	5.000%	09/15/26	219,097	193,122
	Hilton Domestic	5,000	5.375%	05/01/25	5,000	4,976
	Hilton Worldwide Fin	195,000	5%	04/01/27	202,231	192,342
	Icahn Enterprises	120,000	5.250%	05/15/27	111,295	113,614
	Icahn Enterprises LP	51,000	6.250%	05/15/26	49,200	50,566
	Intercontinental	45,000	4.600%	03/15/33	44,540	43,183
	International Game	190,000	6.250%	01/15/27	189,240	191,201
	Jazz Securities	180,000	4.375%	01/15/29	167,050	169,717
	Jbs USA Lux S A	90,000	5.125%	02/01/28	89,865	89,370
	Jefferies Fin Group	55,000	6.200%	04/14/34	55,426	56,681

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
	Jefferies Financial	30,000	5.875%	07/21/28	29,848	30,677
	JP Morgan Chase Co	100,000	4.452%	12/05/29	108,788	97,999
	JP Morgan Chase Co	120,000	2.595%	02/24/26	119,451	119,588
	JP Morgan Mortgage	34,800	6.000%	04/25/54	34,022	34,895
	Kinetik Hldngs	195,000	6.625%	12/15/28	196,798	199,487
	Lincoln National	45,000	3.400%	01/15/31	48,557	40,460
	MacQuarie Airfinance	65,000	8.375%	05/01/28	64,981	68,131
	Merrill Lynch Co	70,000	5.968%	09/15/26	69,796	70,100
	Morgan Stanley Mtn	100,000	2.188%	04/28/26	100,820	99,108
	Morgan Stanley Mtn	70,000	4.210%	04/20/28	68,458	68,998
	Morgan Stanley Sr	65,000	5.656%	04/18/30	67,857	66,167
	Onemain Financial	55,000	3.500%	01/15/27	50,679	52,463
	Oracle Corp	50,000	6.250%	11/09/32	49,916	52,989
	Owl Rock Capital	95,000	3.400%	07/15/26	94,265	92,045
	Park Inter Hldgs L P	50,000	5.875%	10/01/28	49,056	48,809
	Park Inter LP	85,000	4.875%	05/15/29	79,475	79,988
	Penske Automotive	80,000	3.500%	09/01/25	82,093	78,986
	Philip Morris Intl	65,000	5.625%	09/07/33	64,381	66,036
	Philip Morris Intl	105,000	5.250%	02/13/34	102,984	103,775
	Phinia Inc	105,000	7.163%	04/15/29	106,031	107,100
	Pnc Finl Svcs	75,000	5.300%	01/21/28	75,079	75,644
	Precision Castparts	35,000	3.250%	06/15/25	37,216	34,799
	Prime Sec Svcs	195,000	5.750%	04/15/26	191,853	194,891
	Rmct	101,314	6.000%	11/25/54	100,919	101,042
	Rockwell Automation	70,000	3.500%	03/01/29	76,490	66,487
	Safehold Oper LP	110,000	2.800%	06/15/31	105,688	93,919
	Safehold Oper LP	80,000	2.850%	01/15/32	77,390	67,214
	SBA Communications	200,000	3.875%	02/15/27	207,765	191,464
	Simon Property Group	40,000	3.500%	09/01/25	41,867	39,718
	Simon Property LP	150,000	2.450%	09/13/29	147,078	134,882
	Sirius Xm	205,000	3.125%	09/01/26	184,347	196,915
	Slm Corp Sr	105,000	4.200%	10/29/25	110,873	104,061
	SLMAMTN	100,000	3.125%	11/02/26	98,875	95,393
	Springleaf Finance	145,000	7.125%	03/15/26	147,518	147,604
	Starwood Ppty Tr	105,000	4.375%	01/15/27	102,206	101,518
	Starwood Property	97,000	4.750%	03/15/25	102,208	96,950
	Sunoco LP	195,000	6.000%	04/15/27	204,750	194,614
	Tallgrass Energy LP	95,000	7.375%	02/15/29	95,000	95,301
	Tallgrass Nrg LP	25,000	6.000%	03/01/27	24,444	24,770
	Tallgrass Nrg Prtner	80,000	5.500%	01/15/28	76,632	76,938
	Tegna Inc	135,000	4.625%	03/15/28	124,419	127,575
	Tenet Healthcare	100,000	5.125%	11/01/27	98,250	97,937
	Tenet Healthcare	110,000	4.250%	06/01/29	101,683	103,268
	Teva Pharmaceuticals	95,000	3.150%	10/01/26	85,633	91,285
	Teva Pharmaceuticals	30,000	6.75%	03/01/28	30,325	30,632
	Teva Pharmaceuticals	80,000	4.75%	05/09/27	76,870	78,066
	Tractor Supply Co	45,000	5.250%	05/15/33	44,892	44,973

See Independent Auditors' Report.

TEAMSTERS LOCAL UNION NO. 469 ANNUITY FUND
EIN # 22-2980666
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
	Transdigm Inc	130,000	6.750%	08/15/28	131,789	131,134
	Transdigm Inc Sr	60,000	6.750%	08/15/28	60,016	60,133
	Truist Bank Mtn	120,000	2.250%	03/11/30	111,311	103,048
	Under Armour Inc	205,000	3.250%	06/15/26	213,540	197,907
	United Rentals	173,000	5.500%	05/15/27	177,389	171,967
	Verizon	100,000	2.550%	03/21/31	97,879	86,117
	Vici Properties	50,000	4.250%	12/01/26	46,154	49,171
	Virginia Elec	25,000	5.050%	08/15/34	24,938	24,377
	Virginia Elec Power	65,000	3.500%	03/15/27	69,124	63,342
	Vistra Operations	195,000	5.500%	09/01/26	191,818	194,386
	Walt Disney Corp	60,000	3.375%	11/15/26	64,712	58,720
	Warnermedia Hldgs	120,000	3.755%	03/15/27	118,680	115,612
	Wesco Distr Inc	80,000	6.375%	03/15/29	80,000	81,070
	Western Digital Corp	195,000	4.750%	02/15/26	213,267	193,120
	Wyndham Destinations	130,000	6.625%	07/31/26	129,318	131,390
	Wyndham Worldwide	60,000	6.600%	10/01/25	65,986	60,152
	Xpo Inc	155,000	6.250%	10/01/25	155,056	155,947
	Total Corporate Bonds				12,119,033	11,852,219
Mutual Funds:						
	Northern Trust Collective S&P Index Fund	347			5,088,605	7,877,609
103-12 Investment Equity:						
	Hardman Johnson International	70,304			1,950,647	2,978,951
Hedge Fund:						
	GoldenTree Multi-Sector Fund Offshore ERISA, Ltd.	1,355			3,000,000	3,146,731
Real Estate Funds:						
	Boyd Watterson GSA Fund, LP	2,572			2,006,960	2,536,815
	Boyd Watterson State Government Fund, LP	2,555			2,688,251	2,541,283
	Total Real Estate Funds				4,695,211	5,078,098
Partnership/Joint Venture:						
	Corbin ERISA Opportunity Fund				2,215,946	3,310,966
	Total Assets Held				$ 34,826,961	$ 39,797,144

* Represents a party-in-interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

See Independent Auditors' Report.

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

Part I Annual Report Identification Information

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

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
[ ] a single-employer plan [ ] a DFE (specify) _____

B This return/report is: [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan
TEAMSTERS LOCAL NO. 469 ANNUITY FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1989

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)
TRUSTEES OF TEAMSTERS LOCAL NO. 469 ANNUITY FUND TR

3400 ROUTE 35, SUITE 8

HAZLET NJ 07730-1247

2b Employer Identification Number (EIN) 22-2980666

2c Plan Sponsor's telephone number (732) 264-9000

2d Business code (see instructions) 484110

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

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

SIGN HERE	[signature]	10/10/25	MICHAEL BRODERICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

418401 11-25-24

3a Plan administrator's name and address [X] 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**	463
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)**	242
a (2) Total number of active participants at the end of the plan year	**6a(2)**	236
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	232
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	468
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	468
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)**	463
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	468
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**	30

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

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) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] 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) [X] Trust
- (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) [X] **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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information - Small Plan)
- (3) [ ] **A** (Insurance Information) - Number Attached _____
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)