

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/01/1956
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) JOINT BOARD OF TRUSTEES TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST BENESYS, INC. 3130 AMES PLACE, NE WASHINGTON, DC 20018-1513
2b	Employer Identification Number (EIN) 53-0237142
2c	Plan Sponsor's telephone number 202-636-8181
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	PHILIP S. GILES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	FORREST HARVEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 10214
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 4123 6a(2) 3542 6b 3233 6c 1993 6d 8768 6e 733 6f 9501 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 66
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1E b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4B 4D 4E 4L	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST	D Employer Identification Number (EIN) 53-0237142	

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

(a) Name of insurance carrier VISION SERVICE PLAN					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	30016700	843	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	57714
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))	9a(4)	57714
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))	9b(3)	
(4) Claims charged	9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	7214
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention	9c(1)(H)	7214
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
(2) Claim reserves	9d(2)	
(3) Other reserves	9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST	D Employer Identification Number (EIN) 53-0237142	

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

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3324	3120	04/01/2023	03/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	823900
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JOINT BOARD OF TRUSTEES TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST	D Employer Identification Number (EIN) 53-0237142

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 1596603465
(2) Actuarial value of assets for funding standard account	1b(2) 1742484124
c (1) Accrued liability for plan using immediate gain methods	1c(1) 2039899420
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 2039899420
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 3515619078
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 91756131
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 132578662
(3) Expected plan disbursements for the plan year	1d(3) 137843239

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

SIGN HERE	10/06/2025
Signature of actuary KEVIN WOODRICH, FSA, EA	Date 23-07086
Type or print name of actuary CHEIRON, INC.	Most recent enrollment number 703-893-1456
Firm name 8300 GREENSBORO DR, SUITE 800 MCLEAN, VA 22102	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1596603465
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3958	1792572041
(2) For terminated vested participants	1777	368737965
(3) For active participants:		
(a) Non-vested benefits		129891963
(b) Vested benefits		1224417109
(c) Total active	3406	1354309072
(4) Total	9141	3515619078
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	45.41 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	87956325	0			
Totals ►			3(b)	87956325	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	85.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.29 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	2.9 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.0 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	2900000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	50275222	5158831

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	-6877958

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	42794486

c Amortization charges as of valuation date:

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

(2) Funding waivers

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

	Outstanding balance	
9c(1)	733021452	94944298
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 9641715**e** Total charges. Add lines 9a through 9d.....**9e** 147380499**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 153939820**g** Employer contributions. Total from column (b) of line 3.....**9g** 87956325**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 16677557**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit

	Outstanding balance	
9h	281666336	41076639
9j(1)	684832379	
9j(2)	1508333761	

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

(2) Other credits

9k(2) 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 299650341**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 152269842**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1) 0

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a) 0

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

9o(2)(b) 0

(3) Total as of valuation date

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

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

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

A Name of plan TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST	D Employer Identification Number (EIN) 53-0237142

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

YesNo
- b

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ENTRUST PARTNERS OFFSHORE LP
90-0644478
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HAMILTON LANE
23-2962336
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BOYD WATTERSON
34-1922005
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CORBIN CAPITAL PARTNERS
30-0299433

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

NB CROSSROADS FUND 23 GP

325 NORTH SAINT PAUL STREET
DALLAS, TX 75201

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

GCM CUSTOMIZED FUND INV GROUP, LP

80-0952472

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

GLOUSTON PRIVATE EQUITY OPPORTUNITI

47-1944190

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

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

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

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

INTERCONTINENTAL REAL ESTATE CORP

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	758147	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENESYS, INC.

7130 COLUMBIA GATEWAY DR A
COLUMBIA, MD 21046

(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	ADMINISTRATOR	728202	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?
51 28	NONE	619075	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)

POST ADVISORY GROUP LLC

95-4818300

(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 99	NONE	589613	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

COLUMBIA ASSET MANAGEMENT

04-3369476

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	575817	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATLANTA CAPITAL MANAGEMENT

58-2236910

(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 68 71	NONE	556637	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)

CHEVY CHASE TUST COMPANY

52-2037618

(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	477605	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT LAKES ADVISORS, LLC

222 S. RIVERSIDE PLZ
CHICAGO, IL 60606

(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	424834	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA BANK

46-6933818

(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	325177	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)

MOONEY, GREEN, SAINDON, MURPHY & WE

52-1958229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	308927	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT PERFORMANCE SERVICES

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 27 50	NONE	294000	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

CHEIRON

13-4215617

(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	218029	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MORGAN, LEWIS & BOCKIUS, LLP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	175975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 52 68 72 28 51	NONE	96328	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP

47-0900080

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	90086	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARTWELL INVESTMENT PARTNERS

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	84425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

F/M INVESTMENTS, LLC

93-4308588

(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	NONE	67106	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

C.S. MCKEE INVEST

25-1900687

(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	38863	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)

SEGAL, BRYANT & HAMILL LLC

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	37431	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERIC WEISS

7130 COLUMBIA GATEWAY DR A
COLUMBIA, MD 21046

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	20490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANK STEGMAN

7130 COLUMBIA GATEWAY DR A
COLUMBIA, MD 21046

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	20490	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)

RAYMOND HOWARD

7130 COLUMBIA GATEWAY DR A
COLUMBIA, MD 21046

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	20490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHILIP GILES

7130 COLUMBIA GATEWAY DR A
COLUMBIA, MD 21046

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	20490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMAS RATLIFF

7130 COLUMBIA GATEWAY DR A
COLUMBIA, MD 21046

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	20490	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)

FORREST HARVEY

7130 COLUMBIA GATEWAY DR A
COLUMBIA, MD 21046

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	20490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN GIBSON

7130 COLUMBIA GATEWAY DR A
COLUMBIA, MD 21046

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	20490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASHINGTON CAPITAL MANAGEMENT, INC.

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	17837	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST		D Employer Identification Number (EIN) 53-0237142
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: SOUTH LASALLE INTERNATIONAL EQUITIE		
b Name of sponsor of entity listed in (a): PYRFORD INTERNATIONAL PLC		
c EIN-PN 04-3369476-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92226258
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHNSTON INTERNATIONAL EQUITY GROUP		
b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS LLC		
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) 99835661
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST COLLECTIVE RUSSELL 1		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 214188677
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56410653
a Name of MTIA, CCT, PSA, or 103-12 IE: WEDGE QVM LARGE CAP VALUE CIT		
b Name of sponsor of entity listed in (a): WEDGE CAPITAL MANAGEMENT		
c EIN-PN 56-1557450-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 205134811
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**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

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

A Name of plan TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST	D Employer Identification Number (EIN) 53-0237142

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	5911161	7087776
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9387346	7884801
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	81123568	6941962
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13720331	44012460
(2) U.S. Government securities	1c(2)	54332117	67062462
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	206452509	211462909
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	172092288	186616460
(5) Partnership/joint venture interests	1c(5)	501692828	527434694
(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)	457261592	475734141
(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)	124518845	192061919
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	316959	256275

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	1624232	1786178
f Total assets (add all amounts in lines 1a through 1e).....	1f	1628433776	1728342037
Liabilities			
g Benefit claims payable	1g	1320000	1126000
h Operating payables	1h	2153637	2315331
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1698388	1654754
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5172025	5096085
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1623261751	1723245952

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)	92956325	
(B) Participants	2a(1)(B)	6202521	
(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)		99158846
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-2133	
(B) U.S. Government securities	2b(1)(B)	1962245	
(C) Corporate debt instruments	2b(1)(C)	11861561	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	11627597	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25449270
(2) Dividends: (A) Preferred stock.....			
(B) Common stock	2b(2)(B)	1652313	
(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)		156050
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds			
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	292870906	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate			
(B) Other	2b(5)(B)	2557234	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		92749119
(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)		13899049
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		14595
d Total income. Add all income amounts in column (b) and enter total	2d		248021035

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	129846460	
(2) To insurance carriers for the provision of benefits	2e(2)	858729	
(3) Other	2e(3)	8158902	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		138864091
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	728202	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	58700	
(5) Investment advisory and investment management fees	2i(5)	6589579	
(6) Bank or trust company trustee/custodial fees	2i(6)	44307	
(7) Actuarial fees	2i(7)	218029	
(8) Legal fees	2i(8)	492580	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	143427	
(11) Other expenses	2i(11)	897919	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		9172743
j Total expenses. Add all expense amounts in column (b) and enter total	2j		148036834

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		99984201
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

(2) EIN: **47-0900080**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		527690969
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559665.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST				D Employer Identification Number (EIN) 53-0237142	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3 1	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **UNITED PARCEL SERVICE**

b EIN **36-2407391**

c Dollar amount contributed by employer **82817462**

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

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

(1) Contribution rate (in dollars and cents) **20.62**

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

a Name of contributing employer **GIANT FOOD (639 DRIVERS)**

b EIN **25-1869011**

c Dollar amount contributed by employer **4377150**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **15** Year **2027**

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) **8.68**

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

a Name of contributing employer **RATP DEV**

b EIN **45-3723390**

c Dollar amount contributed by employer **1223571**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **3.50**

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

a Name of contributing employer **TRAX INTERNATIONAL CORPORATION**

b EIN **85-0277228**

c Dollar amount contributed by employer **615472**

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 **10** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **10.18**

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

a Name of contributing employer **LOCAL 639 DRIVERS CHAUFFEURS**

b EIN **53-0059347**

c Dollar amount contributed by employer **657727**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **19.70**

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

a Name of contributing employer **ABF FREIGHT SYSTEM, INC.**

b EIN **06-1024944**

c Dollar amount contributed by employer **550310**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2023**

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

(1) Contribution rate (in dollars and cents) **15.68**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer GIANT FOOD (922 GARAGE)

b EIN 25-1869011

c Dollar amount contributed by employer 432760

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 15 Year 2027

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) 8.21

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

a Name of contributing employer S. FREEDMAN & SONS

b EIN 53-0216068

c Dollar amount contributed by employer 440470

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 02 Day 28 Year 2025

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

(1) Contribution rate (in dollars and cents) 5.78

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

a Name of contributing employer BREAKTHRU BEVERAGE GROUP

b EIN

c Dollar amount contributed by employer 416765

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 01 Day 31 Year 2027

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) 4.66

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

a Name of contributing employer FREEMAN EXPOSITIONS, LLC

b EIN

c Dollar amount contributed by employer 437098

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2028

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

(1) Contribution rate (in dollars and cents) 5.78

(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	1993
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	1962
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	1761
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	1.01
b The corresponding number for the second preceding plan year.....	15b	1.00
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year.....	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 47.9 % Private Equity: 8.9 % Investment-Grade Debt and Interest Rate Hedging Assets: 6.5 %

High-Yield Debt: 18.9 % Real Assets: 14.7 % Cash or Cash Equivalents: 0.0 % Other: 3.1 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

**TEAMSTERS LOCAL 639 -
EMPLOYERS PENSION TRUST FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024





TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Teamsters Local 639 -
Employers Pension Trust Fund

Opinion

We have audited the accompanying financial statements of Teamsters Local 639 - Employers Pension Trust Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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





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

In performing an audit in accordance with GAAS, we:

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

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



Supplemental Schedules Required by ERISA

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

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

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

Calibre CPA Group, PLLC

Bethesda, MD
October 9, 2025

TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024			2023		
	Pension Trust Fund	Sub-Trust Fund	Total	Pension Trust Fund	Sub-Trust Fund	Total
Assets						
Investments - at fair value						
Corporate stocks	\$ 186,616,460	\$ -	\$ 186,616,460	\$ 172,092,288	\$ -	\$ 172,092,288
Government agency obligations	60,626,918	6,435,544	67,062,462	49,494,302	4,837,815	54,332,117
Hedge funds	256,275	-	256,275	316,959	-	316,959
Common collective trusts	475,734,141	-	475,734,141	457,261,592	-	457,261,592
103-12 investment entities	192,061,919	-	192,061,919	124,518,845	-	124,518,845
Short-term investments	39,248,624	4,763,836	44,012,460	12,571,146	1,149,185	13,720,331
Corporate obligations	196,069,361	15,393,548	211,462,909	191,222,185	15,230,324	206,452,509
Limited partnerships	525,060,871	2,373,823	527,434,694	498,874,892	2,817,936	501,692,828
Total investments	1,675,674,569	28,966,751	1,704,641,320	1,506,352,209	24,035,260	1,530,387,469
Receivables						
Employer contributions	7,884,801	-	7,884,801	9,387,346	-	9,387,346
Interest and dividends	3,491,500	244,812	3,736,312	3,227,475	205,818	3,433,293
Due to/from related entities	(392,187)	(37,892)	(430,079)	1,213,702	(2,202,040)	(988,338)
Due from brokers for pending investment transactions	3,285,704	-	3,285,704	78,513,708	-	78,513,708
Others	46,476	269,077	315,553	39,361	95,895	135,256
Total receivables	14,316,294	475,997	14,792,291	92,381,592	(1,900,327)	90,481,265
Property and equipment (net of accumulated depreciation of \$1,275,054 and \$1,248,820)	835,083	-	835,083	861,317	-	861,317
Prepaid expenses	34,472	-	34,472	29,649	-	29,649
Cash	6,603,058	484,718	7,087,776	758,179	5,152,982	5,911,161
Total assets	1,697,463,476	29,927,466	1,727,390,942	1,600,382,946	27,287,915	1,627,670,861
Liabilities and Net Assets						
Liabilities						
Accounts payable and accrued expenses	2,200,407	114,924	2,315,331	2,081,093	72,544	2,153,637
Due to brokers for pending investment transactions	1,654,754	-	1,654,754	1,698,388	-	1,698,388
Total liabilities	3,855,161	114,924	3,970,085	3,779,481	72,544	3,852,025
Net assets available for benefits	\$ 1,693,608,315	\$ 29,812,542	\$ 1,723,420,857	\$ 1,596,603,465	\$ 27,215,371	\$ 1,623,818,836

See accompanying notes to financial statements.

TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024			2023		
	Pension Trust Fund	Sub-Trust Fund	Total	Pension Trust Fund	Sub-Trust Fund	Total
Additions						
Investment income - net						
Net appreciation (depreciation) in fair value of investments	\$ 121,699,821	\$ (298,040)	\$ 121,401,781	\$ 139,625,527	\$ 317,927	\$ 139,943,454
Interest and dividends	25,890,675	1,210,908	27,101,583	25,405,163	976,043	26,381,206
	147,590,496	912,868	148,503,364	165,030,690	1,293,970	166,324,660
Less: investment expenses	(6,255,034)	(40,545)	(6,295,579)	(5,244,735)	(51,655)	(5,296,390)
Total investment income - net	141,335,462	872,323	142,207,785	159,785,955	1,242,315	161,028,270
Contribution income						
Employer contributions	92,956,325	-	92,956,325	94,941,159	-	94,941,159
Participant contributions	-	6,202,521	6,202,521	-	6,081,057	6,081,057
Total contribution income	92,956,325	6,202,521	99,158,846	94,941,159	6,081,057	101,022,216
Other income						
Security litigation and other income	14,595	-	14,595	94,810	-	94,810
Redirected to 401(h)	(5,000,000)	5,000,000	-	(5,000,000)	5,000,000	-
Rental income	156,050	-	156,050	149,041	-	149,041
Total other income	(4,829,355)	5,000,000	170,645	(4,756,149)	5,000,000	243,851
Total additions	229,462,432	12,074,844	241,537,276	249,970,965	12,323,372	262,294,337
Deductions						
Benefits						
Pension	128,990,847	-	128,990,847	121,877,471	-	121,877,471
Prescription, vision and dental benefits	-	1,049,613	1,049,613	-	1,067,162	1,067,162
Retiree health	-	8,158,902	8,158,902	-	8,477,659	8,477,659
Life insurance	858,729	-	858,729	834,629	-	834,629
Total benefits	129,849,576	9,208,515	139,058,091	122,712,100	9,544,821	132,256,921
Administrative expenses	2,608,006	269,158	2,877,164	2,867,825	265,275	3,133,100
Total deductions	132,457,582	9,477,673	141,935,255	125,579,925	9,810,096	135,390,021
Net change	97,004,850	2,597,171	99,602,021	124,391,040	2,513,276	126,904,316
Net assets available for benefits						
Beginning of year	1,596,603,465	27,215,371	1,623,818,836	1,472,212,425	24,702,095	1,496,914,520
End of year	\$ 1,693,608,315	\$ 29,812,542	\$ 1,723,420,857	\$ 1,596,603,465	\$ 27,215,371	\$ 1,623,818,836

See accompanying notes to financial statements.



TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The Teamsters Local 639 - Employers Pension Trust Fund (the Plan) is a defined benefit pension plan, organized on September 1, 1956, which covers employees of participating employers who are parties to collective bargaining agreements with the Drivers, Chauffeurs and Helpers Local Union No. 639 of Washington, D.C. affiliated with the International Brotherhood of Teamsters, and any union affiliated with Teamsters' Joint Council No. 55 of Washington, D.C. It provides for retirement, disability, life insurance and death benefits to participants and/or their beneficiaries and such other persons as the trustees may include from time to time, either through the purchase of insurance policies and annuity contracts or the payment of said benefits directly from the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

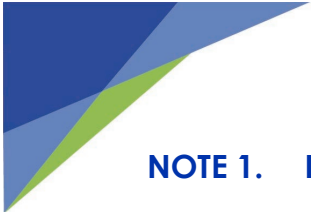
To provide benefits, the Plan maintains a significant portion of its assets in investments, which are subject to fluctuation in value. Further, the Plan is subject to risks associated with each investment, such as compliance of the issuer with certain contractual obligations. The Plan minimizes concentrations of risk by hiring professionals to manage and evaluate investments and by diversifying the holdings in its investment portfolio, which limits the amount of credit exposure to any one issuer.

Participants earn one year of vesting service for each calendar year that at least 700 hours of service in covered employment is performed and are generally vested after earning five years of vesting credit.

The Plan provides for a lifetime annuity to eligible participants. If the participant is married at the time of retirement the benefit is automatically paid in the form of a reduced 50% joint and survivor annuity. The participant and spouse may reject the automatic form of payment and elect any of the following options:

- Life annuity
- 50% joint and survivor with pop-up
- 75% joint and survivor with pop-up
- 100% joint and survivor with pop-up
- Five year certain and life
- Split level
- Split level with 50% or 100% joint and survivor feature with pop-up

The Plan also offers several early retirement and late retirement options.



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

The following description of the Plan provides only general information. Participants should refer to the Summary Plan Description and Plan Document for more complete information.

Retiree Health Benefits Plan (401(h) Account) - Effective November 17, 1987, the Declaration of Trust was amended to provide retiree health benefits to eligible participants through the Teamsters Local 639 Retiree Medical Plan 401 (h) account (the Sub-Trust Fund). The Sub-Trust Fund has been established in the Plan for the net assets related to the health and welfare component exclusively for this purpose in accordance with Internal Revenue Code (IRC) Section 401 (h). The Sub-Trust Fund provides coverage for hospitalization, medical expenses, prescription drugs, dental, vision, Medicare supplemental program, mental health, and other benefits of eligible participants and their spouse. In accordance with IRC Section 401 (h), the Plan's investments in the Sub-Trust Fund account may not be used for, or diverted to, any purpose other than providing health and welfare benefits for retirees and their beneficiaries. Retiree health benefits are provided at the discretion of the Board of Trustees (the Board). There is no ongoing obligation to maintain their benefits in effect. The Board has a reserved the right to modify or terminate the retiree medical benefits provided under the Sub-Trust Fund.

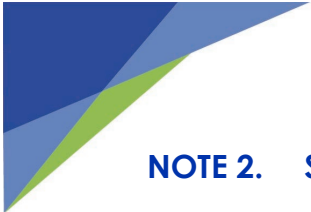
Any diversion of contributions from the Plan to the Sub-Trust Fund is permitted in accordance with IRC Section 401 (h). Certain of the Plan's net assets are restricted to fund a portion of post-retirement health benefits for retirees and their beneficiaries in accordance with IRC Section 401 (h).

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

Employer Contributions Receivable - This amount represents employer contributions received shortly after the close of the Plan year. It does not include any additional amounts that may be due from delinquent contributing employers. Allowance for uncollectible accounts is considered unnecessary and not provided.

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 purchase an asset in an orderly transaction between market participants at the measurement date. The Plan's Board determine the Plan's valuation policies utilizing information provided by its investment advisers and custodians. See Note 8 for further discussion of fair value measurements. Purchases and sales of securities are recognized on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Property and Equipment - Property and equipment is stated at cost. The Plan's building and renovations are being depreciated on a straight-line basis over their estimated useful lives of between thirty-five (35) and forty (40) years. The computer equipment and office furniture and equipment are being depreciated on a straight-line basis over estimated useful lives of five (5) to ten (10) years.

Benefits - Benefit payments to participants are recognized upon distribution.

Interfund Receivable (Payable) - This account represents interfund balances from income and expenses of the Sub-Trust Fund that are due from and/or paid by the Pension Trust Fund.

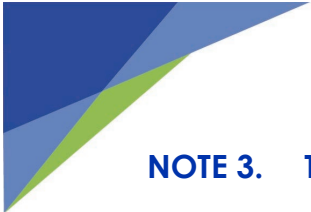
Estimated Liability for Unreported Claims - Sub-Trust Fund - The liability for health claims incurred, but not reported at year end, was estimated based on data available at the report date and estimates by the Plan administrator.

Employer Withdrawal - If an employer withdraws from the Plan, an employer is assessed a withdrawal liability, calculated at a discounted present value using an applicable discount factor over a term certain in accordance with ERISA. This assessment is payable by the withdrawn employer in scheduled payments to the Plan over an actuarial determined term.

The Plan only recognizes income from withdrawn employers in the year of receipt as the probability of collection is uncertain and in some cases remote. All employer withdrawal liability assessments are netted with an allowance for uncollectibility equal to 100% of the assessment. Therefore, no receivable is recorded by the Plan for employer withdrawal liability assessments.

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. Certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Use of Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires the Plan to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.



NOTE 3. TAX STATUS

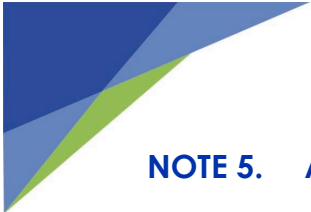
The Plan has been declared an exempt organization by the Internal Revenue Service (IRS) under Section 501(c)(9). The Plan has obtained its latest determination letter dated November 30, 2015, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving its latest determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

The Plan accounts for income taxes in accordance with the Accounting Standards Codification (ASC) Topic *Income Taxes*. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribed a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The Plan performed an evaluation of uncertain tax positions for the years ended December 31, 2024 and 2023 and determined that there were no matters that would require recognition in the financial statements or that may have an effect on its tax-exempt status. As of December 31, 2024, the statute of limitations for tax years 2021 through 2023 remains open with the U.S. federal jurisdiction and the various states and local jurisdictions in which the Plan files returns.

NOTE 4. PRIORITIES UPON TERMINATION

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

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



NOTE 5. ACTUARIAL VALUATION - EMPLOYERS PENSION TRUST

The most recent actuarial valuations of the Plan were made as of January 1, 2024. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
For retirees and beneficiaries	\$ 1,182,314,660
Terminated vested	192,846,322
Active participants	<u>597,046,906</u>
	1,972,207,888
Nonvested benefits	<u>67,691,532</u>
Present value of accumulated benefits (without administrative expenses)	2,039,899,420
Present value of expected administrative expenses	<u>42,688,430</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 2,082,587,850</u>

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

Actuarial present value of accumulated plan benefits at beginning of year (without administrative expense)	\$ <u>1,997,485,389</u>
Change during the year attributable to	
Benefits accumulated	46,537,289
Benefits paid	(122,712,100)
Loss	(20,270,462)
Interest	<u>138,859,304</u>
Net change	<u>42,414,031</u>
Change in present value of expected administrative expenses	<u>42,688,430</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 2,082,587,850</u>

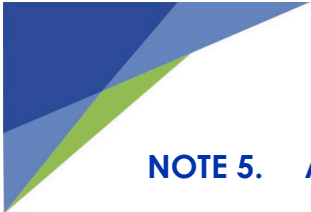
Some of the more significant actuarial assumptions used in the January 1, 2024 valuation was:

Cost method - Unit credit cost method.

Net investment rate of return - 7.0%, net of administrative expenses.

Mortality -

- Non-Disabled Mortality is assumed to follow the SOA RPH-2014 Adjusted to 2006 Blue Collar Headcount-weighted Mortality with 110% adjustment for males and 120% adjustment for females, and generational mortality improvements using Scale MP-2020.



NOTE 5. ACTUARIAL VALUATION - EMPLOYERS PENSION TRUST (CONTINUED)

- Disabled Mortality is assumed to follow the SOA RPH-2014 Adjusted to 2006 Disabled Retiree Headcount-weighted Mortality with generational mortality improvements using Scale MP-2020.

Administrative expenses - \$2,900,000.

Retirement - Rates of retirement are assumed to be split between those eligible for an unreduced benefit and those who elect early retirement.

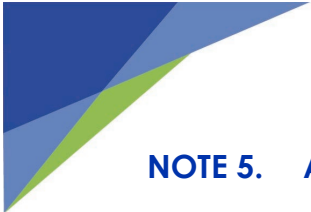
Age	Early Retirement	Unreduced Retirement
Less than 50	11%	35%
50	11%	35%
51	9%	30%
52	7%	25%
53	9%	25%
54	10%	25%
55	11%	25%
56	12%	25%
57-59	12%	20%
60		20%
61		15%
62		20%
63-64		15%
65-69		25%
70		100%

Changes in Assumptions Since Last Valuation -

As required, current liability interest rate and mortality tables were updated. The interest rate changed from 2.55% to 3.29% and the mortality table was updated to the 2024 static mortality tables for annuitants and non-annuitants.

For determination of the present value of accumulated benefits the expense assumption is assumed to be \$317.25 per participant for the current plan year and increasing at a rate of 3.00% per year.

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



NOTE 5. ACTUARIAL VALUATION - EMPLOYERS PENSION TRUST (CONTINUED)

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material differences.

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

NOTE 6. ACTUARIAL VALUATION - RETIREE MEDICAL PLAN

The following presents the components of the Sub-Trust Fund's benefit obligations as of December 31, 2024 and 2023 and the related changes in the Sub-Trust Fund's benefit obligations for the years then ended:

	December 31,	
	2024	2023
Amounts currently payable and other obligations for current benefit coverage		
Claims payable and claims incurred but not reported	\$ 1,126,000	\$ 1,320,000
Postretirement benefit obligations net of amounts currently payable		
Retired participants	53,407,000	47,664,000
Other participants fully eligible for benefits	33,548,000	34,447,000
Participants not yet fully eligible for benefits	57,575,000	80,719,000
Total postretirement benefit obligations	144,530,000	162,830,000
Total benefit obligations	\$ 145,656,000	\$ 164,150,000

NOTE 6. ACTUARIAL VALUATION - RETIREE MEDICAL PLAN (CONTINUED)

	December 31,	
	2024	2023
Amounts currently payable and other obligations for benefit coverage		
Balance at beginning of the year	\$ 1,320,000	\$ 1,200,000
Claims reported and approved for payment	9,014,515	9,664,821
Claims paid	(9,208,515)	(9,544,821)
Balance at end of the year	<u>1,126,000</u>	<u>1,320,000</u>
Postretirement benefit obligations net of current amounts		
Balance at beginning of the year	162,830,000	152,986,000
Benefits earned	8,509,000	8,142,000
Claims and expenses paid	(4,943,000)	(4,251,000)
Changes in actuarial assumptions	(30,657,000)	-
Plan amendments	-	-
Passage of time	6,756,000	6,360,000
Other changes	<u>2,035,000</u>	<u>(407,000)</u>
Balance at end of the year	<u>144,530,000</u>	<u>162,830,000</u>
Total benefit obligations	<u>\$ 145,656,000</u>	<u>\$ 164,150,000</u>

Some of the more significant actuarial assumptions used in the December 31, 2024 and 2023 valuations were:

Discount rate – 5.5% per annum.

Mortality -

Healthy life: SOA RPH-2014 Adjusted to 2006 Blue Collar Headcount-weighted mortality table, with male and female annuitants adjusted by 110% and 120%, respectively. Projected fully generational improvements from 2006 using Scale MP-2020.

Disabled: SOA RPH-2014 Adjusted to 2006 Disabled Retiree Headcount-weighted mortality table. Projected fully generational improvements from 2006 using Scale MP-2020.

NOTE 6. ACTUARIAL VALUATION - RETIREE MEDICAL PLAN (CONTINUED)

Rate of retirement -

Age	Years of Service		
	0-24	25-29	30+
Less than 50	0%	11%	35%
50	11%	11%	35%
51	9%	9%	30%
52	7%	7%	25%
53	9%	9%	25%
54	10%	10%	25%
55	11%	11%	25%
56	12%	12%	25%
57-58	12%	12%	20%
59	15%	15%	20%
60	20%	20%	20%
61	15%	15%	15%
62	20%	20%	20%
63-64	15%	15%	15%
65-69	25%	25%	25%
70+	100%	100%	100%

Health care cost trend rates are assumed to be 7.00% for non-Medicare medical claims, 6.00% for Medicare and disabled medical claims, and 8.00% for prescription drug claims, and 4.00% for vision and dental through 2024. Health care cost trend rates are expected to decrease to approximately 4.00% for all claims by 2045.

Plan assumed health care cost trend rates have a significant effect on the amounts reported for the health care plan. A one-percentage-point change in assumed health care cost rates would have the following effects:

	1% increase	1% decrease
Effect in medical trend rate	\$ 24,121,000	\$ (19,261,000)

NOTE 7. FUNDING POLICY

The participating employers contribute such amounts as are specified in the collective bargaining agreements. The hourly contribution rates range from \$1.10 to \$20.62. The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2024.

The Plan was certified as green for the Plan year beginning January 1, 2024 under the Pension Protection Act of 2006 (PPA).

NOTE 8. FAIR VALUE MEASUREMENTS

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include other significant observable inputs including:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

Description	12/31/2024 Total	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Corporate stocks	\$ 186,616,460	\$ 186,616,460	\$ -	\$ -
Corporate obligations	211,462,909	-	211,462,909	-
Government agency obligations	67,062,462	61,144,100	5,918,362	-
Short-term investments	<u>44,012,460</u>	<u>44,012,460</u>	<u>-</u>	<u>-</u>
Total	509,154,291	<u>\$ 291,773,020</u>	<u>\$ 217,381,271</u>	<u>\$ -</u>
Investments measured at net asset value *	<u>1,195,487,029</u>			
Total	<u>\$ 1,704,641,320</u>			

NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

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

Description	12/31/2023 Total	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Corporate stocks	\$ 172,092,288	\$ 172,092,288	\$ -	\$ -
Corporate obligations	206,452,509	-	206,452,509	-
Government agency obligations	54,332,117	17,134,125	37,197,992	-
Short-term investments	13,720,331	13,720,331	-	-
Total	446,597,245	<u>\$ 202,946,744</u>	<u>\$ 243,650,501</u>	<u>\$ -</u>
Investments measured at net asset value *	<u>1,083,790,224</u>			
Total	<u>\$ 1,530,387,469</u>			

*In accordance with Accounting Standards Codification, investments that are 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 and the table on the previous page are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

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

Corporate stocks are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period.

Government agency and corporate obligations are generally 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.

Short-term investments are valued at cost which approximates fair value.

Common collective trusts, hedge funds, 103-12 entities and limited partnerships are valued at the net asset value (NAV) per share. Generally, NAV is based upon the value of the estimated value of the underlying investment.

Authoritative guidance on fair value measurements permits the Plan to measure the fair value of an investment in an investment entity that does not have a readily determinable fair value based upon the NAV per share or its equivalent of the investment. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV.

NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

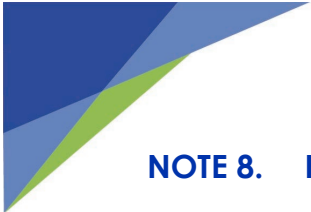
The Plan's investment in investment entities is subject to the terms of the respective private placement memoranda and governing agreements. Income or loss from investments in these investment entities is net of the Plan's proportionate share of fees and expenses incurred or charged by these investment entities.

The Plan's risk of loss in these entities is limited to its investment. The Plan may increase or decrease its level of investment in these entities at its discretion. The Plan typically has the ability to redeem its investment from these entities on a daily or quarterly basis but longer lock-up periods can apply to certain investments.

The following table summarizes the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of December 31, 2024 and 2023 by investment strategy:

	Fair Value		Unfunded Commitments		Redemption Frequency	Redemption Notice Period
	2024	2023	2024	2023		
a. Common collective trusts	\$ 475,734,141	\$ 457,261,592	\$ -	\$ -	Varies	Varies
b. 103-12 investment entities	192,061,919	124,518,845	-	-	Varies	Varies
c. Hedge funds	256,275	316,959	-	-	Varies	Varies
d. Limited partnerships	<u>527,434,694</u>	<u>501,692,828</u>	150,600,000	158,000,000	Varies	Varies
	<u>\$ 1,195,487,029</u>	<u>\$ 1,083,790,224</u>				

- The Plan's investments in common collective trusts are in investments which report as direct filing entities (DFE) with the Department of Labor.
- The Plan's investments in 103-12 investment entities are in investments which report as direct filing entities (DFE) with the Department of Labor.
- The Plan's investment in hedge funds is comprised of an investment that utilizes a master-feeder model and seeks capital appreciation through the allocation of its assets among a group of investment managers with diversified investment strategies in both domestic and global investments. These investments may be redeemed quarterly with a written redemption notice of 90 days.
- The Plan's investment in limited partnerships is comprised of eleven funds. One investment, representing approximately 24% of the Plan's investments in limited partnerships, objective is to achieve 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. Two investments, representing approximately 35% of the Plan's investments in limited partnerships, invest in a pool of real estate assets that are diversified by geography and type. The real estate held by the funds is adjusted based on appraisals and other estimates of fair value. Four investments, representing approximately 16% of the Plan's investments in limited partnerships, utilize a master-feeder model. The master investments seek appreciation through investment in non-traditional investment and private equity strategies. The Plan's remaining four investments seek appreciation through investment in existing limited partnerships seeking liquidity prior to termination of the partnership. The Plan is a



NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

limited partner in these partnerships and funds capital calls up to its agreed commitment level for the duration of the investment period. The Plan will receive distributions from these private equity investments once portfolio investments are sold. As such, these investments are illiquid in nature.

NOTE 9. PROPERTY AND EQUIPMENT

Property and equipment held by the Plan at December 31, 2024 and 2023 consist of the following:

	2024	2023
Land, Ames Place, N.E., Washington, D.C.	\$ 373,963	\$ 373,963
Land improvements	45,251	45,251
Building	1,509,951	1,509,951
Office furniture and equipment	<u>180,972</u>	<u>180,972</u>
	2,110,137	2,110,137
Accumulated depreciation	<u>(1,275,054)</u>	<u>(1,248,820)</u>
Property and equipment - net	<u>\$ 835,083</u>	<u>\$ 861,317</u>

Depreciation expense for the years ended December 31, 2024 and 2023 was \$26,234 and \$26,234, respectively.

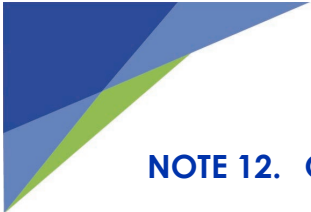
NOTE 10. RISKS AND UNCERTAINTIES

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 the amounts reported in the statements of net assets available for benefits.

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

NOTE 11. CONCENTRATION OF EMPLOYER CONTRIBUTORS

During the years ended December 31, 2024 and 2023, the Plan received approximately eighty-nine percent (89%) and eighty-nine percent (89%), respectively, of its employer contributions from one employer.



NOTE 12. OPERATING LEASE AGREEMENT

The Plan entered into an agreement to lease 5,189 square feet of space in its building located at 3130 Ames Place, NE, Washington, D.C. to the third-party administrator, a party-in-interest. The lease calls for a three-year term commencing July 1, 2016 with monthly payments due in advance. Starting July 1, 2017, this amount was increased by the Consumer Price Index for all Urban Consumers in the Washington-Baltimore Area plus an additional 1.5% not to exceed a maximum increase of 5% per year. For the years ended December 31, 2024 and 2023, total rent received by the Plan under this agreement was \$156,050 and \$149,041, respectively. This lease has continued on a month-to-month basis.

NOTE 13. PARTY-IN-INTEREST TRANSACTIONS

The Plan pays certain investment and administrative fees directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

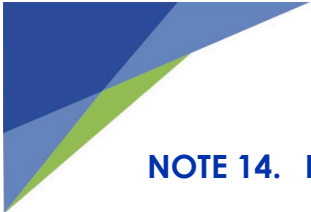
NOTE 14. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	2024	2023
Net assets available for benefits per financial statements	\$ 1,723,420,857	\$ 1,623,818,836
Benefit obligations currently payable	(1,126,000)	(1,320,000)
Adjustment to reflect building at estimated fair value	951,095	762,915
Net assets available for benefits per Form 5500	<u>\$ 1,723,245,952</u>	<u>\$ 1,623,261,751</u>

The following is a reconciliation of additions per the financial statements to the Form 5500 for the year ended December 31, 2024:

Additions per the financial statements	\$ 241,537,276
Add: investment expenses	6,295,579
Add: change in fair value of building	<u>188,180</u>
Additions per Form 5500	<u>\$ 248,021,035</u>



NOTE 14. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31, 2024:

Benefits paid to or for participants and dependents per the financial statements	\$ 139,058,091
Add: amounts currently payable at year end	1,126,000
Less: amounts payable at the beginning of the year	<u>(1,320,000)</u>
Benefits paid to or for participants and dependents per Form 5500	<u>\$ 138,864,091</u>

The following is a reconciliation of deductions per the financial statements to the Form 5500 for the year ended December 31, 2024:

Deductions per the financial statements	\$ 141,935,255
Add: investment expenses	6,295,579
Add: change in benefits payable	<u>(194,000)</u>
Deductions per Form 5500	<u>\$ 148,036,834</u>

Claims and premiums that have been processed and approved for payment at year-end, but not paid and claims incurred but not reported are not considered liabilities under GAAP and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.

NOTE 15. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 9, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



1. Participation

An employee becomes a Participant on the January 1 or July 1 after earning 700 hours of service in a 12-month period.

2. Credited Service

Credited Service is earned as follows:

Reported Hours Worked During Calendar Year	Years of Future Credited Benefit Service
1,400 or more	1
1,050 to 1,399	$\frac{3}{4}$
700 to 1,049	$\frac{1}{2}$
0 to 700	0

3. Vesting Credit

One year of Vesting Service is earned for each calendar year in which a Participant earns 700 hours of service.

4. Normal Pension

a. Eligibility Age 60 or the fifth anniversary of participation on the Plan.

b. Amount For service prior to March 1, 2008, the amount of pension benefit is calculated as follows:

For each year of Credited Service for Years	A monthly benefit equal to the average hourly contribution rate for the year multiplied by the following benefit factor
Prior to 1990	\$47
From 1990 to 1991	50
1992 to February 29, 2008	58

For each full or partial year of Credited Service on and after March 1, 2008 the amount of pension benefit will be calculated as 2.5% of the contribution made to the Plan on behalf of the participation for the plan year.

As of April 1, 2010, the amount of the pension benefit is calculated as 1.8% of the contributions made on behalf of the participant for future accruals. Furthermore,

Plan: Teamsters Local 639 – Employers Pension Trust
EIN/PN: 53-0237142/001
2024 Form 5500 – Schedule MB
Schedule MB, line 6 – Summary of Plan Provisions

benefit accruals on and after April 1, 2010 will be based on the employer's contribution rate in effect on March 31, 2010.

As of January 1, 2017, the amount of the pension benefit is calculated as 1.6% of the contributions made on behalf of the participant for future accruals. For benefit accruals purposes, the employer's contribution rate in effect on March 31, 2010 will still apply.

The average hourly contribution rate in 1986 is used for all years prior to 1986.

Credited Service before 1984 is limited to 20 years.

5. Form of Payment

The normal form of payment is a pension payable for the life of the Participant. If the Participant is married at the time of retirement the benefit is automatically paid in the form of a reduced 50% joint and survivor annuity (with pop-up).

The Participant and the spouse may reject the automatic form of payment and elect any of the following optional forms of payment:

- Life annuity
- 50% Joint survivor with pop-up
- 75% Joint and survivor with pop-up
- 100% Joint and survivor with pop-up
- Five year certain and life
- Split level – pays a larger benefit for the first 5 years and a smaller benefit thereafter
- Split level with 50% or 100% joint and survivor feature with pop-up

6. Early Retirement

a. Eligibility Age 50 and 10 years of Credited Service

b. Amount The normal pension earned to the date of retirement is reduced 0.4167% for each month (5% per year) that retirement precedes the normal retirement date.

7. 25-and-Out Retirement

a. Eligibility Participants who have 25 years of Credited Service may elect to retire at any age.

Plan: Teamsters Local 639 – Employers Pension Trust
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2024 Form 5500 – Schedule MB
Schedule MB, line 6 – Summary of Plan Provisions

- b. Amount** The normal pension earned to the date of retirement is reduced by 4% for each year of Credited Service less than 30. For benefits earned after April 1, 2010, the normal pension is reduced by 5% for each year of Credited Service less than 30 years.

8. 30-and-Out Retirement

- a. Eligibility** Participants with 30 years of Credited Service may elect to retire at any age.
- b. Amount** The normal pension earned to the date of retirement with no reduction.

9. Late Retirement

- a. Eligibility** A Participant may continue working after his normal retirement age and retire at any later date.
- b. Amount** The normal pension earned to the date of the actual retirement increased by 0.5% for each month (6% per year) that retirement is deferred after normal retirement age.

10. Super Bonus

- a. Eligibility** Participants who have 20 years of future (or contributory) Credited Service at age 60 and who then earn five years of Credited Service beyond age 60.
- b. Amount** The amount of monthly benefit is calculated as the late retirement benefit adjusted for the “high split” amount of a split-level benefit. The benefit is payable for life and is not reduced at the normal split-level date. Effective April 1, 2010, the Super Bonus is eliminated for any benefits earned after such date.

11. Special Minimum Benefit

a. Eligibility Completion of 25 years of Credited Service with employers who contributed to the Plan at a rate of at least \$2.35 per hour for December 1996.

b. Amount

For Eligible Participants who retire with		A minimum benefit of	
Years of Credited Service	At Age	Monthly Amount	Plus for each additional year
25	Before 60	\$2,000	\$100
25	60 or later	\$2,500	\$100
30	Any age	\$3,000	\$100

The number of years of Credited Service for purposes of this special minimum pension amount shall be limited to no more than thirty-five (35) years of total Credited Service.

The Participant will receive the larger of this minimum benefit or any other retirement benefit for which he is eligible.

12. Vesting

a. Eligibility Five years of Vesting Credit

b. Amount The normal pension earned to the date of termination. The benefit is payable at age 60. If the Participant has at least 10 years of Credited Service and worked in covered employment after 1982, he may elect to commence benefits as early as age 50, reduced as for early retirement. Late retirement increases apply.

13. Disability Benefit

a. Eligibility Payable to a Participant who becomes disabled after earning 10 years of Credited Service.

b. Amount The normal pension earned to the date of disability is payable immediately without reduction for early commencement.

14. Disability Lump Sum

- a. Eligibility** Payable to a Participant who becomes disabled before he is eligible for a disability pension.
- b. Amount** A lump sum equal to 50 cents multiplied by the number of hours of contributions made on his behalf but not greater than \$10,000.

15. Pre-Retirement Death Benefit

- a. Eligibility** Payable to the surviving spouse of a Participant who dies after becoming vested.
- b. Amount** 100% of the benefit that would have been payable had the Participant retired on the date before his death and elected the 100% joint and survivor form of payment. If death occurs before the Participant is eligible to retire, payment is deferred until the Participant would have become eligible to retire.

16. Pre-Retirement Death Lump Sum

- a. Eligibility** Payable to the survivor of an active participant who dies after earning five years of Credited Service but was not eligible for any other pension under the Plan.
- b. Amount** A lump sum equal to 25 cents multiplied by the number of hours of contributions made on his behalf but not greater than \$5,000.

17. Post-Retirement Lump Sum Death Benefit

A lump sum payment of \$10,000 is payable on the death of a Participant who retired with a normal, 25-&-out, 30-&-out, late retirement or a super bonus pension. A lump sum payment of \$6,000 is payable on the death of a retiree who retired with an early retirement pension, a deferred vested pension, or a disability income benefit.

18. Changes since last valuation

None.

TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500 Schedule H Item 4i

E.L.N. 53-0237142
Plan No. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par/maturity value or shares			(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	
	Corporate stocks					
	ACADIA PHARMACEUTICALS INC COM	Corporate stocks	N/A	N/A	40,520	\$ 743,542
	ACADIA RLTY TR COM	Corporate stocks	N/A	N/A	12,870	316,511
	ACI WORLDWIDE INC COM STK	Corporate stocks	N/A	N/A	17,818	657,079
	ACUTY INC	Corporate stocks	N/A	N/A	3,819	634,017
	ACV AUCTIONS INC CL A CL A	Corporate stocks	N/A	N/A	27,561	576,739
	ADVANCED DRAIN SYS INC DEL COM	Corporate stocks	N/A	N/A	3,000	334,376
	AFFILIATED MANAGERS GROUP INC COM STK	Corporate stocks	N/A	N/A	10,223	979,526
	AFFILIATED MANAGERS GROUP INC COM STK	Corporate stocks	N/A	N/A	8,127	1,296,481
	AGILYSYS INC COM STK	Corporate stocks	N/A	N/A	6,307	795,241
	AKERO THERAPEUTICS INC COM	Corporate stocks	N/A	N/A	14,515	457,409
	ALLEGION PLC COMMON STOCK	Corporate stocks	N/A	N/A	9,937	1,297,957
	APTARGROUP INC COM	Corporate stocks	N/A	N/A	15,197	995,281
	APTARGROUP INC COM	Corporate stocks	N/A	N/A	3,823	554,906
	ARAMARK COM	Corporate stocks	N/A	N/A	67,167	1,746,060
	ARCHROCK INC COM	Corporate stocks	N/A	N/A	26,285	270,370
	ASTERA LABS INC COM	Corporate stocks	N/A	N/A	5,642	723,973
	AVERY DENNISON CORP COM	Corporate stocks	N/A	N/A	8,550	1,622,783
	AVIENT CORPORATION	Corporate stocks	N/A	N/A	9,468	415,488
	BALL CORP COM	Corporate stocks	N/A	N/A	8,734	408,003
	BANCIRST CORP COM	Corporate stocks	N/A	N/A	2,626	294,237
	BANK OZK COM	Corporate stocks	N/A	N/A	7,130	291,783
	BELDEN INC COM	Corporate stocks	N/A	N/A	7,002	834,291
	BERKLEY W R CORP COM	Corporate stocks	N/A	N/A	78,471	2,006,221
	BILL HOLDINGS INC COM USD0.00001	Corporate stocks	N/A	N/A	16,835	1,499,610
	BIO-TECHNE CORP COM	Corporate stocks	N/A	N/A	16,712	593,735
	BLACK HILLS CORP COM	Corporate stocks	N/A	N/A	12,595	756,824
	BLACKBAUD INC COM	Corporate stocks	N/A	N/A	18,624	706,517
	BLUELIX HLDGS INC COM NEW COM NEW	Corporate stocks	N/A	N/A	2,616	304,373
	BOOZ ALLEN HAMILTON HLDG CORP CL A COM STK	Corporate stocks	N/A	N/A	19,638	1,628,449
	BREAD FINANCIAL HOLDINGS INC COM USD0.01	Corporate stocks	N/A	N/A	18,392	972,885
	BROADRIDGE FINL SOLUTIONS INC COM STK	Corporate stocks	N/A	N/A	4,711	400,961
	BROWN & BROWN INC COM	Corporate stocks	N/A	N/A	27,442	1,226,027
	BURLINGTON STORES INC COM	Corporate stocks	N/A	N/A	10,038	1,610,008
	CABOT CORP COM	Corporate stocks	N/A	N/A	3,636	290,522
	CACI INTL INC CL A CL A	Corporate stocks	N/A	N/A	6,914	1,731,487
	CACTUS INC CL A CL A	Corporate stocks	N/A	N/A	21,045	930,489
	CALERES INC COM	Corporate stocks	N/A	N/A	7,465	307,567
	CARGURUS INC CL A CL A	Corporate stocks	N/A	N/A	20,045	562,437
	CARLISLE COMPANIES INC COM	Corporate stocks	N/A	N/A	10,468	1,278,556
	CASEYS GEN STORES INC COM	Corporate stocks	N/A	N/A	6,890	1,462,595
	CENTERSPACE	Corporate stocks	N/A	N/A	4,078	283,280
	CHEFS' WAREHOUSE HOLDINGS IN	Corporate stocks	N/A	N/A	8,182	348,858
	CHOICE HOTELS INTL INC COM	Corporate stocks	N/A	N/A	17,618	1,489,048
	CIMPRESS PLC COM	Corporate stocks	N/A	N/A	4,311	415,900
	CLEARWATER ANALYTICS HLDGS INC CL A CL A	Corporate stocks	N/A	N/A	22,752	610,295
	CNX RESOURCES CORPORATION COM	Corporate stocks	N/A	N/A	23,244	337,626
	COHERENT CORP COM	Corporate stocks	N/A	N/A	12,641	999,122
	COLUMBIA BKG SYS INC COM	Corporate stocks	N/A	N/A	27,035	785,908
	COLUMBIA SPORTSWEAR CO COM	Corporate stocks	N/A	N/A	20,385	1,177,791
	COMERICA INC COM	Corporate stocks	N/A	N/A	9,875	601,810
	CONFLUENT INC CL A CL A	Corporate stocks	N/A	N/A	50,529	1,499,671
	CONMED CORP COM	Corporate stocks	N/A	N/A	7,726	740,145
	COPT DEFENSE PROPERTIES COM STK USD0.01	Corporate stocks	N/A	N/A	20,167	616,548
	CROCS INC COM	Corporate stocks	N/A	N/A	5,087	554,661
	CSG SYS INTL INC COM	Corporate stocks	N/A	N/A	9,039	496,620
	CSW INDUSTRIALS INC COM	Corporate stocks	N/A	N/A	1,760	331,888
	CUSTOMERS BANCORP INC COM	Corporate stocks	N/A	N/A	7,369	225,104
	DOLBY LABORATORIES INC CL A COM STK	Corporate stocks	N/A	N/A	35,337	2,821,190
	DORMAN PRODS INC COM	Corporate stocks	N/A	N/A	3,975	420,721
	DIOLINGO INC CL A COM CL A COM	Corporate stocks	N/A	N/A	1,704	274,082
	EAGLE MATLS INC COM	Corporate stocks	N/A	N/A	3,232	379,982
	EAST WEST BANCORP INC COM	Corporate stocks	N/A	N/A	8,086	501,635
	ELANCO ANIMAL HEALTH INC COM	Corporate stocks	N/A	N/A	71,386	1,261,513
	EMPIRE ST RLTY TR INC CL A CL A	Corporate stocks	N/A	N/A	33,068	367,128
	ENCOMPASS HEALTH CORP COM USD0.01	Corporate stocks	N/A	N/A	16,490	1,063,019
	ENERSYS COM	Corporate stocks	N/A	N/A	4,923	525,401
	ENVISTA HLDGS CORP COM	Corporate stocks	N/A	N/A	70,533	1,751,095
	ESCO TECHNOLOGIES INC	Corporate stocks	N/A	N/A	2,952	378,966
	EURONET WORLDWIDE INC COM	Corporate stocks	N/A	N/A	8,232	897,537
	EVERCORE INC	Corporate stocks	N/A	N/A	6,410	865,125
	F5 INC COM STK NPV	Corporate stocks	N/A	N/A	3,607	658,955
	FACTSET RESH SYS INC COM STK	Corporate stocks	N/A	N/A	1,899	167,279
	FLUOR CORP NEW COM	Corporate stocks	N/A	N/A	23,062	971,120
	FRANKLIN BSP REALTY TRUST INC	Corporate stocks	N/A	N/A	24,097	360,154
	FRESHPET INC COM	Corporate stocks	N/A	N/A	2,283	297,346
	FRONTDOOR INC COM	Corporate stocks	N/A	N/A	19,267	925,870
	FTI CONSULTING INC COM	Corporate stocks	N/A	N/A	6,431	1,091,835
	G-III APPAREL GROUP LTD COM	Corporate stocks	N/A	N/A	14,594	289,557
	GLAUKOS CORP COM	Corporate stocks	N/A	N/A	7,862	801,213
	GLOBE LIFE INC COM	Corporate stocks	N/A	N/A	14,250	1,196,444
	GODADDY INC CL A CL A	Corporate stocks	N/A	N/A	23,604	1,779,886
	GOOSEHEAD INS INC COM CL A COM CL A	Corporate stocks	N/A	N/A	5,974	592,240
	GRACO INC COM	Corporate stocks	N/A	N/A	13,043	162,496
	GUIDEWIRE SOFTWARE INC COM USD0.0001	Corporate stocks	N/A	N/A	10,616	1,224,391
	HANCOCK WHITNEY CORP	Corporate stocks	N/A	N/A	7,009	268,218
	HCI GROUP INC COM NPV	Corporate stocks	N/A	N/A	2,651	296,969
	HUNT J B TRANS SVCS INC COM	Corporate stocks	N/A	N/A	9,371	611,918
	IDEX CORP COM	Corporate stocks	N/A	N/A	8,707	850,564
	INDEPENDENT BK CORP MASS COM COM STK USD0.01	Corporate stocks	N/A	N/A	7,493	391,904
	INNOVATIVE INDL PPTY INC	Corporate stocks	N/A	N/A	4,634	562,565
	INSIGHT ENTERPRISES INC COM	Corporate stocks	N/A	N/A	2,545	321,810
	INSTALLED BLDG PRODS INC COM	Corporate stocks	N/A	N/A	3,747	412,972
	J & J SNACK FOODS CORP COM STK NPV	Corporate stocks	N/A	N/A	2,633	438,454
	JACK HENRY & ASSOC INC COM	Corporate stocks	N/A	N/A	5,590	427,094
	JANUS HENDERSON GROUP PLC	Corporate stocks	N/A	N/A	16,702	538,746
	JAZZ PHARMACEUTICALS PLC COM USD0.0001	Corporate stocks	N/A	N/A	2,652	327,811

TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND

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

DECEMBER 31, 2024

Form 5500 Schedule H Item 4i

E.I.N. 53-0237142
Plan No. 001

		(c) Description of investment including maturity date, rate of interest, collateral par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	(d) Description	(e) Maturity Date	(f) Rate of Interest	(g) Par/Maturity Value or Shares	(h) (d) Cost	(i) (e) Current Value
	JONES LANG LASALLE INC COM STK	Corporate stocks	N/A	N/A	6,954	\$ 865,109	\$ 1,760,336
	JONES LANG LASALLE INC COM STK	Corporate stocks	N/A	N/A	3,487	603,788	882,699
	KINSALE CAP GROUP INC COM	Corporate stocks	N/A	N/A	2,257	833,952	1,049,798
	KIRBY CORP COM	Corporate stocks	N/A	N/A	11,937	406,703	1,262,935
	KIRBY CORP COM	Corporate stocks	N/A	N/A	9,636	1,171,337	1,019,489
	LANDSTAR SYS INC COM	Corporate stocks	N/A	N/A	12,196	1,046,421	2,096,005
	LENNOX INTL INC COM	Corporate stocks	N/A	N/A	4,696	928,701	2,861,273
	LIBERTY MEDIA CORP DEL COM LIBERTY LIVE SER C	Corporate stocks	N/A	N/A	7,315	376,932	497,859
	LIVANOVA PLC ORD GBP1.00 [DI]	Corporate stocks	N/A	N/A	20,242	1,158,550	937,407
	LKQ CORP COM LKQ CORP	Corporate stocks	N/A	N/A	69,035	2,769,126	2,537,036
	MANHATTAN ASSOCS INC COM	Corporate stocks	N/A	N/A	3,826	168,360	1,033,938
	MARKEL GROUP INC	Corporate stocks	N/A	N/A	1,919	1,223,215	3,312,635
	MASIMO CORP COM STK	Corporate stocks	N/A	N/A	6,985	933,174	1,154,621
	MASTEC INC COM	Corporate stocks	N/A	N/A	7,585	892,529	1,032,622
	MERIT MED SYS INC COM	Corporate stocks	N/A	N/A	9,005	773,365	870,964
	MGE ENERGY INC COM	Corporate stocks	N/A	N/A	3,357	362,440	315,424
	MKS INC	Corporate stocks	N/A	N/A	12,314	1,468,238	1,285,458
	MLP COMPASS DIVERSIFIED HLDGS FORMERLY COMP SH BEN INT	Corporate stocks	N/A	N/A	11,129	261,803	256,857
	MORNINGSTAR INC COM STK	Corporate stocks	N/A	N/A	11,122	1,193,502	3,745,445
	NATIONAL HEALTH INVS INC COM	Corporate stocks	N/A	N/A	5,540	454,975	383,922
	NATL FUEL GAS CO COM	Corporate stocks	N/A	N/A	5,577	305,385	338,412
	NBT BANCORP INC COM	Corporate stocks	N/A	N/A	6,700	340,672	319,992
	NCR ATTELOS CORPORATION COM USD0.01 W	Corporate stocks	N/A	N/A	16,142	362,018	547,537
	NORDSON CORP COM	Corporate stocks	N/A	N/A	6,166	737,118	1,290,174
	NORDSTROM INC COM MERGER 05-22-2025	Corporate stocks	N/A	N/A	65,292	1,529,745	1,576,802
	NRG ENERGY INC COM NEW	Corporate stocks	N/A	N/A	12,610	802,128	1,137,674
	NUTANIX INC CL A CL A	Corporate stocks	N/A	N/A	11,008	747,603	673,469
	NVENT ELECTRIC PLC COM USD0.01 W	Corporate stocks	N/A	N/A	8,029	486,268	547,257
	ONTO INNOVATION INC	Corporate stocks	N/A	N/A	6,421	539,157	1,070,188
	PACIRA BIOSCIENCES INC COM USD0.001	Corporate stocks	N/A	N/A	16,913	362,165	318,641
	PELTON INTERACTIVE INC	Corporate stocks	N/A	N/A	34,429	349,096	299,532
	PENTAIR PLC COM USD0.01	Corporate stocks	N/A	N/A	6,359	534,789	639,970
	PHINIA INC COM USD0.01 W	Corporate stocks	N/A	N/A	10,799	430,473	520,188
	PIPER SANDLER COMPANIES COM USD0.01	Corporate stocks	N/A	N/A	2,710	369,871	812,865
	POOL CORP COM STK	Corporate stocks	N/A	N/A	3,046	454,831	1,038,503
	PRESTIGE CONSUMER HEALTHCARE INC COM	Corporate stocks	N/A	N/A	5,914	488,064	461,824
	PRIMO BRANDS CORPORATION COM USD0.01	Corporate stocks	N/A	N/A	13,275	338,513	408,472
	PROG HOLDINGS INC COM	Corporate stocks	N/A	N/A	12,048	592,291	509,149
	PROSPERITY BANCSHARES INC COM	Corporate stocks	N/A	N/A	13,035	917,998	982,187
	REINSURANCE GROUP AMER INC COM NEW STI	Corporate stocks	N/A	N/A	5,625	1,001,970	1,201,669
	REVOLUTION MEDICINES INC COM	Corporate stocks	N/A	N/A	8,254	361,433	361,030
	RINGCENTRAL INC CL A CL A	Corporate stocks	N/A	N/A	9,058	339,654	317,121
	RIVIAN AUTOMOTIVE INC	Corporate stocks	N/A	N/A	26,474	365,095	352,104
	ROYAL GOLD INC COM STK USD0.01	Corporate stocks	N/A	N/A	5,822	827,752	767,631
	RPM INTL INC	Corporate stocks	N/A	N/A	21,674	1,355,106	2,667,202
	RXSGHT INC COM	Corporate stocks	N/A	N/A	13,158	431,177	452,372
	SE INVS CO COM	Corporate stocks	N/A	N/A	29,871	1,210,461	2,463,760
	SELECT WATER SOLUTIONS INC	Corporate stocks	N/A	N/A	27,825	385,549	368,403
	SENSIENT TECHNOLOGIES CORP COM	Corporate stocks	N/A	N/A	4,679	346,492	333,426
	SENTINELONE INC CL A COM CL A COM	Corporate stocks	N/A	N/A	37,643	992,909	835,675
	SERVICE CORP INTL COM	Corporate stocks	N/A	N/A	12,492	499,727	997,111
	SHIFT4 PMTS INC CL A CL A	Corporate stocks	N/A	N/A	5,933	434,203	615,727
	SIMPSON MFG INC COM	Corporate stocks	N/A	N/A	7,761	918,497	864,306
	SMITH A O CORP COM	Corporate stocks	N/A	N/A	4,026	298,695	274,614
	SPECTRUM BRANDS HLDGS INC COM USD0.01	Corporate stocks	N/A	N/A	6,978	605,959	589,571
	SPROUTS FMRS MKT INC COM	Corporate stocks	N/A	N/A	12,694	339,602	1,613,027
	SUPERIUS PHARMACEUTICALS INC COM STI	Corporate stocks	N/A	N/A	12,414	470,064	448,890
	TANGER INC	Corporate stocks	N/A	N/A	19,039	585,790	649,801
	TELEFLEX INC COM	Corporate stocks	N/A	N/A	12,706	3,293,529	2,261,414
	TOAST INC COM USD0.000001 CLASS A	Corporate stocks	N/A	N/A	45,125	1,309,659	1,444,806
	TRANSUNION COM	Corporate stocks	N/A	N/A	20,791	1,173,671	1,927,534
	TRAVEL + LEISURE CO COM USD0.01	Corporate stocks	N/A	N/A	20,348	937,552	1,026,557
	TRIMBLE INC COM TRIMBLE INC	Corporate stocks	N/A	N/A	46,314	2,364,678	3,272,547
	TRINITY IND INC COM	Corporate stocks	N/A	N/A	18,118	593,136	635,942
	TXNM ENERGY INC COM NPV	Corporate stocks	N/A	N/A	7,761	373,913	381,608
	TYLER TECHNOLOGIES INC COM STK	Corporate stocks	N/A	N/A	2,648	945,844	1,526,943
	ULTA BEAUTY INC COM STK USD0.0	Corporate stocks	N/A	N/A	2,776	740,777	1,207,366
	ULTRAGENYX PHARMACEUTICAL INC COM	Corporate stocks	N/A	N/A	12,338	691,804	519,060
	UMB FINL CORP COM STK	Corporate stocks	N/A	N/A	3,725	227,884	420,404
	US FOODS HLDG CORP COM	Corporate stocks	N/A	N/A	23,451	1,257,734	1,582,004
	VAXCYTE INC COM	Corporate stocks	N/A	N/A	3,177	364,596	260,069
	VORNADO RITY TR COM	Corporate stocks	N/A	N/A	24,679	957,239	1,037,505
	WARBY PARKER INC CL A COM CL A COM	Corporate stocks	N/A	N/A	44,128	1,002,248	1,068,339
	WESTERN ALLIANCE BANCORPORATION COM	Corporate stocks	N/A	N/A	4,866	307,640	406,506
	WEX INC COM	Corporate stocks	N/A	N/A	10,918	1,063,951	1,914,144
	WOODWARD INC COM	Corporate stocks	N/A	N/A	1,892	309,973	314,867
	WORLD KINET CORPORATION COM USD0.01	Corporate stocks	N/A	N/A	24,856	776,845	683,789
	WFS FINANCIAL CORP COM	Corporate stocks	N/A	N/A	8,794	519,804	467,225
	ZILLOW GROUP INC COM USD0.0001	Corporate stocks	N/A	N/A	15,521	711,919	1,099,655
	Total - Corporate stocks					134,269,372	186,616,460
Government agency obligations							
	COLORADO HSG & FIN AUTH 4.381% 11-01-2026 TAXABL	Government Agency Oblig	11/1/2026	4.38%	240,000	240,000	239,774
	COLORADO HSG & FIN AUTH 4.585% 05-01-2026	Government Agency Oblig	5/1/2026	4.59%	50,000	50,000	49,989
	DALLAS FORT WORTH TEX INTL ARPT REV 2.256% 11-01-2026 BEO TAXABL	Government Agency Oblig	11/1/2026	2.26%	185,000	185,000	177,930
	DALLAS FORT WORTH TEX INTL ARPT REV 2.256% 11-01-2026 BEO TAXABL	Government Agency Oblig	11/1/2026	2.26%	60,000	60,000	57,707
	FED FARM CR BKS CONS SYSTEMWIDE BDS DTD 2.39% 01-19-2033	Government Agency Oblig	1/19/2033	2.39%	141,000	117,481	117,655
	FED HOME LN MTG 2.92000007629% DUE 06-25-2032	Government Agency Oblig	6/25/2032	2.92%	280,000	252,185	245,965
	FED HOME LN MTG 2.92000007629% DUE 06-25-2032	Government Agency Oblig	6/25/2032	2.92%	55,000	49,539	48,314
	FEDERAL FARM CR BKS 5.67% 09-18-2029	Government Agency Oblig	9/18/2029	5.67%	1,970,000	1,969,559	1,976,008
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 2.48% 01-19-2033	Government Agency Oblig	1/19/2033	2.48%	286,000	237,823	235,406
	FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 3.0% DUE 03-08-2032 REC	Government Agency Oblig	3/8/2032	3.00%	405,000	391,532	357,940
	FEDERAL HOME LN MTG CORP POOL #J14823 4%10-01-2026 BEO	Government Agency Oblig	10/1/2026	4.00%	516	549	512
	FEDERAL HOME LN MTG CORP SER K733 CL A2 FLTG 08-25-2025 REC	Government Agency Oblig	8/25/2025	3.75%	301,552	325,629	299,571
	FEDERAL HOME LN MTG CORP SER K733 CL A2 FLTG 08-25-2025 REC	Government Agency Oblig	8/25/2025	3.75%	60,310	65,126	59,914

TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND

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

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Plan No. 001

		(c) Description of investment including maturity date, rate of interest, collateral par/maturity value or shares				(d)	(e)
(a)	(b)	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
	FILMCL MULTICLASS TRANCHE 00871 2.995 12-25-2022	Government Agency Oblig	12/25/2025	3.00%	80,000	\$ 78,575	\$ 78,918
	FILMCL MULTICLASS TRANCHE 00871 2.995 12-25-2022	Government Agency Oblig	12/25/2025	3.00%	45,000	44,198	44,392
	FINMA POOL #972406 5.5% 03-01-2038 BEO	Government Agency Oblig	3/1/2038	5.50%	642	642	645
	HONOLULU HAWAII CITY & CNTY WASTEWR SYSREV 2.316% 07-01-2025 BEO TAXABL	Government Agency Oblig	7/1/2025	2.32%	295,000	295,000	292,133
	HONOLULU HAWAII CITY & CNTY WASTEWR SYSREV 2.316% 07-01-2025 BEO TAXABL	Government Agency Oblig	7/1/2025	2.32%	60,000	60,000	59,417
	METRO WTR RECOVERY COLO SWR REV 2.124% 04-01-2025 BEO TAXABL	Government Agency Oblig	4/1/2025	2.12%	315,000	315,000	313,174
	METRO WTR RECOVERY COLO SWR REV 2.124% 04-01-2025 BEO TAXABL	Government Agency Oblig	4/1/2025	2.12%	65,000	65,000	64,623
	NEBRASKA PUB PWR DIST REV 2.421% 01-01-2026 BEO TAXABL	Government Agency Oblig	1/1/2026	2.42%	155,000	150,657	152,034
	NEBRASKA PUB PWR DIST REV 2.421% 01-01-2026 BEO TAXABL	Government Agency Oblig	1/1/2026	2.42%	20,000	20,000	19,617
	NEVADA HSG DIV SINGLE FAMILY MTG REV 5.251% 10-01-2022	Government Agency Oblig	10/1/2026	5.25%	185,000	185,000	187,383
	NEW YORK ST URBAN DEV CORP REV 3.27% 03-15-2028 BEO TAXABL	Government Agency Oblig	3/15/2028	3.27%	260,000	254,496	250,660
	NEW YORK ST URBAN DEV CORP REV 3.27% 03-15-2028 BEO TAXABL	Government Agency Oblig	3/15/2028	3.27%	45,000	44,039	43,383
	OHIO ST TPK COMMN TPK REV 2.251% 02-15-2028 BEO TAXABL	Government Agency Oblig	2/15/2028	2.25%	60,000	60,000	56,043
	OREGON ST DEPT TRANSN HWY USER TAX REV 1.33% 11-15-2028 BEO TAXABL	Government Agency Oblig	11/15/2028	1.33%	175,000	148,748	155,217
	OREGON ST DEPT TRANSN HWY USER TAX REV 1.33% 11-15-2028 BEO TAXABL	Government Agency Oblig	11/15/2028	1.33%	35,000	29,198	31,043
	RALEIGH N C COMB ENTERPRISE SYS REV 2.275% 03-01-2026 BEO TAXABL	Government Agency Oblig	3/1/2026	2.28%	255,000	255,000	249,221
	RALEIGH N C COMB ENTERPRISE SYS REV 2.275% 03-01-2026 BEO TAXABL	Government Agency Oblig	3/1/2026	2.28%	55,000	55,000	53,754
	UNITED STATES OF AMER TREAS BOND 3.125% 11-15-2022	Government Agency Oblig	11/15/2028	3.13%	2,780,000	2,644,664	2,659,787
	UNITED STATES OF AMER TREAS BOND 3.125% 11-15-2022	Government Agency Oblig	11/15/2028	3.13%	395,000	376,322	377,919
	UNITED STATES OF AMER TREAS NOTES 3.5% 03-31-203	Government Agency Oblig	3/31/2030	3.63%	11,200,000	10,875,887	10,792,687
	UNITED STATES OF AMER TREAS NOTES 3.5% 03-31-203	Government Agency Oblig	3/31/2030	3.63%	1,580,000	1,529,095	1,522,540
	UNITED STATES OF AMER TREAS NOTES 3.625% 05-15-2022	Government Agency Oblig	5/15/2026	3.63%	3,280,000	3,201,943	3,252,838
	UNITED STATES OF AMER TREAS NOTES 3.625% 05-15-2022	Government Agency Oblig	5/15/2026	3.63%	535,000	522,395	530,570
	UNITED STATES OF AMER TREAS NOTES 4.0% 01-31-202	Government Agency Oblig	1/31/2029	4.00%	2,766,000	2,738,729	2,727,751
	UNITED STATES OF AMER TREAS NOTES 4.0% 01-31-202	Government Agency Oblig	1/31/2031	4.00%	2,059,000	2,009,946	2,008,651
	UNITED STATES OF AMER TREAS NOTES 4.0% 02-15-203	Government Agency Oblig	2/15/2034	4.00%	1,652,000	1,605,266	1,581,855
	UNITED STATES OF AMER TREAS NOTES 4.0% 02-15-203	Government Agency Oblig	2/15/2034	4.00%	75,000	72,492	71,815
	UNITED STATES TREAS 2.75% 02-15-2021	Government Agency Oblig	2/15/2028	2.75%	5,555,000	5,372,403	5,303,506
	UNITED STATES TREAS 2.75% 02-15-2021	Government Agency Oblig	2/15/2028	2.75%	770,000	750,015	735,140
	UNITED STATES TREAS NTS .5% DUE 05-31-2027 REC	Government Agency Oblig	5/31/2027	0.50%	1,725,000	1,528,983	1,577,095
	UNITED STATES TREAS NTS 2.75% 08-15-2031	Government Agency Oblig	8/15/2032	2.75%	7,530,000	6,761,528	6,677,875
	UNITED STATES TREAS NTS 2.75% 08-15-2031	Government Agency Oblig	8/15/2032	2.75%	790,000	710,027	700,607
	UNITED STATES TREAS NTS 3.75% 12-31-2021	Government Agency Oblig	12/31/2028	3.75%	1,823,000	1,800,604	1,781,840
	UNITED STATES TREAS NTS 4.375% 11-30-203	Government Agency Oblig	11/30/2030	4.38%	1,490,000	1,508,348	1,484,413
	UNITED STATES TREAS NTS 4.375% 11-30-203	Government Agency Oblig	11/30/2030	4.38%	205,000	208,143	204,231
	UNITED STATES TREAS NTS DTD 02/29/2024 4.25% 02-28-203	Government Agency Oblig	2/28/2031	4.25%	1,240,000	1,236,813	1,225,808
	UNITED STATES TREAS NTS DTD 11/15/2016 2.0% 11-15-2026 REC	Government Agency Oblig	11/15/2026	2.00%	5,055,000	4,763,325	4,851,220
	UNITED STATES TREAS NTS DTD 11/15/2016 2.0% 11-15-2026 REC	Government Agency Oblig	11/15/2026	2.00%	660,000	623,731	633,394
	UNITED STS TREAS NTS 1.125% DUE 02-15-2031 REC	Government Agency Oblig	2/15/2031	1.13%	1,175,000	1,073,222	969,559
	UNITED STS TREAS NTS 1.125% DUE 02-15-2031 REC	Government Agency Oblig	2/15/2031	1.13%	205,000	187,093	169,157
	US TREASURY N/B 1.25% DUE 08-15-2031 REC	Government Agency Oblig	8/15/2031	1.25%	2,595,000	2,203,918	2,117,561
	US TREASURY N/B 1.25% DUE 08-15-2031 REC	Government Agency Oblig	8/15/2031	1.25%	365,000	318,197	297,846
	US TREASURY N/B 2.375% 05-15-2025	Government Agency Oblig	5/15/2029	2.38%	4,990,000	4,664,315	4,598,987
	US TREASURY N/B 2.375% 05-15-2025	Government Agency Oblig	5/15/2029	2.38%	385,000	367,933	354,832
	US TREASURY N/B 3.375% 05-15-2033	Government Agency Oblig	5/15/2033	3.38%	1,835,000	1,736,782	1,686,480
	US TREASURY N/B 3.375% 05-15-2033	Government Agency Oblig	5/15/2033	3.38%	270,000	258,678	248,143
	Total - Government agency obligations					67,655,773	67,662,462
Hedge funds							
	ENRUST CAP DIVERSIFIED QP LTD CL X SERIES 12/31/2014	Hedge fund	N/A	N/A	60,737	6,070,548	256,275
	Total - Hedge funds					6,070,548	256,275
Common-collective trusts							
	ASB ALLEGIANCE REAL ESTATE FUND	Common-collective trust	N/A	N/A	40,072	27,532,380	56,410,653
	NORTHERN TRUST COLLECTIVE RUSSELL 1000 GROWTH INDEX FUND - LENDING	Common-collective trust	N/A	N/A	97,203	123,402,457	214,188,677
	WEDGE QVM LARGE CAP VALUE CI	Common-collective trust	N/A	N/A	11,615,788	119,226,192	205,134,811
	Total - Common-collective trusts					270,161,029	475,734,141
103-12 investment entities							
	JOHNSTON INTERNATIONAL EQUITY GROUP TR FUND	103-12 investment entity	N/A	N/A	2,356,143	52,734,608	99,835,661
	SOUTH LASALLE INTERNATIONAL EQUITIES TRUS	103-12 investment entity	N/A	N/A	1,692,250	75,278,067	92,226,258
	Total - 103-12 investment entities					128,012,675	192,061,919
Short-term investments							
	FEDERATED GOVT OBLIG PREM SHS #17	Short-term investment	N/A	N/A	4,138,451	4,138,451	4,138,451
	MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	Short-term investment	N/A	N/A	2,592,898	2,592,898	2,592,898
	NT COLLECTIVE GOVT SHORT TERM INVT FC	Short-term investment	N/A	N/A	664,283	664,283	664,283
	NT COLLECTIVE SHORT TERM INVT FC	Short-term investment	N/A	N/A	32,570,460	32,570,460	32,570,460
	SEI DAILY INCOME TR GOVT POT CL A FC	Short-term investment	N/A	N/A	730	730	730
	CF COMERICA SHORT TERM FD	Short-term investment	N/A	N/A	116	116	116
	UNITED STATES OF AMER TREAS BILLS 0% 0% T-BILL 01-07-2022	Short-term investment	N/A	N/A	1,424,190	1,424,190	1,424,190
	UNITED STS TREAS BILLS 01-14-2025 UNITED STS TREAS BIL	Short-term investment	N/A	N/A	2,621,332	2,621,332	2,621,332
	Total - Short-term investments					44,012,460	44,012,460
Corporate obligations							
	ACADIA HEALTHCARE 5.5% DUE 07-01-2021	Corporate obligation	7/1/2028	5.50%	100,000	96,969	95,501
	ACRISURE LLC TL 11-06-2030	Corporate obligation	11/6/2030	0.00%	1,149,670	1,106,576	1,149,314
	ADOBE INC FIXED 2.15% DUE 02-01-2027	Corporate obligation	2/1/2027	2.15%	100,000	100,171	95,437
	ADOBE INC FIXED 2.15% DUE 02-01-2027	Corporate obligation	2/1/2027	2.15%	20,000	20,855	19,087
	AERCAP IRELAND CAP / GLOBA 3.0% DUE 10-29-2021	Corporate obligation	10/29/2028	3.00%	545,000	494,973	504,526
	AERCAP IRELAND CAP / GLOBA 3.0% DUE 10-29-2021	Corporate obligation	10/29/2028	3.00%	50,000	45,337	46,287
	ALLY AUTO RECEIVABLES TRUST SER 22-3 CL A3 5.07% DUE 04-15-2027 REC	Corporate obligation	4/15/2027	5.07%	67,817	67,351	67,951
	ALLY AUTO RECEIVABLES TRUST SER 23-1 CL A3 5.46% DUE 05-15-2022	Corporate obligation	5/15/2028	5.46%	500,000	499,915	504,783
	ALLY FINL INC 6.7% 02-14-2033	Corporate obligation	2/14/2033	6.70%	600,000	553,082	604,974
	AMERICAN EXPRESS CO 6.489% DUE 10-30-2031	Corporate obligation	10/30/2031	6.49%	490,000	521,936	523,906
	AMERICAN EXPRESS CO 6.489% DUE 10-30-2031	Corporate obligation	10/30/2031	6.49%	45,000	47,877	48,114
	AMERICREDIT 7.4% DUE 08-18-2024	Corporate obligation	8/18/2026	0.76%	1,496	1,496	1,746
	AMERN CR ACCEP RECEIVABLES TR ASSET BACKED NT CL D 144A 1.34% 07-13-2022	Corporate obligation	7/13/2027	1.34%	22,344	22,012	22,269
	AMPHENOL CORP NEW 4.75% DUE 03-30-2022	Corporate obligation	3/30/2026	4.75%	400,000	408,227	410,214
	AMPHENOL CORP NEW 4.75% DUE 03-30-2022	Corporate obligation	3/30/2026	4.75%	85,000	84,694	85,044
	ANTERO MIDSTREAM 5.75% DUE 01-15-2022	Corporate obligation	1/15/2028	5.75%	425,000	422,255	421,653
	ANTHEM INC 4.101% 03-01-2028	Corporate obligation	3/1/2028	4.10%	715,000	694,142	699,211
	ANTHEM INC 4.101% 03-01-2028	Corporate obligation	3/1/2028	4.10%	65,000	63,076	63,565

TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND

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

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Plan No. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par/maturity value or shares				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	ARSENAL AIC PARENT 11.5% DUE 10-01-2031	Corporate obligation	10/1/2031	11.50%	550,000	\$ 609,783	\$ 615,314
	ASBURY AUTOMOTIVE 5% DUE 02-15-2032	Corporate obligation	2/15/2032	5.00%	175,000	141,469	159,629
	ASURION LLC NEW 84 TERM LOAN (SECOND LIEN) SENIOR SECURED 01-20-2027	Corporate obligation	1/20/2029	0.00%	1,450,000	1,439,148	1,396,075
	ASURION LLC USD SECOND LIEN TERM LOAN 83 DUE 01-31-2028 BEC	Corporate obligation	1/31/2028	5.25%	1,200,000	1,200,005	1,169,148
	BANK 2021-BNK33 2.021% DUE 05-15-2064	Corporate obligation	5/15/2064	2.02%	355,000	310,341	311,892
	BANK 2021-BNK33 2.021% DUE 05-15-2064	Corporate obligation	5/15/2064	2.02%	40,000	34,965	35,143
	BANK AMER CORP 3.824% 01-20-2028	Corporate obligation	1/20/2028	3.82%	990,000	974,528	969,954
	BANK AMER CORP 3.824% 01-20-2028	Corporate obligation	1/20/2028	3.82%	95,000	96,280	93,076
	BANK OF AMERICA CORPORATION 5.288% 04-25-2034	Corporate obligation	4/25/2034	5.29%	530,000	522,569	526,425
	BANK OF AMERICA CORPORATION 5.288% 04-25-2034	Corporate obligation	4/25/2034	5.29%	50,000	49,242	49,663
	BARCLAYS PLC FLTG RT 6.49% DUE 09-13-2021	Corporate obligation	9/13/2029	6.49%	480,000	498,338	499,404
	BARCLAYS PLC FLTG RT 6.49% DUE 09-13-2021	Corporate obligation	9/13/2029	6.49%	45,000	46,686	46,819
	BAT INTL FINANCE PLC 5.931% 02-02-2021	Corporate obligation	2/2/2029	5.93%	705,000	722,233	726,157
	BAT INTL FINANCE PLC 5.931% 02-02-2021	Corporate obligation	2/2/2029	5.93%	70,000	71,660	72,101
	BBCMS MTG TR 5.629% DUE 05-15-2057	Corporate obligation	5/15/2057	5.83%	355,000	373,593	370,535
	BBCMS MTG TR 5.629% DUE 05-15-2057	Corporate obligation	5/15/2057	5.83%	35,000	36,820	36,532
	BENCHMARK 2024-V5 5.8053% DUE 01-10-2057	Corporate obligation	1/10/2057	5.81%	610,000	622,963	625,107
	BENCHMARK 2024-V5 5.8053% DUE 01-10-2057	Corporate obligation	1/10/2057	5.81%	65,000	66,381	66,610
	BK OF AMER CR CARD FIXED 4.98% DUE 11-15-2026	Corporate obligation	11/15/2028	4.98%	125,000	124,983	126,204
	BK OF AMER CR CARD FIXED 4.98% DUE 11-15-2026	Corporate obligation	11/15/2028	4.98%	25,000	24,997	25,241
	BLUE OWL CR INCOME CORP 7.75% 01-15-2029	Corporate obligation	1/15/2029	7.75%	250,000	260,093	266,304
	BLUE OWL CR INCOME CORP SR NT 6.45% 03-15-2031	Corporate obligation	3/15/2031	6.45%	270,894	270,894	279,939
	BLUE RACER 7.25% DUE 07-15-2032	Corporate obligation	7/15/2032	7.25%	250,000	250,000	256,834
	BOEING CO FIXED 2.196% DUE 02-04-2026	Corporate obligation	2/4/2026	2.20%	560,000	526,583	543,058
	BOEING CO FIXED 2.196% DUE 02-04-2026	Corporate obligation	2/4/2026	2.20%	55,000	51,666	53,336
	BOYD GAMING CORP 4.75% 12-01-2027	Corporate obligation	12/1/2027	4.75%	450,000	426,637	435,057
	BOYD GAMING CORP 4.75% 12-01-2027	Corporate obligation	12/1/2027	4.75%	280,000	263,838	270,702
	BSTN PPTS LTD 3.4% DUE 06-21-2025	Corporate obligation	6/21/2029	3.40%	595,000	530,351	545,896
	BSTN PPTS LTD 3.4% DUE 06-21-2025	Corporate obligation	6/21/2029	3.40%	50,000	44,480	45,874
	BUCKEYE PARTNERS L 4.5% DUE 03-01-2028	Corporate obligation	3/1/2028	4.50%	675,000	684,327	640,217
	BUCKEYE PARTNERS L 5.6% DUE 10-15-2044	Corporate obligation	10/15/2044	5.60%	175,000	172,000	143,433
	BUCKEYE PARTNERS L 5.85% DUE 11-15-2043	Corporate obligation	11/15/2043	5.85%	250,000	253,375	216,538
	CAPITAL ONE FINANCIAL CORP 6.312% 06-08-2025	Corporate obligation	6/8/2029	6.31%	500,000	509,780	516,395
	CAPITAL ONE FINANCIAL CORP 6.312% 06-08-2025	Corporate obligation	6/8/2029	6.31%	50,000	50,978	51,639
	CAPITAL ONE MULTI-ASSET EXECUTION SER 22-A3 CL A 4.95% DUE 10-15-2022	Corporate obligation	10/15/2027	4.95%	120,000	118,875	120,442
	CAPITAL ONE MULTI-ASSET EXECUTION TR SER22-A1 CL A1 2.8% 03-15-2022	Corporate obligation	3/15/2027	2.80%	450,000	439,754	448,321
	CAPITAL ONE MULTI-ASSET EXECUTION TR SER22-A1 CL A1 2.8% 03-15-2022	Corporate obligation	3/15/2027	2.80%	50,000	49,996	49,813
	CAPSTONE BORROWER INC SENIOR SECURED REFINANCING TERM LOAN 06-17-2032	Corporate obligation	6/17/2030	0.00%	327,377	323,714	329,322
	CARMAX AUTO OWNER FIXED 6% DUE 07-17-2022	Corporate obligation	7/17/2028	6.00%	163,000	162,968	166,357
	CARMAX AUTO OWNER TRUST SER 24-3 CLS A3 0.0% 07-16-2022	Corporate obligation	7/16/2029	4.89%	495,000	494,978	497,716
	CARMAX AUTO OWNER TRUST SER 24-3 CLS A3 0.0% 07-16-2022	Corporate obligation	7/16/2029	4.89%	50,000	49,998	50,274
	CAST & CREW PAYROLL LLC LIEN TL DUE 12-08-2028 BEC	Corporate obligation	12/29/2028	0.00%	421,738	419,635	408,099
	CCO HLDGS LLC / CCO HLDGS CAP CORP SR NT144A 4.25% 01-15-2034	Corporate obligation	1/15/2034	4.25%	100,000	80,063	81,129
	CCO HLDGS LLC/CCO HLDGS CAP CORP 4.5% 05-01-2032	Corporate obligation	5/1/2032	4.50%	100,000	79,250	86,016
	CEN PARENT LLC TLB 07-06-2029	Corporate obligation	7/6/2029	0.00%	50,000	49,383	49,257
	CENT PARENT INC / 7.25% DUE 06-15-2025	Corporate obligation	6/15/2029	7.25%	150,000	151,500	148,228
	CENTENE CORP DEL SR NT 4.25% 12-15-2027	Corporate obligation	12/15/2027	4.25%	680,000	650,699	676,736
	CENTENE CORP DEL SR NT 4.25% 12-15-2027	Corporate obligation	12/15/2027	4.25%	275,000	257,204	266,805
	CHARTER 4.908% DUE 07-23-2025	Corporate obligation	7/23/2025	4.91%	785,000	793,740	784,082
	CHARTER 4.908% DUE 07-23-2025	Corporate obligation	7/23/2025	4.91%	265,000	265,409	264,690
	CITICORP INC 3.887% 01-10-2028	Corporate obligation	1/10/2028	3.89%	495,000	476,740	485,268
	CITICORP INC 3.887% 01-10-2028	Corporate obligation	1/10/2028	3.89%	45,000	43,288	44,115
	CITICORP INC 6.27% 11-17-2033	Corporate obligation	11/17/2033	6.27%	455,000	477,077	474,922
	CITICORP INC 6.27% 11-17-2033	Corporate obligation	11/17/2033	6.27%	50,000	52,426	52,409
	CLEARWAY ENERGY 4.75% DUE 03-15-2028	Corporate obligation	3/15/2028	4.75%	170,000	165,650	162,577
	CLEARWAY ENERGY 4.75% DUE 03-15-2028	Corporate obligation	3/15/2028	4.75%	265,000	257,356	253,428
	CMD BANK 2019-BNK17 CL A4 3.714% 04-15-2052	Corporate obligation	4/15/2052	3.71%	510,000	473,742	482,553
	CMD BANK 2019-BNK17 CL A4 3.714% 04-15-2052	Corporate obligation	4/15/2052	3.71%	55,000	51,090	52,040
	CMD CITIGROUP COML MTG TR 2019-C7 SER 19-C7 CLS A3 2.739% DUE 12-15-2072 BEC	Corporate obligation	12/15/2072	2.86%	289,669	262,759	263,889
	CMD CITIGROUP COML MTG TR 2019-C7 SER 19-C7 CLS A3 2.739% DUE 12-15-2072 BEC	Corporate obligation	12/15/2072	2.86%	35,664	32,498	27,571
	CNH EQUIP TR 2006-B SR 2021-C A-3 .81% 11-15-2024	Corporate obligation	12/15/2026	0.81%	27,847	26,551	27,454
	CONNECTICUT LIGHT AND POWER CO 0.75% 12-01-2022	Corporate obligation	12/1/2025	0.75%	290,000	275,961	280,327
	CONNECTICUT LIGHT AND POWER CO 0.75% 12-01-2022	Corporate obligation	12/1/2025	0.75%	60,000	58,058	57,999
	CQP HOLDCO LP & 5.5% DUE 06-15-2031	Corporate obligation	6/15/2031	5.50%	550,000	550,000	525,320
	CROWN AMERS LLC/CROWN AMERS CAP FIXED 4.75% 02-01-2022	Corporate obligation	2/1/2026	4.75%	815,000	817,025	805,083
	CROWN AMERS LLC/CROWN AMERS CAP FIXED 4.75% 02-01-2022	Corporate obligation	2/1/2026	4.75%	285,000	277,389	281,532
	CVS HEALTH CORP 5.25% 02-21-2033	Corporate obligation	2/21/2033	5.25%	480,000	472,250	460,263
	CVS HEALTH CORP 5.25% 02-21-2033	Corporate obligation	2/21/2033	5.25%	45,000	44,266	43,150
	DAIMLER TRUCKS RETAIL TR 2023-1 SER 23-1 CL A3 5.9% 03-15-2022	Corporate obligation	3/15/2027	5.90%	340,000	339,995	343,437
	DAIMLER TRUCKS RETAIL TR 2023-1 SER 23-1 CL A3 5.9% 03-15-2022	Corporate obligation	3/15/2027	5.90%	70,000	69,999	70,708
	DAVITA INC 4.625% DUE 06-01-2031	Corporate obligation	6/1/2030	4.63%	425,000	375,063	390,713
	DC COML MTG TR 6.3143% DUE 09-12-2040	Corporate obligation	9/12/2040	6.31%	530,000	558,057	543,344
	DC COML MTG TR 6.3143% DUE 09-12-2040	Corporate obligation	9/12/2040	6.31%	50,000	52,548	51,259
	DCP MIDSTREAM OPER 5.375% DUE 07-15-2025	Corporate obligation	7/15/2025	5.38%	38,000	37,932	38,047
	DEUTSCHE BK AG N Y FLTG RT 2.129% DUE 11-24-2022	Corporate obligation	11/24/2026	2.13%	560,000	531,448	545,818
	DEUTSCHE BK AG N Y FLTG RT 2.129% DUE 11-24-2022	Corporate obligation	11/24/2026	2.13%	55,000	52,152	53,607
	DIAMONDBACK ENERGY INC 5.4% 04-18-2034	Corporate obligation	4/18/2034	5.40%	525,000	523,572	516,694
	DIAMONDBACK ENERGY INC 5.4% 04-18-2034	Corporate obligation	4/18/2034	5.40%	55,000	54,850	54,130
	DISCOVER CARD EXECUTION NT TR SER 23-A1 CL A 4.31% 03-15-2022	Corporate obligation	3/15/2028	4.31%	150,000	149,991	149,659
	DR HORTON INC 5.0% 10-15-2034	Corporate obligation	10/15/2034	5.00%	355,000	351,468	343,329
	DR HORTON INC 5.0% 10-15-2034	Corporate obligation	10/15/2034	5.00%	35,000	34,652	33,849
	ECO MAIL 7.875% DUE 01-31-2027	Corporate obligation	1/31/2027	7.88%	750,000	751,213	762,081
	EMERSON ELEC CO FIXED 1.8% DUE 10-15-2027	Corporate obligation	10/15/2027	1.80%	265,000	257,305	246,192
	EMERSON ELEC CO FIXED 1.8% DUE 10-15-2027	Corporate obligation	10/15/2027	1.80%	55,000	54,415	51,096
	ENBRIDGE INC 6.2% 11-15-2030	Corporate obligation	11/15/2030	6.20%	455,000	477,063	479,756
	ENBRIDGE INC 6.2% 11-15-2030	Corporate obligation	11/15/2030	6.20%	50,000	52,425	52,720
	ENERGY TRANSFER 3.75% DUE 05-15-2030	Corporate obligation	5/15/2030	3.75%	535,000	492,457	499,192
	ENERGY TRANSFER 3.75% DUE 05-15-2030	Corporate obligation	5/15/2030	3.75%	50,000	45,977	46,653
	ENTERGY TEX INC 4.0% 03-30-2025	Corporate obligation	3/30/2029	4.00%	515,000	494,424	498,322
	ENTERGY TEX INC 4.0% 03-30-2025	Corporate obligation	3/30/2029	4.00%	45,000	43,141	43,543
	EQUINIX EUROPE 2 FINANCING CORP LLC SR NT 5.5% 06-15-2034	Corporate obligation	6/15/2034	5.50%	55,000	55,758	526,588
	EQUINIX EUROPE 2 FINANCING CORP LLC SR NT 5.5% 06-15-2034	Corporate obligation	6/15/2034	5.50%	50,000	49,505	50,151
	EVER HLDGS INC 5% DUE 07-15-2029	Corporate obligation	7/15/2029	5.00%	1,000,000	994,906	999,850
	EXTENDED STAY AMER TR 2021-ESH MTG PASS THRU CIT CL A 144A 5.50648% 07-15-2032	Corporate obligation	7/15/2038	5.59%	413,972	412,807	414,235
	EXTENDED STAY AMER TR 2021-ESH MTG PASS THRU CIT CL A 144A 5.50648% 07-15-2032	Corporate obligation	7/15/2038	5.59%	44,040	43,916	44,067
	FIRST BRANDS GROUP LLC 2021 TERM LOAN FIRST LIEN 03-30-2027	Corporate obligation	3/30/2027	0.00%	704,693	701,050	660,065
	FIRST BRANDS GROUP LLC INCREMENTAL TERM LOAN SENIOR SECURED TRM LOAN 3-30-2	Corporate obligation	3/30/2027	0.00%	466,594	450,557	435,976
	FIRST CITIZNS BANCSHARES INC N C 3.375% DUE 03-15-2030	Corporate obligation	3/15/2030	3.38%	485,000	480,878	482,126

TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND

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

DECEMBER 31, 2024

Form 5500 Schedule H Item 4i

E.I.N. 53-0237142
Plan No. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par/maturity value or shares				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	FIRST CITIZENS BANCSHARES INC N C 3.375% DUE 03-15-2030	Corporate obligation	3/15/2030	3.38%	45,000	\$ 44,618	\$ 44,733
	FISERV INC 4.2% 10-01-2028	Corporate obligation	10/1/2028	4.20%	445,000	427,383	432,736
	FISERV INC 4.2% 10-01-2028	Corporate obligation	10/1/2028	4.20%	50,000	48,021	48,622
	FLAGSHIP CR AUTO 1.77% DUE 10-15-2024	Corporate obligation	10/15/2024	1.77%		648	648
	FLORIDA POWER & LIGHT COMPANY 5.05% DUE 04-01-2028	Corporate obligation	4/1/2028	5.05%	450,000	452,682	454,376
	FLORIDA POWER & LIGHT COMPANY 5.05% DUE 04-01-2028	Corporate obligation	4/1/2028	5.05%	95,000	95,046	95,924
	FORD MOTOR CREDIT CO LLC 7.122% 11-07-2033	Corporate obligation	11/7/2033	7.12%	455,000	477,586	475,028
	FORD MOTOR CREDIT CO LLC 7.122% 11-07-2033	Corporate obligation	11/7/2033	7.12%	50,000	52,482	52,201
	FORTRESS INTER 3 INC TERM LOAN 05-09-2031	Corporate obligation	5/9/2031	0.00%	199,500	198,508	199,875
	FORTRESS TRANSN & INFRASTRUCTURE SR NT 144A 5.5% 05-01-2028	Corporate obligation	5/1/2028	5.50%	625,000	592,479	611,257
	FORTRESS TRANSN & INFRASTRUCTURE SR NT 144A 5.5% 05-01-2028	Corporate obligation	5/1/2028	5.50%	285,000	270,916	278,733
	GENERAL MOTORS FINANCIAL CO INC 2.4% 04-10-2026	Corporate obligation	4/10/2026	2.40%	585,000	522,125	537,507
	GENERAL MOTORS FINANCIAL CO INC 2.4% 04-10-2026	Corporate obligation	4/10/2026	2.40%	55,000	48,977	50,535
	GENERAL MTRS FINL CO INC 2.7% DUE 06-10-2031 BEC	Corporate obligation	6/10/2031	2.70%	345,000	283,052	292,394
	GENERAL MTRS FINL CO INC 2.7% DUE 06-10-2031 BEC	Corporate obligation	6/10/2031	2.70%	35,000	28,715	29,663
	GENESIS ENERGY LP / GENESIS ENERGY FIN CORP 8.875% DUE 04-15-2030	Corporate obligation	4/15/2030	8.88%	300,000	300,000	305,250
	GENESIS ENERGY LP 8.25% DUE 01-15-2029	Corporate obligation	1/15/2029	8.25%	250,000	247,403	252,443
	GENESIS ENERGY LP / GENESIS ENERGY FIN 7.875% 05-15-2032	Corporate obligation	5/15/2032	7.88%	225,000	225,125	220,350
	GENESIS ENERGY LP FIN 8.0% 05-15-2033	Corporate obligation	5/15/2033	8.00%	475,000	475,000	464,850
	GEORGIA PAC CORP 3.75% DUE 12-01-2025	Corporate obligation	12/1/2025	3.78%	373,000	421,814	382,500
	GEORGIA PAC CORP 4.65% 05-16-2028	Corporate obligation	5/16/2028	4.65%	330,000	328,882	328,581
	GEORGIA PAC CORP 4.65% 05-16-2028	Corporate obligation	5/16/2028	4.65%	70,000	69,865	69,699
	GFL ENVIRONMENTAL INC SR NT 144A 4.375% 08-15-2025	Corporate obligation	8/15/2025	4.38%	825,000	812,615	779,855
	GLP CAP L P / GLP 5.25% DUE 06-01-2025	Corporate obligation	6/1/2025	5.25%	740,000	798,303	739,830
	GLP CAP L P / GLP 5.25% DUE 06-01-2025	Corporate obligation	6/1/2025	5.25%	255,000	275,200	254,941
	GLP CAP L P / GLP 5.375% DUE 04-15-2026	Corporate obligation	4/15/2026	5.38%	75,000	74,336	74,999
	GLP CAP L P / GLP 5.375% DUE 04-15-2026	Corporate obligation	4/15/2026	5.38%	10,000	9,743	10,000
	GM FINANCIAL AUTOMOBILE LEASING TRU SER 23-3 CL A3 5.38% DUE 11-20-2022	Corporate obligation	11/20/2026	5.38%	132,000	131,984	132,691
	GM FINANCIAL SECURITIZED TERM SER 23-1 CL A3 4.66% DUE 02-16-2021	Corporate obligation	2/16/2028	4.66%	733,294	725,101	733,996
	GM FINANCIAL SECURITIZED TERM SER 23-1 CL A3 4.66% DUE 02-16-2021	Corporate obligation	2/16/2028	4.66%	78,427	77,551	78,502
	GOLDMAN SACHS GROUP INC 1.431% 03-09-2027	Corporate obligation	3/9/2027	1.43%	927,000	869,918	889,898
	GOLDMAN SACHS GROUP INC 1.431% 03-09-2027	Corporate obligation	3/9/2027	1.43%	85,000	79,238	81,598
	GRIFOLS ESCR 4.75% DUE 10-15-2028	Corporate obligation	10/15/2028	4.75%	550,000	467,500	505,411
	GULFPORT ENERGY CORP 6.75% 09-01-2025	Corporate obligation	9/1/2029	6.75%	375,000	375,875	377,614
	HILLENBRAND INC 3.75% DUE 03-01-2031 BEC	Corporate obligation	3/1/2031	3.75%	450,000	450,000	568,156
	HILLENBRAND INC STEP CPN 4.5% DUE 09-15-2024	Corporate obligation	9/15/2026	5.00%	525,000	590,813	519,944
	HILTON DOMESTIC 5.375% DUE 05-01-2025	Corporate obligation	5/1/2025	5.38%	225,000	224,749	232,889
	HILTON DOMESTIC 5.375% DUE 05-01-2025	Corporate obligation	5/1/2025	5.38%	190,000	189,844	189,062
	HILTON WORLDWIDE FIXED 4.875% DUE 04-01-2027	Corporate obligation	4/1/2027	4.88%	565,000	585,886	557,260
	HILTON WORLDWIDE FIXED 4.875% DUE 04-01-2027	Corporate obligation	4/1/2027	4.88%	85,000	82,181	83,836
	HOME DEPOT INC 4.95% 09-30-2026	Corporate obligation	9/30/2026	4.95%	190,000	190,027	191,568
	HOME DEPOT INC 4.95% 09-30-2026	Corporate obligation	9/30/2026	4.95%	40,000	40,021	40,330
	HSBC HLDGS PLC 2.099% DUE 06-04-2024	Corporate obligation	6/4/2026	2.10%	550,000	531,066	543,536
	HSBC HLDGS PLC 2.099% DUE 06-04-2024	Corporate obligation	6/4/2026	2.10%	50,000	48,248	49,412
	HUNTINGTON BANCSHARES INC 5.709% 02-02-2031	Corporate obligation	2/2/2035	5.71%	525,000	513,228	524,719
	HUNTINGTON BANCSHARES INC 5.709% 02-02-2031	Corporate obligation	2/2/2035	5.71%	50,000	48,779	49,973
	HYUNDAI AUTO 4.58% DUE 04-15-2027	Corporate obligation	4/15/2027	4.58%	63,828	63,822	63,848
	ICAHN ENTERPRISES LP / ICAHN ENTERPRISE 6.25% DUE 05-15-2026 BEC	Corporate obligation	5/15/2026	6.25%	126,000	121,643	124,832
	ICAHN ENTERPRISES LP / ICAHN ENTERPRISE 6.25% DUE 05-15-2026 BEC	Corporate obligation	5/15/2026	6.25%	84,000	81,428	83,221
	ICAHN ENTERPRISES LP 4.375% DUE 02-01-2029 REG	Corporate obligation	2/1/2029	4.38%	650,000	520,063	542,933
	ICAHN ENTERPRISES LP / CORP 5.25% DUE 05-15-2027	Corporate obligation	5/15/2027	5.25%	635,000	588,813	601,203
	ICAHN ENTERPRISES LP / CORP 5.25% DUE 05-15-2027	Corporate obligation	5/15/2027	5.25%	150,000	139,150	142,016
	ICAHN ENTERPRISES LP / CORP 9.75% 01-15-2029	Corporate obligation	1/15/2029	9.75%	275,000	285,489	276,613
	ICAHN ENTERPRISES / FIN 9.0% 06-15-2030	Corporate obligation	6/15/2030	9.00%	400,000	404,713	375,861
	IL TOOL WKS INC 2.65% DUE 11-15-2026	Corporate obligation	11/15/2026	2.65%	425,000	413,337	412,689
	IL TOOL WKS INC 2.65% DUE 11-15-2026	Corporate obligation	11/15/2026	2.65%	90,000	88,423	87,393
	JOHN DEERE OWNER TR 2023-8 SER 23-8 CL A3 5.18% 03-15-2026	Corporate obligation	3/15/2028	5.18%	140,000	139,683	141,154
	JOHN DEERE OWNER TR 2023-8 SER 23-8 CL A3 5.18% 03-15-2026	Corporate obligation	3/15/2028	5.18%	20,000	19,997	20,165
	JOHN DEERE OWNER TR SR 24-A CL A3 4.96% 11-15-2028	Corporate obligation	11/15/2028	4.96%	480,000	477,450	483,667
	JOHN DEERE OWNER TR SR 24-A CL A3 4.96% 11-15-2028	Corporate obligation	11/15/2028	4.96%	50,000	49,840	50,382
	JPMORGAN CHASE & CO NT FIXED TO FLTG RATE 1.578% 04-22-2022	Corporate obligation	4/22/2027	1.58%	1,134,000	1,047,968	1,088,492
	JPMORGAN CHASE & CO NT FIXED TO FLTG RATE 1.578% 04-22-2022	Corporate obligation	4/22/2027	1.58%	110,000	102,584	105,586
	KYNDRYL HLDGS INC 6.35% 02-20-2034	Corporate obligation	2/20/2034	6.35%	505,000	520,077	525,434
	KYNDRYL HLDGS INC 6.35% 02-20-2034	Corporate obligation	2/20/2034	6.35%	50,000	51,476	52,023
	LEA FINCO US LLC SR SEC TERM LOAN 07-02-2031	Corporate obligation	7/2/2031	0.00%	550,000	547,250	549,054
	LOYALTY VENTURES INC TERM B LOAN SENIOR SECURED TERM LOAN 11-03-2022	Corporate obligation	11/3/2027	0.00%			
	MAGNA INTL INC 2.45% DUE 06-15-2030	Corporate obligation	6/15/2030	2.45%	670,000	579,505	588,840
	MAGNA INTL INC 2.45% DUE 06-15-2030	Corporate obligation	6/15/2030	2.45%	65,000	56,151	57,126
	MARRIOTT INTL INC 4.65% DUE 12-01-2022	Corporate obligation	12/1/2028	4.65%	540,000	529,818	535,953
	MARRIOTT INTL INC 4.65% DUE 12-01-2022	Corporate obligation	12/1/2028	4.65%	50,000	49,003	49,625
	MCAPTEE CORP TERM LOAN B 03-01-2025	Corporate obligation	3/1/2029	0.00%		(257)	
	MERCEDES-BENZ AUTO 4.8% DUE 04-16-2025	Corporate obligation	4/16/2029	4.80%	78,000	77,995	78,345
	MERCEDES-BENZ AUTO LEASE TRUST SER 24-A CL A3 5.32% 01-18-2022	Corporate obligation	1/18/2028	5.32%	320,000	325,386	323,784
	MERCEDES-BENZ AUTO LEASE TRUST SER 24-A CL A3 5.32% 01-18-2022	Corporate obligation	1/18/2028	5.32%	30,000	30,505	30,355
	MERCEDES-BENZ AUTO RECEIVABLES SER 23-2 CL A3 5.95% 11-15-2021	Corporate obligation	11/15/2028	5.95%	380,000	379,968	387,005
	MODENA BUYER LLC TERM LOAN SENIOR SECURED 04-18-2031	Corporate obligation	4/18/2031	0.00%	275,000	269,506	265,570
	MORGAN STANLEY 6.342% 10-18-2033	Corporate obligation	10/18/2033	6.34%	495,000	524,526	523,774
	MORGAN STANLEY 6.342% 10-18-2033	Corporate obligation	10/18/2033	6.34%	45,000	47,630	47,616
	MORGAN STANLEY VAR RT 07-22-2022	Corporate obligation	7/22/2028	3.59%	950,000	901,040	916,007
	MORGAN STANLEY VAR RT 07-22-2022	Corporate obligation	7/22/2028	3.59%	90,000	85,267	86,780
	NATIONAL RURAL UTILS COOP FIN CORP 2.4% DUE 03-15-2030	Corporate obligation	3/15/2030	2.40%	310,000	291,473	273,446
	NATIONAL RURAL UTILS COOP FIN CORP 2.4% DUE 03-15-2030	Corporate obligation	3/15/2030	2.40%	55,000	53,316	48,515
	NATIONSTAR MTG 5.5% DUE 08-15-2028	Corporate obligation	8/15/2028	5.50%	625,000	605,906	606,988
	NEWELL BRANDS INC 5.625% DUE 04-01-2036/03-30-2016 REC	Corporate obligation	4/1/2036	6.88%	375,000	311,444	379,537
	NEXTERA ENERGY CAP HLDGS INC 2.25% DUE 04-01-2030/05-12-2020 REC	Corporate obligation	4/1/2030	2.25%	170,000	145,793	154,794
	NEXTERA ENERGY CAP HLDGS INC 4.9% 02-28-2022	Corporate obligation	2/28/2028	4.90%	477,000	480,590	477,627
	NEXUS BUYER LLC TERM LOAN 07-18-2031	Corporate obligation	7/18/2031	0.00%	1,738,867	1,673,798	1,743,214
	NUSTAR LOGISTICS LP 6.375% DUE 10-01-2030 BEC	Corporate obligation	10/1/2030	6.38%	200,000	201,000	200,543
	OCCIDENTAL PETE CORP 5.375% 01-01-2030	Corporate obligation	1/1/2032	5.38%	240,000	239,894	235,212
	OCCIDENTAL PETE CORP 5.375% 01-01-2030	Corporate obligation	1/1/2032	5.38%	25,000	24,989	24,501
	ONEMAIN FIN CORP 4% DUE 09-15-2030	Corporate obligation	9/15/2030	4.00%	465,479	463,477	555,477
	ONEMAIN FIN CORP 7.5% 05-15-2031	Corporate obligation	5/15/2031	7.50%	325,000	325,000	333,558
	ONEMAIN FIN CORP 7.875% 03-15-2030	Corporate obligation	3/15/2030	7.88%	400,000	408,000	417,263
	ONEMAIN FIN CORP SR NT 3.5% 01-15-2027	Corporate obligation	1/15/2027	3.50%	150,000	140,875	143,077
	ONEMAIN FIN CORP SR NT 3.5% 01-15-2027	Corporate obligation	1/15/2027	3.50%	190,000	178,685	181,231
	ONEMAIN FINANCIAL CORPORATION 3.875% 09-15-2022	Corporate obligation	9/15/2028	3.88%	390,000	361,212	359,401

TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND

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

DECEMBER 31, 2024

Form 5500 Schedule H Item 4i

E.I.N. 53-0237142
Plan No. 001

(c) Description of investment including maturity date, rate of interest, collateral									
par/maturity value or shares									
(a)	(b)	(c)	(d)	(e)					
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value		
	ONEMAIN FINANCIAL CORPORATION 3.875% 09-15-2022	Corporate obligation	9/15/2028	3.88%	25,000	\$ 23,110	\$ 23,039		
	ONEMAIN FINANCIAL CORPORATION 7.125% 11-15-2031	Corporate obligation	11/15/2031	7.13%	625,000	635,156	636,764		
	OXFORD FIN LLC / OXFORD FIN SR NT 144A 4.375% 02-01-2027	Corporate obligation	2/1/2027	6.38%	1,750,000	1,740,969	1,728,731		
	PACCAR FINL CORP 5.2% DUE 11-09-2022	Corporate obligation	11/9/2026	5.20%	185,000	184,730	187,492		
	PACCAR FINL CORP 5.2% DUE 11-09-2024	Corporate obligation	11/9/2026	5.20%	40,000	39,944	40,539		
	PACIFICORP 5.1% 02-15-2025	Corporate obligation	2/15/2029	5.10%	320,000	320,054	322,253		
	PENSKO AUTOMOTIVE GROUP INC 3.5% DUE 09-01-2025 REC	Corporate obligation	9/1/2025	3.50%	955,000	978,579	942,920		
	PERFORMANCE FOOD GROUP INC SR NT 144A 4.25% 08-01-2025	Corporate obligation	8/1/2029	4.25%	500,000	494,197	463,917		
	PFIZER INC 4.45% 05-19-2022	Corporate obligation	5/19/2028	4.45%	314,000	312,466	311,211		
	PG&E RECOVERY FDG LLC SR SEC'D NT CL A-1 1.46% 07-15-2033	Corporate obligation	7/15/2033	1.46%	148,661	148,659	134,434		
	PG&E RECOVERY FDG LLC SR SEC'D NT CL A-1 1.46% 07-15-2033	Corporate obligation	7/15/2033	1.46%	39,885	39,884	36,068		
	PHILIP MORRIS INTL INC 5.125% 02-13-2031	Corporate obligation	2/13/2031	5.13%	545,000	534,382	545,341		
	PHILIP MORRIS INTL INC 5.125% 02-13-2031	Corporate obligation	2/13/2031	5.13%	50,000	48,875	50,031		
	PLAINS ALL AMER PIPELINE 5.7% 09-15-2034	Corporate obligation	9/15/2034	5.70%	535,000	534,832	533,899		
	PLAINS ALL AMER PIPELINE 5.7% 09-15-2034	Corporate obligation	9/15/2034	5.70%	50,000	49,777	49,897		
	PNC FINL SVCS FLTG RT 5.582% DUE 06-12-2025	Corporate obligation	6/12/2029	5.58%	1,015,000	1,017,745	1,032,628		
	PNC FINL SVCS FLTG RT 5.582% DUE 06-12-2025	Corporate obligation	6/12/2029	5.58%	95,000	95,532	96,450		
	POST HLDGS INC 4.625% DUE 04-15-2030	Corporate obligation	4/15/2030	4.63%	425,000	353,750	391,956		
	PVPL EQM MIDSTREAM PARTNERS L P 4.75% 01-15-2031	Corporate obligation	1/15/2031	4.75%	100,000	100,000	94,043		
	PVPL 1011778 B C UNLIMITED LIABILITY CO/NEW 4% DUE 10-15-2031	Corporate obligation	10/15/2030	4.00%	2,100,000	1,822,871	1,878,109		
	PVPL ADVANTAGE LOYALTY LP LTD/AMERN AIRLS 5.5% DUE 04-20-2026 BEI	Corporate obligation	4/20/2026	5.50%	602,500	591,974	601,180		
	PVPL ADVANTAGE LOYALTY LP LTD/AMERN AIRLS 5.5% DUE 04-20-2026 BEI	Corporate obligation	4/20/2026	5.50%	205,000	201,803	204,551		
	PVPL ADVANTAGE LOYALTY LP LTD/AMERN AIRLS 5.75% 04-20-202	Corporate obligation	4/20/2029	5.75%	215,000	211,628	213,213		
	PVPL ADVANTAGE LOYALTY LP LTD/AMERN AIRLS 5.75% 04-20-202	Corporate obligation	4/20/2029	5.75%	75,000	73,825	74,377		
	PVPL ACADIA HEALTHCARE CO INC SR NT 5.0% 04-15-202	Corporate obligation	4/15/2029	5.00%	545,000	542,500	514,441		
	PVPL ACRISURE LLC/ACRISURE FIN INC 4.25% DUE 02-15-2029/02-16-2021 BEC	Corporate obligation	2/15/2029	4.25%	600,000	526,500	564,074		
	PVPL ALBERTSONS COS INC/SAFEWAY INC/NEWA 3.25% DUE 03-15-2026/08-31-2020 BEC	Corporate obligation	3/15/2026	3.25%	855,000	869,016	834,119		
	PVPL ALBERTSONS COS INC/SAFEWAY INC/NEWA 3.25% DUE 03-15-2026/08-31-2020 BEC	Corporate obligation	3/15/2026	3.25%	280,000	276,304	273,162		
	PVPL ALIGNED DATA CTRS ISSUER LLC 21-1A CL A2 1.93% DUE 08-15-2046 BEC	Corporate obligation	8/15/2046	1.94%	59,000	59,000	56,085		
	PVPL ALLIANT HLDGS 6.5% 10-01-2031	Corporate obligation	10/1/2031	6.50%	800,000	800,000	792,183		
	PVPL ALLIANT HLDGS INTER LLC/ALLIANT HLDGS 4.25 DUE 10-15-2027/10-15-2020 BEC	Corporate obligation	10/15/2027	4.25%	400,000	400,652	381,817		
	PVPL AMERICAN AIRLINES INC 10.75% PIK 02-15-202	Corporate obligation	2/15/2026	10.75%	250,000	269,146	255,000		
	PVPL AMERICAN AIRLINES INC 10.75% PIK 02-15-2024	Corporate obligation	2/15/2026	10.75%	1,150,000	1,238,071	1,173,000		
	PVPL AMN HEALTHCARE INC SR NT 1.625% DUE 10-01-202	Corporate obligation	10/1/2027	4.63%	350,000	353,300	332,509		
	PVPL AMWINS GROUP INC 4.875% DUE 06-30-2029 BEC	Corporate obligation	6/30/2029	4.88%	1,100,000	1,081,318	1,032,999		
	PVPL ARAMARK SVCS INC SR NT 144A 5% DUE 02-01-2028/02-01-2025 BEC	Corporate obligation	2/1/2028	5.00%	375,000	361,727	364,405		
	PVPL ARDONAGH FINCO LTD 7.75% 02-15-203	Corporate obligation	2/15/2031	7.75%	600,000	600,000	617,864		
	PVPL ARSENAL AIC PARENT LLC 8.0% 10-01-2031	Corporate obligation	10/1/2030	8.00%	450,000	450,690	465,659		
	PVPL ASGN INC 4.625% DUE 05-15-2025	Corporate obligation	5/15/2028	4.63%	325,000	321,688	308,685		
	PVPL AVIENT CORP SR NT 144A 7.125% DUE 08-01-2030/08-10-2022 BEC	Corporate obligation	8/1/2030	7.13%	850,000	850,000	868,245		
	PVPL AZORRA FIN LTD 7.75% 04-15-2033	Corporate obligation	4/15/2030	7.75%	975,000	973,094	969,216		
	PVPL BEACON ROOFING SUPPLY INC 6.5% 08-01-2033	Corporate obligation	8/1/2030	6.50%	600,000	598,750	608,729		
	PVPL BNSF RY CO 2015-1 PASS THRU TR PASTHTRU CTF 3.442% DUE 06-16-202	Corporate obligation	6/16/2028	3.44%	106,041	113,551	100,790		
	PVPL BOYD GAMING CORP 4.75% DUE 06-15-2031 BEC	Corporate obligation	6/15/2031	4.75%	97,000	883,085	902,049		
	PVPL BREAD FINL HLDGS INC 9.75% 03-15-2025	Corporate obligation	3/15/2029	9.75%	1,225,000	1,229,188	1,316,557		
	PVPL BRINKS CO 6.75% 06-15-2032	Corporate obligation	6/15/2032	6.75%	1,025,000	1,025,000	1,032,499		
	PVPL BRINKS COMPANY 6.5% 06-15-2025	Corporate obligation	6/15/2029	6.50%	240,000	243,220	243,220		
	PVPL BRINKS COMPANY 6.5% 06-15-2025	Corporate obligation	6/15/2029	6.50%	177,316	177,316	177,348		
	PVPL BUILDERS FIRSTSOURCE INC 6.375% 03-01-2034	Corporate obligation	3/1/2034	6.38%	700,000	700,000	690,855		
	PVPL BURFORD CAPITAL GLOBAL FINANCE LLC 2.5% 07-01-2031	Corporate obligation	7/1/2031	9.25%	1,400,000	1,412,948	1,486,312		
	PVPL CABLEVISION LIGHTPATH LLC SR SEC'D NT 3.875% 09-15-202	Corporate obligation	9/15/2027	3.88%	200,000	200,000	189,335		
	PVPL CAESARS ENTERTAINMENT INC 4.625% DUE 10-15-2029 BEC	Corporate obligation	10/15/2029	4.63%	725,000	627,094	678,787		
	PVPL CAESARS ENTERTAINMENT INC 7.0% DUE 10-15-2029 BEC	Corporate obligation	2/15/2030	7.00%	1,500,000	1,500,000	1,527,824		
	PVPL CANPACK SAC/CANPACK US LLC 3.875% DUE 11-15-2029 BEC	Corporate obligation	11/15/2029	3.88%	1,450,000	1,301,750	1,305,746		
	PVPL CAPSTONE BORROWER INC 8.0% 06-15-203	Corporate obligation	6/15/2030	8.00%	550,000	552,844	569,311		
	PVPL CARVANA AUTO RECEIVABLES TR SER 23-N1 CL A 6.36% 04-12-202	Corporate obligation	4/12/2027	6.36%	13,960	13,959	13,993		
	PVPL CCO HLDGS LLC 144A 5.0% 02-01-2026	Corporate obligation	2/1/2028	5.00%	350,000	356,563	337,363		
	PVPL CCO HLDGS LLC/CAP CORP 4.75% DUE 03-01-2031	Corporate obligation	3/1/2030	4.75%	325,000	310,980	296,779		
	PVPL CCO HLDGS LLC/CCO HLDGS CAP CORP 4.25% DUE 02-01-2031	Corporate obligation	2/1/2031	4.25%	225,000	193,810	176,093		
	PVPL CCO HLDGS LLC/CCO HLDGS CAP CORP 5.375% 06-01-2029	Corporate obligation	6/1/2029	5.38%	275,000	281,428	262,701		
	PVPL CENTRAL PARENT LLC/CDK GLOBAL II LLC 8.0% 06-15-2025	Corporate obligation	6/15/2029	8.00%	800,000	813,560	811,990		
	PVPL CHAMPIONS FINS INC 8.75% 02-15-2029	Corporate obligation	2/15/2029	8.75%	625,000	632,808	609,509		
	PVPL CINEMARK USA INC 5.25% DUE 07-15-2028 BEC	Corporate obligation	7/15/2028	5.25%	1,925,000	1,852,172	1,877,297		
	PVPL CINEMARK USA INC 7% 08-01-2033	Corporate obligation	8/1/2032	7.00%	200,000	200,000	203,874		
	PVPL CITIZENS AUTO RECEIVABLES TRST SR 24-1 CL A3 5.11% 04-17-202	Corporate obligation	4/17/2028	5.11%	168,000	167,999	169,126		
	PVPL CLARIVATE SCIENCE HLDGS CORP 3.875% DUE 07-01-2028 BEC	Corporate obligation	7/1/2028	3.88%	1,200,000	1,194,321	1,117,862		
	PVPL CLEAN HBRS INC 6.375% 02-01-2031	Corporate obligation	2/1/2031	6.38%	300,000	301,688	302,034		
	PVPL CLEVELAND-CLIFFS INC 6.875% 11-01-2025	Corporate obligation	11/1/2029	6.88%	80,000	80,000	79,144		
	PVPL CLEVELAND-CLIFFS INC 6.875% 11-01-2025	Corporate obligation	11/1/2029	6.88%	25,000	25,000	24,733		
	PVPL CMO BX TR 2021-ARIA BX 2021-ARIA A VAR RT DUE 10-15-2036 BEC	Corporate obligation	10/15/2036	5.41%	690,000	682,669	688,059		
	PVPL CMO BX TR 2021-ARIA BX 2021-ARIA A VAR RT DUE 10-15-2036 BEC	Corporate obligation	10/15/2036	5.41%	75,000	74,203	74,789		
	PVPL CNX MIDSTREAM PART LP 4.75% 04-15-2031	Corporate obligation	4/15/2030	4.75%	775,000	656,625	706,926		
	PVPL COMSTOCK RES INC COMSTOCK RE INC 5.875% DUE 01-15-2030 BEC	Corporate obligation	1/15/2030	5.88%	750,000	716,254	699,465		
	PVPL CONCENTRA ESCROW ISSUER 6.875% 07-15-2033	Corporate obligation	7/15/2032	6.88%	200,000	200,000	203,387		
	PVPL CONSTELLUM SE 6.375% 08-15-2033	Corporate obligation	8/15/2032	6.38%	250,000	250,000	241,978		
	PVPL COVERT MERGECO INC 4.875% 12-01-2021	Corporate obligation	12/1/2029	4.88%	425,000	429,663	393,048		
	PVPL CREDIT ACCEPTANCE 9.25% 12-15-2028	Corporate obligation	12/15/2028	9.25%	925,000	947,563	978,379		
	PVPL DARLING INGREDIENTS INC 6% 06-15-2033	Corporate obligation	6/15/2030	6.00%	175,000	162,719	172,635		
	PVPL DAVITA INC 3.75% 02-15-2031	Corporate obligation	2/15/2031	3.75%	175,000	136,938	151,421		
	PVPL DAVITA INC 6.875% 09-01-2033	Corporate obligation	9/1/2032	6.88%	50,000	50,000	50,383		
	PVPL DRAWBRIDGE SPL OPPORTUNITIES FD LP/DRA 3.875% DUE 02-15-2026/01-26-202	Corporate obligation	2/15/2026	3.88%	500,000	456,563	486,484		
	PVPL DYE & DURHAM LTD 8.625% 04-15-2027	Corporate obligation	4/15/2029	8.63%	850,000	859,781	891,449		
	PVPL EMERALD DEBT MERGER 6.625% 12-15-2033	Corporate obligation	12/15/2030	6.63%	500,000	500,000	500,667		
	PVPL EQUIPMENTSHARE.COM INC 8.625% 05-15-2033	Corporate obligation	5/15/2032	8.63%	475,000	480,813	496,398		
	PVPL EQUIPMENTSHARE.COM 8.0% 03-15-2033	Corporate obligation	3/15/2033	8.00%	425,000	426,913	430,389		
	PVPL ESAB CORP 6.25% 04-15-2029	Corporate obligation	4/15/2029	6.25%	400,000	400,000	404,976		
	PVPL ESAB CORP 6.25% 04-15-2029	Corporate obligation	4/15/2029	6.25%	560,000	562,041	566,966		
	PVPL ESAB CORP 6.25% 04-15-2029	Corporate obligation	4/15/2029	6.25%	250,000	251,670	253,110		
	PVPL FORTRESS INTER 3 INC 7.5% 06-01-2031	Corporate obligation	6/1/2031	7.50%	200,000	200,000	203,934		
	PVPL FORTRESS TRANSN & INFRASTRUCTURE INVS LL 7.0% 05-01-203	Corporate obligation	5/1/2031	7.00%	500,000	500,000	510,000		
	PVPL FORTRESS TRANSN & INFRASTRUCTURE INVS LL 7.0% 06-15-2033	Corporate obligation	6/15/2032	7.00%	300,000	300,000	305,913		
	PVPL GARDEN SPINCO CORP SR NT 8.625% 07-20-2033	Corporate obligation	7/20/2030	8.63%	150,000	150,839	160,878		
	PVPL GENTING NEW YORK LLC / GENNY CAP 7.25% 10-01-2025	Corporate obligation	10/1/2029	7.25%	290,000	291,311	298,759		
	PVPL GENTING NEW YORK LLC / GENNY CAP 7.25% 10-01-2025	Corporate obligation	10/1/2029	7.25%	100,000	100,455	103,020		
	PVPL GFL ENVIRONMENTAL INC 3.75% DUE 08-01-2025 BEC	Corporate obligation	8/1/2025	3.75%	200,000	191,220	198,021		
	PVPL GFL ENVIRONMENTAL INC 3.75% DUE 08-01-202								

TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND

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

DECEMBER 31, 2024

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E.I.N. 53-0237142
Plan No. 001

(a)		(b)		(c) Description of investment including maturity date, rate of interest, collateral par/maturity value or shares			(d)	(e)
Identity of issuer, borrower, lessor or similar party		Description		Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
PVIFL GFL ENVIRONMENTAL INC. 4.75% DUE 06-15-2029 BEC		Corporate obligation		6/15/2029	4.75%	525,000	\$ 525,000	\$ 504,182
		Corporate obligation		2/15/2027	8.00%	280,000	282,726	288,808
PVIFL GGAM FIN LTD 8.0% 02-15-2027		Corporate obligation		2/15/2027	8.00%	130,000	130,515	134,089
		Corporate obligation		5/15/2026	7.75%	490,000	490,000	497,184
PVIFL GGAM FINANCE LTD 7.75% 05-15-2024		Corporate obligation		5/15/2026	7.75%	130,000	130,000	131,906
		Corporate obligation		11/15/2031	7.25%	250,000	250,000	244,063
PVIFL GGLATFELTER 7.25% 11-15-2031		Corporate obligation		7/15/2032	6.38%	900,000	904,063	902,744
		Corporate obligation		2/15/2031	9.00%	225,000	226,753	239,823
PVIFL HANESBRANDS INC 9.0% 02-15-2031		Corporate obligation		7/1/2034	6.38%	350,000	345,625	340,597
		Corporate obligation		5/15/2032	7.50%	325,000	325,000	330,924
PVIFL HANNON ARMSTRONG SUSTAINABLE INFL 6.375% 07-01-2031		Corporate obligation		9/15/2030	3.75%	550,000	450,063	484,648
		Corporate obligation		6/15/2026	3.38%	340,000	322,386	329,451
PVIFL HARVEST MIDSTREAM LP 7.5% 05-15-2033		Corporate obligation		6/15/2026	3.38%	270,000	254,670	261,623
		Corporate obligation		6/15/2027	8.00%	460,000	473,413	479,412
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 3.375% 06-15-2024		Corporate obligation		6/15/2027	8.00%	15,000	15,000	15,633
		Corporate obligation		7/15/2027	5.50%	440,000	437,475	434,404
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		7/15/2027	5.50%	105,000	104,485	103,665
		Corporate obligation		6/15/2029	6.63%	340,000	341,894	344,308
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		6/15/2029	6.63%	165,000	166,563	167,090
		Corporate obligation		4/15/2032	6.25%	400,000	400,000	368,007
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		2/15/2035	7.25%	475,000	475,000	446,560
		Corporate obligation		11/15/2033	8.38%	150,000	150,000	153,119
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		2/15/2031	7.25%	550,000	551,750	558,927
		Corporate obligation		11/15/2032	8.00%	850,000	850,000	855,525
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		1/15/2027	6.25%	790,000	794,497	794,964
		Corporate obligation		1/15/2027	6.25%	270,000	271,300	271,696
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		1/15/2033	6.25%	500,000	500,313	498,003
		Corporate obligation		1/15/2029	4.38%	595,000	550,488	561,003
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		1/15/2029	4.38%	295,000	275,513	278,144
		Corporate obligation		9/1/2032	7.00%	1,025,000	1,025,000	951,282
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		12/15/2028	6.63%	780,000	787,516	797,947
		Corporate obligation		12/15/2028	6.63%	265,000	267,275	271,097
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		1/31/2030	4.13%	500,000	500,000	457,008
		Corporate obligation		8/1/2031	8.25%	225,000	226,611	233,407
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		10/15/2030	11.00%	125,000	137,688	137,197
		Corporate obligation		8/15/2030	9.88%	200,000	215,250	215,732
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		8/15/2032	7.25%	400,000	402,160	411,259
		Corporate obligation		1/15/2031	4.38%	250,000	219,719	226,643
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		10/15/2027	4.75%	500,000	462,625	483,398
		Corporate obligation		3/26/2029	6.40%	30,000	30,600	30,917
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		5/1/2028	8.38%	485,000	498,450	508,234
		Corporate obligation		5/1/2028	8.38%	190,000	193,400	199,102
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		12/1/2032	6.88%	425,000	425,000	420,737
		Corporate obligation		4/15/2033	6.25%	650,000	650,000	629,930
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		2/1/2029	5.88%	375,000	365,887	366,041
		Corporate obligation		1/15/2030	5.63%	850,000	716,875	779,010
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		1/15/2033	6.25%	400,000	400,000	365,337
		Corporate obligation		8/1/2029	6.50%	250,000	250,000	249,577
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		2/1/2032	7.13%	500,000	497,221	506,265
		Corporate obligation		9/30/2027	6.75%	550,000	550,000	558,277
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		9/30/2030	7.13%	400,000	395,875	410,164
		Corporate obligation		8/15/2031	3.88%	1,125,000	1,106,518	968,617
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		12/1/2029	3.88%	325,000	325,000	313,070
		Corporate obligation		3/15/2030	4.63%	750,000	696,469	693,094
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		8/15/2027	5.00%	525,000	520,750	510,942
		Corporate obligation		1/15/2029	4.25%	550,000	512,125	511,588
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		6/1/2031	7.13%	400,000	408,250	403,998
		Corporate obligation		5/15/2029	4.88%	405,000	379,544	380,626
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		5/15/2029	4.88%	165,000	154,863	155,070
		Corporate obligation		10/1/2028	5.88%	430,000	423,813	423,813
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		10/1/2028	5.88%	120,000	118,188	117,297
		Corporate obligation		9/15/2032	6.13%	500,000	500,000	499,977
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		10/15/2027	5.50%	450,000	453,797	446,196
		Corporate obligation		4/15/2029	6.75%	475,000	481,588	484,502
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		4/15/2029	6.75%	275,000	280,294	280,501
		Corporate obligation		3/15/2029	4.25%	1,125,000	1,056,456	1,019,733
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		9/15/2031	4.50%	1,050,000	1,007,984	940,635
		Corporate obligation		8/1/2029	9.00%	750,000	754,938	773,150
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		4/15/2026	5.75%	800,000	787,790	799,552
		Corporate obligation		4/15/2026	5.75%	275,000	270,372	274,846
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		11/15/2029	6.00%	1,075,000	1,075,000	1,032,349
		Corporate obligation		5/1/2029	9.38%	75,000	75,808	80,345
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		2/15/2029	6.38%	925,000	943,219	899,619
		Corporate obligation		7/15/2032	6.50%	1,025,000	1,025,000	1,026,303
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		8/15/2030	8.50%	350,000	350,276	370,310
		Corporate obligation		3/15/2031	7.75%	275,000	275,594	287,532
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		10/15/2033	4.00%	600,000	512,063	499,719
		Corporate obligation		3/15/2032	6.25%	700,000	708,387	708,387
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		2/15/2031	7.25%	400,000	400,188	412,315
		Corporate obligation		12/1/2032	6.25%	600,000	599,813	577,127
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		9/1/2030	5.88%	300,000	282,750	292,395
		Corporate obligation		11/15/2031	8.63%	525,000	520,783	546,286
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		8/15/2032	6.75%	275,000	275,750	279,691
		Corporate obligation		9/1/2026	3.13%	865,000	873,693	850,093
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		9/1/2026	3.13%	280,000	274,033	268,956
		Corporate obligation		7/15/2028	4.00%	625,000	617,800	575,848
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		7/1/2030	4.13%	125,000	100,063	109,093
		Corporate obligation		8/1/2032	7.00%	525,000	526,000	517,625
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		11/1/2027	4.88%	375,000	376,671	364,587
		Corporate obligation		11/1/2028	6.00%	750,000	784,402	731,524
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		9/30/2027	5.50%	425,000	454,572	435,957
		Corporate obligation		6/1/2032	6.50%	575,000	575,000	579,977
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		7/15/2026	3.63%	195,000	189,912	188,196
		Corporate obligation		3/1/2031	7.88%	450,000	450,000	470,611
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		6/1/2031	5.00%	525,000	528,887	468,009
		Corporate obligation		6/30/2029 BEC	4.88%	1,050,000	1,043,375	957,227
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		1/15/2028	5.50%	380,000	363,044	345,421
		Corporate obligation		1/15/2028	5.50%	105,000	100,463	100,972
PVIFL HAT HDLGS I LLC/HAT HDLGS II LLC 8.0% 06-15-2027		Corporate obligation		9/1/2031	6.00%	175,000	161,344	165,171

TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND

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

DECEMBER 31, 2024

Form 5500 Schedule H Item 4i

E.I.N. 53-0237142
Plan No. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral par/maturity value or shares				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	PVIFL TALLGRASS ENERGY PARTNERS LP 6% DUE 03-01-2027/02-20-2020 BEC	Corporate obligation	3/1/2027	6.00%	95,000	\$ 92,894	\$ 94,117
	PVIFL TALLGRASS ENERGY PARTNERS LP 6% DUE 03-01-2027/02-20-2020 BEC	Corporate obligation	3/1/2027	6.00%	60,000	58,919	59,442
	PVIFL TALLGRASS ENERGY PARTNERS LP 7.375% 02-15-2022	Corporate obligation	2/15/2029	7.38%	300,000	300,000	300,950
	PVIFL TALLGRASS ENERGY PARTNERS LP 7.375% 02-15-2022	Corporate obligation	2/15/2029	7.38%	335,000	335,000	336,060
	PVIFL TALLGRASS ENERGY PARTNERS LP 7.375% 02-15-2022	Corporate obligation	2/15/2029	7.38%	110,000	110,000	110,348
	PVIFL TEGNA INC SR NT 4.75% DUE 03-15-2026 BEC	Corporate obligation	3/15/2026	4.75%	265,000	272,464	261,343
	PVIFL TEMPUR SEALY INTERNATIONAL INC 3.875% 10-15-2033	Corporate obligation	10/15/2031	3.88%	500,000	500,000	436,218
	PVIFL TEREX CORP NEW 6.25% 10-15-2032	Corporate obligation	10/15/2032	6.25%	425,000	425,000	416,498
	PVIFL TOYOTA AUTO LOAN EXTENDED NOTE SER 23-1A CL A 4.93% DUE 06-25-2025	Corporate obligation	6/25/2036	4.93%	515,000	514,866	519,356
	PVIFL TRANSDIGM INC 6.375% 03-01-2025	Corporate obligation	3/1/2029	6.38%	345,000	345,100	345,747
	PVIFL TRANSDIGM INC 6.375% 03-01-2025	Corporate obligation	3/1/2029	6.38%	145,000	145,028	145,322
	PVIFL TRANSDIGM INC 6.75% 08-15-2022	Corporate obligation	8/15/2028	6.75%	440,000	446,413	443,839
	PVIFL TRANSDIGM INC 6.75% 08-15-2022	Corporate obligation	8/15/2028	6.75%	125,000	126,906	126,091
	PVIFL TRANSDIGM INC 7.125% 12-01-2031	Corporate obligation	12/1/2031	7.13%	500,000	496,250	511,982
	PVIFL TRANSOCEAN INC 8.75% 05-15-2031	Corporate obligation	5/15/2031	8.50%	550,000	550,000	539,183
	PVIFL TRANSOCEAN INC 8.75% 02-15-2031	Corporate obligation	2/15/2030	8.75%	297,500	298,297	306,819
	PVIFL TRIVULI PACKAGING FIN B V SR SEC'D NT 144A 5.5% DUE 08-15-2026/08-02-2031	Corporate obligation	8/15/2026	5.50%	950,000	979,720	936,407
	PVIFL UKG INC 6.875% 02-01-2031	Corporate obligation	2/1/2031	6.88%	475,000	475,000	481,903
	PVIFL UNITED WHOLESALE MTGE LL CORP 5.5% 04-15-2021	Corporate obligation	4/15/2029	5.50%	275,000	242,688	264,894
	PVIFL US FOODS INC 4.75% DUE 02-15-2029 BEC	Corporate obligation	2/15/2029	4.75%	1,100,000	1,100,000	1,053,442
	PVIFL US FOODS INC 7.25% DUE 01-15-2033	Corporate obligation	1/15/2032	7.25%	525,000	522,156	543,330
	PVIFL VELOCITY VEH GROUP LLC 8.0% 06-01-2025	Corporate obligation	6/1/2029	8.00%	200,000	202,483	207,980
	PVIFL VENTURE GLOBAL LNG INC 7.0% 01-15-2033	Corporate obligation	1/15/2030	7.00%	300,000	300,000	304,494
	PVIFL VENTURE GLOBAL LNG INC 8.375% DUE 06-01-2031	Corporate obligation	6/1/2031	8.38%	1,200,000	1,200,000	1,251,512
	PVIFL VENTURE GLOBAL LNG INC 9.875% 02-01-2032	Corporate obligation	2/1/2032	9.88%	500,000	496,070	548,640
	PVIFL VIASAT INC 5.625% 04-15-2022	Corporate obligation	4/15/2027	5.63%	175,000	177,570	169,385
	PVIFL VIASAT INC SR NT 144A 5.625% 09-15-2022	Corporate obligation	9/15/2025	5.63%	1,250,000	1,231,795	1,238,837
	PVIFL VICI PPTYS /NT 4.25% DUE 12-01-2021	Corporate obligation	12/1/2026	4.25%	830,000	837,765	816,228
	PVIFL VICI PPTYS /NT 4.25% DUE 12-01-2021	Corporate obligation	12/1/2026	4.25%	270,000	274,920	265,500
	PVIFL VICTRIA HDGS LLC / VICTRIA FIN CORP 8.75% 09-15-2025	Corporate obligation	9/15/2029	8.75%	675,000	677,063	705,748
	PVIFL VIPER ENERGY PARTNERS LP 7.375% 11-01-2031	Corporate obligation	11/1/2031	7.38%	375,000	375,000	392,603
	PVIFL VISTAJET MALTA FIN P L C & VISTA MGMT HL 9.5% 06-01-2022	Corporate obligation	6/1/2028	9.50%	575,000	559,555	578,612
	PVIFL VISTAJET MALTA FIN P L C/XO MGMT HDG SR NT 6.375% 02-01-2033	Corporate obligation	2/1/2030	6.38%	300,000	300,150	262,147
	PVIFL VISTRA OPERATIONS CO LLC 5.5% DUE 09-01-2026 BEC	Corporate obligation	9/1/2026	5.50%	795,000	773,185	792,492
	PVIFL VISTRA OPERATIONS CO LLC 5.5% DUE 09-01-2026 BEC	Corporate obligation	9/1/2026	5.50%	265,000	257,738	264,164
	PVIFL VMED O2 UK FING I PLC SR SEC'D NT 4.75% 07-15-2031	Corporate obligation	7/15/2031	4.75%	1,075,000	1,075,000	924,154
	PVIFL VT TOPCO INC 8.5% 08-15-2033	Corporate obligation	8/15/2030	8.50%	1,025,000	1,039,313	1,085,654
	PVIFL WAND NEWCO 3 INC 7.625% 01-30-2033	Corporate obligation	1/30/2032	7.63%	275,000	277,358	282,459
	PVIFL WESCO DISTRIBUTION INC 6.375% 03-15-2029	Corporate obligation	3/15/2029	6.38%	435,000	437,494	440,814
	PVIFL WESCO DISTRIBUTION INC 6.375% 03-15-2029	Corporate obligation	3/15/2029	6.38%	165,000	166,294	167,205
	PVIFL WILDFIRE INTER HDGS LLC 7.5% 10-15-2029	Corporate obligation	10/15/2029	7.50%	1,075,000	1,074,500	1,034,299
	PVIFL WISCO DISTRIBUTION INC 6.625% 03-15-2033	Corporate obligation	3/15/2032	6.63%	325,000	325,000	330,326
	PVIFL WYNN RESORTS FIN LLC/WYNN RESORTS 7.125% 02-15-2031	Corporate obligation	2/15/2031	7.13%	263,000	255,890	273,891
	PVIFL WYNN RESORTS FIN LLC/WYNN RESORTS CAP SR NT 5.125% DUE 10-01-2022	Corporate obligation	10/1/2029	5.13%	300,000	269,250	287,283
	PVIFL XHR LP 6.625% 05-15-2030	Corporate obligation	5/15/2030	6.63%	700,000	701,688	702,298
	PVIFL XPO INC 6.25% 06-01-2022	Corporate obligation	6/1/2028	6.25%	745,000	747,582	749,557
	PVIFL XPO INC 6.25% 06-01-2022	Corporate obligation	6/1/2028	6.25%	230,000	230,424	231,407
	PVIFL ZIPRECRUITER INC 5.0% 01-15-2033	Corporate obligation	1/15/2030	5.00%	200,000	197,229	180,174
	PVIFL ZOOMINFO TECHNOLOGIES LLC/ZOOMINFOFIN 3.875% DUE 02-01-2029/02-02-2021 BEC	Corporate obligation	2/1/2029	3.88%	750,000	713,438	681,682
	QUANTA SVCS INC 2.9% DUE 10-01-2033	Corporate obligation	10/1/2030	2.90%	490,000	432,121	437,649
	QUANTA SVCS INC 2.9% DUE 10-01-2033	Corporate obligation	10/1/2030	2.90%	50,000	44,094	44,658
	QUICKEN LNS 3.875% DUE 03-01-2031	Corporate obligation	3/1/2031	3.88%	725,000	573,696	631,690
	REGIONS FINANCIAL CORP 1.8% 08-12-2028	Corporate obligation	8/15/2028	1.80%	835,000	720,914	743,696
	REGIONS FINANCIAL CORP 1.8% 08-12-2028	Corporate obligation	8/12/2028	1.80%	80,000	68,983	71,252
	SBA COMMUNICATIONS CORP NEW SR NT 3.875%02-15-2027	Corporate obligation	2/15/2027	3.88%	915,000	950,547	877,188
	SBA COMMUNICATIONS CORP NEW SR NT 3.875%02-15-2027	Corporate obligation	2/15/2027	3.88%	280,000	277,167	268,429
	SLG OFFICE TR 2.5854% DUE 07-15-2041	Corporate obligation	7/15/2041	2.59%	410,000	339,980	344,296
	SLG OFFICE TR 2.5854% DUE 07-15-2041	Corporate obligation	7/15/2041	2.59%	45,000	37,315	37,789
	SLM CORP FIXED 3.125% DUE 11-02-2026	Corporate obligation	11/2/2026	3.13%	10,000	9,506	9,544
	SLM CORP FIXED 3.125% DUE 11-02-2026	Corporate obligation	11/2/2026	3.13%	110,000	96,419	104,989
	SLM CORP FIXED 4.2% DUE 10-29-2025	Corporate obligation	10/29/2025	4.20%	800,000	838,574	792,857
	SLM CORP FIXED 4.2% DUE 10-29-2025	Corporate obligation	10/29/2025	4.20%	180,000	186,301	178,393
	SOTHEBYS FIXED 7.375% DUE 10-15-2027	Corporate obligation	10/15/2027	7.38%	1,750,000	1,776,750	1,730,496
	SOUTHWEST AIRLS CO 5.125% DUE 06-15-2027/06-08-2020 REC	Corporate obligation	6/15/2027	5.13%	480,000	478,531	482,182
	SOUTHWEST AIRLS CO 5.125% DUE 06-15-2027/06-08-2020 REC	Corporate obligation	6/15/2027	5.13%	45,000	44,838	45,205
	SOUTHWESTERN ENERGY CO 5.375% 02-01-2025	Corporate obligation	2/1/2029	5.38%	535,000	529,784	527,002
	SOUTHWESTERN ENERGY CO 5.375% 02-01-2025	Corporate obligation	2/1/2029	5.38%	50,000	49,513	49,252
	SOVOS COMPLIANCE LLC (FKA TAXWARE LLC) FIRST LIEN DELAYED DRAW TL 8-11-2	Corporate obligation	8/11/2028	0.00%	29,452	29,452	28,053
	SPRINGLEAF FIN 7.125% DUE 03-15-2026	Corporate obligation	3/15/2026	7.13%	305,000	310,338	310,478
	SPRINGLEAF FIN 7.125% DUE 03-15-2026	Corporate obligation	3/15/2026	7.13%	75,000	75,975	76,347
	STARWOOD PPTY TR INC SR NT 144A 4.375% 01-15-2022	Corporate obligation	1/15/2027	4.38%	265,000	257,875	256,213
	STARWOOD PPTY TR INC SR NT 144A 4.375% 01-15-2022	Corporate obligation	1/15/2027	4.38%	50,000	48,556	48,342
	STARWOOD PROPERTY TRUST 4.75% 03-15-2022	Corporate obligation	3/15/2025	4.75%	401,000	418,401	400,790
	STARWOOD PROPERTY TRUST 4.75% 03-15-2022	Corporate obligation	3/15/2025	4.75%	43,000	41,880	42,977
	STATION CASINOS LLC SR NT 144A 4.625% 12-01-2031	Corporate obligation	12/1/2031	4.63%	1,625,000	1,541,938	1,455,661
	SUNOCO LP/SUNOCO FIN CORP 5.875% 03-15-2028	Corporate obligation	3/15/2028	5.88%	210,000	206,955	209,143
	SUNOCO LP/SUNOCO FIXED 6% DUE 04-15-2027	Corporate obligation	4/15/2027	6.00%	840,000	882,000	838,334
	SUNOCO LP/SUNOCO FIXED 6% DUE 04-15-2027	Corporate obligation	4/15/2027	6.00%	65,000	64,424	64,871
	TAPESTRY INC 5.1% 03-11-2033	Corporate obligation	3/11/2030	5.10%	545,000	545,365	538,790
	TAPESTRY INC 5.1% 03-11-2033	Corporate obligation	3/11/2030	5.10%	50,000	50,034	49,430
	TEGNA INC 4.625% DUE 03-15-2022	Corporate obligation	3/15/2028	4.63%	385,000	356,598	363,826
	TEGNA INC 4.625% DUE 03-15-2022	Corporate obligation	3/15/2028	4.63%	10,000	9,132	9,450
	TENET HEALTHCARE CORP 6.125% 06-15-2033	Corporate obligation	6/15/2030	6.13%	175,000	171,500	173,621
	TENET HEALTHCARE CORP 6.25% DUE 02-01-2027	Corporate obligation	2/1/2027	6.25%	250,000	243,780	249,802
	TENET HEALTHCARE FIXED 4.25% DUE 01-06-2022	Corporate obligation	6/1/2029	4.25%	505,000	467,168	474,094
	TENET HEALTHCARE FIXED 4.25% DUE 01-06-2022	Corporate obligation	6/1/2029	4.25%	145,000	134,019	136,126
	TENET HEALTHCARE FIXED 5.125% DUE 01-11-2022	Corporate obligation	11/1/2027	5.13%	360,000	353,881	352,549
	TENET HEALTHCARE FIXED 5.125% DUE 01-11-2022	Corporate obligation	11/1/2027	5.13%	135,000	132,706	132,206
	TENET HEALTHCARE FIXED 6.125% DUE 10-01-2021	Corporate obligation	10/1/2028	6.13%	925,000	846,304	923,284
	TEVA 3.15% DUE 10-01-2024	Corporate obligation	10/1/2026	3.15%	705,000	639,833	677,432
	TEVA 3.15% DUE 10-01-2024	Corporate obligation	10/1/2026	3.15%	195,000	195,673	211,397
	TEVA 4.75% DUE 05-09-2027	Corporate obligation	5/9/2027	4.75%	100,000	95,868	97,582
	TEVA 4.75% DUE 05-09-2027	Corporate obligation	5/9/2027	4.75%	10,000	9,525	9,758
	TEVA PHARMACEUTICAL FIN NETH III B 6.75%6.75% 03-01-2021	Corporate obligation	3/1/2028	6.75%	35,000	35,263	35,734
	TEVA PHARMACEUTICAL FIN NETH III B 6.75%6.75% 03-01-2021	Corporate obligation	3/1/2028	6.75%	10,000	10,075	10,210
	TEXAS INSTRS INC FIXED 4.6% DUE 02-08-2022	Corporate obligation	2/8/2027	4.60%	220,000	219,752	220,924
	TEXAS INSTRS INC FIXED 4.6% DUE 02-08-2022	Corporate obligation	2/8/2027	4.60%	45,000	44,958	45,189
	TK ELEVATOR MIDCO GMBH FACILITY B2 (USD)SENIOR SECURED TL 04-30-2031	Corporate obligation	4/30/2030	0.00%	160	159	161

TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND

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

DECEMBER 31, 2024

Form 5500 Schedule H Item 4i

E.I.N. 53-0237142
Plan No. 001

		(c) Description of investment including maturity date, rate of interest, collateral par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
	T-MOBILE USA INC 5.05% 07-15-2033	Corporate obligation	7/15/2033	5.05%	480,000	\$ 462,768	\$ 470,126
	T-MOBILE USA INC 5.05% 07-15-2033	Corporate obligation	7/15/2033	5.05%	50,000	48,205	48,972
	TRANSNEXA INC FIXED 5.5% 11-15-2027	Corporate obligation	11/15/2027	5.50%	650,000	595,156	638,712
	TRUST INSURANCE HOLDINGS LLC TL8 SENIOR SECURED 05-06-2031	Corporate obligation	5/6/2031	0.00%	459,677	458,534	460,395
	TWILIO INC FIXED 3.875% DUE 03-10-2031	Corporate obligation	3/15/2031	3.88%	375,000	291,000	336,320
	U S BANCORP MEDIUM TERM NTS- BOOK ENTRY 4.839% 02-01-2034	Corporate obligation	2/1/2034	4.84%	845,000	791,317	809,056
	U S BANCORP MEDIUM TERM NTS- BOOK ENTRY 4.839% 02-01-2034	Corporate obligation	2/1/2034	4.84%	80,000	74,678	76,597
	UKG INC TERM LOAN B SENIOR SECURED TERM LOAN 01-30-2031	Corporate obligation	1/30/2031	0.00%	199,501	199,505	200,766
	UN PAC RR CO 3.227% DUE 05-14-2026	Corporate obligation	5/14/2026	3.23%	337,842	334,232	331,931
	UN PAC RR CO 3.227% DUE 05-14-2026	Corporate obligation	5/14/2026	3.23%	84,624	86,243	83,144
	UNDER ARMOUR INC 3.25% DUE 06-15-2026	Corporate obligation	6/15/2026	3.25%	840,000	875,910	810,849
	UNITED AIR 2023-1 A PIT 5.8% DUE 07-15-2033	Corporate obligation	7/15/2037	5.80%	211,174	202,272	215,364
	UNITED PARCEL SERVICE INC 4.875% DUE 03-03-2033	Corporate obligation	3/3/2033	4.88%	285,000	287,131	282,084
	UNITED PARCEL SERVICE INC 4.875% DUE 03-03-2033	Corporate obligation	3/3/2033	4.88%	60,000	60,576	59,386
	VARISITY BRANDS INC TERM LOAN 07-25-2031	Corporate obligation	7/25/2031	0.00%	100,000	99,306	100,025
	VERIZON MASTER TR 4.17% 08-20-2030	Corporate obligation	8/20/2030	4.17%	1,500,000	1,499,610	1,485,415
	VERIZON MASTER TR 4.17% 08-20-2030	Corporate obligation	8/20/2030	4.17%	140,000	139,964	138,639
	VERIZON MASTER TR SER 23-7 CL A1A 0.0567% 11-20-2025	Corporate obligation	11/20/2029	5.67%	200,000	199,975	204,036
	VICTRA HOLDINGS LLC THIRD AMENDMENT INCREMENTAL TERM LOAN SR SECD 03-31-202	Corporate obligation	3/31/2029	0.00%	146,250	147,176	147,895
	VIRGIN MEDIA FIN 5% DUE 07-15-2030	Corporate obligation	7/15/2030	5.00%	1,000,000	990,833	846,349
	VOLKSWAGEN AUTO LEASE TRUST SER 23-A CL A3 5.9% DUE 10-20-2022	Corporate obligation	10/20/2026	5.81%	475,000	474,929	479,022
	WARNER MEDIA HOLDINGS INC. 6.412% 03-15-2026	Corporate obligation	3/15/2026	6.41%	475,000	476,401	475,189
	WARNER MEDIA HOLDINGS INC. 6.412% 03-15-2026	Corporate obligation	3/15/2026	6.41%	50,000	50,148	50,020
	WELLS FARGO & CO 3% DUE 04-22-2026	Corporate obligation	4/22/2026	3.00%	900,000	856,624	880,125
	WELLS FARGO & CO 3% DUE 04-22-2026	Corporate obligation	4/22/2026	3.00%	85,000	80,252	83,123
	WELLS FARGO & COMPANY 5.389% 04-24-2034	Corporate obligation	4/24/2034	5.39%	540,000	532,027	534,121
	WELLS FARGO & COMPANY 5.389% 04-24-2034	Corporate obligation	4/24/2034	5.39%	50,000	49,180	49,456
	WELLS FARGO COML 5.92% DUE 11-15-2057	Corporate obligation	11/15/2057	5.92%	345,000	352,347	355,401
	WELLS FARGO COML 5.92% DUE 11-15-2057	Corporate obligation	11/15/2057	5.92%	35,000	36,050	36,055
	WESTERN DIG CORP 4.75% DUE 02-15-2026	Corporate obligation	2/15/2026	4.75%	815,000	891,089	807,143
	WESTERN DIG CORP 4.75% DUE 02-15-2026	Corporate obligation	2/15/2026	4.75%	260,000	279,634	257,494
	WESTERN MIDSTREAM OPER LP 3.1% DUE 02-01-2022	Corporate obligation	2/1/2025	3.10%	685,000	683,464	683,243
	WESTERN MIDSTREAM OPER LP 3.1% DUE 02-01-2022	Corporate obligation	2/1/2025	3.10%	205,000	212,015	204,474
	WHATABRANDS LLC TERM LOAN SENIOR SECURED 08-03-2021	Corporate obligation	8/3/2028	0.00%	-	(861)	-
	WYNDHAM 6.625% DUE 07-31-2024	Corporate obligation	7/31/2026	6.63%	615,000	609,448	621,573
	WYNDHAM 6.625% DUE 07-31-2024	Corporate obligation	7/31/2026	6.63%	10,000	10,088	10,107
	WYNDHAM WORLDWIDE FIXED 5.1% DUE 10-01-2022	Corporate obligation	10/1/2025	6.35%	180,000	189,000	180,451
	WYNDHAM WORLDWIDE FIXED 5.1% DUE 10-01-2022	Corporate obligation	10/1/2025	6.35%	250,000	253,192	250,626
	ZIGGO BD FIN B V 6% DUE 01-15-2027	Corporate obligation	1/15/2027	6.00%	425,000	428,109	421,542
	Total - Corporate obligations					211,962,257	211,462,909
	Limited partnerships						
	ARENA SHORT DURATION HIGH YIELD FUND, LP- SERIES I	Limited partnership	N/A	N/A	25,000,000	25,000,000	25,431,493
	BOYD WATTEKSON STATE GOVERNMENT FUND, L	Limited partnership	N/A	N/A	86,675	82,449,435	84,217,074
	CORBIN ERISA OPPORTUNITY FUND, LF	Limited partnership	N/A	N/A	82,500,000	82,500,000	133,412,518
	GLOUSTON PRIVATE EQUITY OPP V FTE, LF	Limited partnership	N/A	N/A	4,023,126	3,464,901	6,850,561
	GROSVENOR SECONDARY OPPORTUNITIES FEEDER FUND II, LF	Limited partnership	N/A	N/A	36,344,357	36,344,357	39,214,501
	GROSVENOR SECONDARY OPPORTUNITIES FEEDER FUND III, LF	Limited partnership	N/A	N/A	23,156,333	23,156,333	27,845,262
	HAMILTON LANE SECONDARY FEEDER	Limited partnership	N/A	N/A	1,222,395	1,222,395	14,314,586
	INTERCONTINENTAL U.S. REAL ESTATE INV FUND, LLC	Limited partnership	N/A	N/A	92,734	98,652,146	107,694,236
	NB CROSSROADS FUND 23 PLAN LF	Limited partnership	N/A	N/A	34,400,000	34,400,000	45,323,119
	NB CROSSROADS FUND 24 PLAN LF	Limited partnership	N/A	N/A	14,350,000	14,350,000	15,905,744
	WACAP - O DIRECT LENDING FUND UNLEVERED FEEDER LLC	Limited partnership	N/A	N/A	23,415,321	23,415,321	25,025,598
	Total - Limited partnerships					424,954,888	527,434,694
	Total assets (held at end of year)					\$ 1,287,099,002	\$ 1,704,641,320

Plan: Teamsters Local 639 – Employers Pension Trust
EIN/PN: 53-0237142/001
2024 Form 5500 – Schedule MB
Schedule MB, line 8b(2) – Schedule of Active Participant Data

Schedule of Active Participant Data																				
Service	Under 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40 & UP	
	Average Accrued		Average Accrued		Average Accrued		Average Accrued		Average Accrued		Average Accrued		Average Accrued		Average Accrued		Average Accrued		Average Accrued	
Age	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.	No.	Mon. Ben.
Under 20	0		1		0		0		0		0		0		0		0		0	
20-24	5		37	\$442	0		0		0		0		0		0		0		0	
25-29	18		217	\$881	19		0		0		0		0		0		0		0	
30-34	20	\$46	274	\$886	149	\$2,337	8		0		0		0		0		0		0	
35-39	12		206	\$831	133	\$2,380	66	\$3,328	10		0		0		0		0		0	
40-44	15		164	\$834	98	\$2,184	56	\$3,470	91	\$5,840	6		0		0		0		0	
45-49	9		107	\$720	93	\$1,873	48	\$2,851	126	\$5,705	62	\$7,295	3		0		0		0	
50-54	16		119	\$703	100	\$1,906	53	\$2,935	98	\$5,396	96	\$7,607	34	\$8,328	2		0		0	
55-59	8		92	\$574	81	\$1,489	48	\$2,246	79	\$4,690	86	\$6,753	38	\$7,601	15		5		0	
60-64	9		69	\$471	47	\$1,429	35	\$1,839	28	\$3,863	41	\$5,504	18		9		13		1	
65-69	3		23	\$352	14		9		14		15		4		1		2		1	
70 & Up	0		9		4		5		5		3		0		1		0		0	
Total	115	\$64	1,318	\$772	738	\$2,012	328	\$2,791	451	\$5,234	309	\$6,766	97	\$7,443	28	\$6,860	20	\$7,956	2	\$7,995

Plan: Teamsters Local 639 – Employers Pension Trust**EIN/PN: 53-0237142/001****2024 Form 5500 – Schedule MB****Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases**

Table V-5 Schedule of Amortizations Required for Minimum Required Contribution as of January 1, 2024				
Type of Base	Date Established	1/1/2024 Outstanding Balance	Remaining Amortization Years*	Beginning of Year Amortization Amount
CHARGES				
1. Plan Amendment	1/1/1984	\$ 388,832	1	\$ 388,832
2. Contribution Rate Increase	1/1/1984	81,095	3	28,880
3. Contribution Rate Increase	1/1/1984	160,799	4	44,367
4. Plan Amendment & Contribution Rate Increase	1/1/1990	930,575	1	930,575
5. Plan Amendment	1/1/1991	1,008,585	2	521,346
6. Plan Amendment	1/1/1992	3,129,875	3	1,114,621
7. Plan Amendment	1/1/1993	4,301,912	4	1,186,958
8. Plan Amendment & Assumption Change	1/1/1994	991,778	5	226,061
9. Plan Amendment	1/1/1995	3,030,057	6	594,106
10. Plan Amendment & Contribution Rate Increase	1/1/1996	540,601	7	93,748
11. Plan Amendment & Contribution Rate Increase	1/1/1997	13,451,962	8	2,105,393
12. Plan Amendment & Contribution Rate Increase	1/1/1998	11,663,094	9	1,673,016
13. Plan Amendment & Contribution Rate Increase	1/1/1999	5,690,666	10	757,218
14. Assumption Change	1/1/1999	1,508,482	10	200,723
15. Plan Amendment & Contribution Rate Increase	1/1/2000	4,511,083	11	562,228
16. Plan Amendment & Contribution Rate Increase	1/1/2001	8,951,183	12	1,053,245
17. Contribution Rate Increase	1/1/2002	2,853,887	13	319,131
18. Contribution Rate Increase	1/1/2003	2,909,140	14	310,884
19. Assumption Change	1/1/2003	5,382,748	14	575,224
20. Contribution Rate & Maximum Benefit Limit Increase	1/1/2004	27,855,625	15	2,858,316
21. Actuarial Loss	1/1/2005	1,582,834	1	1,582,834
22. Contribution Rate & Maximum Benefit Limit Increase	1/1/2005	7,082,327	16	700,671
23. Actuarial Loss	1/1/2006	1,895,620	2	979,862
24. Contribution Rate & Maximum Benefit Limit Increase	1/1/2006	7,292,166	17	698,039
25. Contribution Rate & Maximum Benefit Limit Increase	1/1/2007	5,524,847	18	513,308

* The amortization charges above reflect the 5-year amortization extension granted under 431(d)(1) of the Code in 2009 for all charge bases on or before 2009.

Plan: Teamsters Local 639 – Employers Pension Trust**EIN/PN: 53-0237142/001****2024 Form 5500 – Schedule MB****Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases**

Table V-5 Schedule of Amortizations Required for Minimum Required Contribution as of January 1, 2024				
Type of Base	Date Established	1/1/2024 Outstanding Balance	Remaining Amortization Years*	Beginning of Year Amortization Amount
CHARGES				
26. Contribution Rate & Maximum Benefit Limit Increase	1/1/2008	1,274,450	4	351,639
27. Contribution Rate & Maximum Benefit Limit Increase	1/1/2009	1,165,786	5	265,724
28. Recognized Portion of ENIL	1/1/2009	110,017,218	14	11,756,927
29. Contribution Rate Increase	1/1/2010	246,394	1	246,394
30. Bifurcation Base	1/1/2010	1,392,836	1	1,392,836
31. Recognized Portion of ENIL	1/1/2011	21,534,233	14	2,301,244
32. Recognized Portion of ENIL	1/1/2012	62,166,471	14	6,643,384
33. Recognized Portion of ENIL	1/1/2013	23,654,040	14	2,527,775
34. Change in Assumptions	1/1/2014	25,335,449	5	5,774,841
35. Recognized Portion of ENIL	1/1/2014	38,102,464	14	4,071,798
36. Actuarial Loss	1/1/2015	8,086,886	6	1,585,603
37. Actuarial Loss	1/1/2016	14,484,334	7	2,511,790
38. Assumption Change	1/1/2016	2,782,351	7	482,499
39. Actuarial Loss	1/1/2017	7,484,826	8	1,171,465
40. Actuarial Loss	1/1/2018	32,868,150	9	4,714,782
41. Actuarial Loss	1/1/2019	26,167,119	10	3,481,878
42. Actuarial Loss	1/1/2020	17,089,047	11	2,129,853
43. Assumption Change	1/1/2021	13,801,572	12	1,623,968
44. Assumption Change	1/1/2022	90,393,867	13	10,108,134
45. Actuarial Loss	1/1/2023	61,978,964	14	6,623,347
46. Actuarial Loss	1/1/2024	50,275,222	15	5,158,831
TOTAL CHARGES		\$ 733,021,452		\$ 94,944,298

* The amortization charges above reflect the 5-year amortization extension granted under 431(d)(1) of the Code in 2009 for all charge bases on or before 2009.

Plan: Teamsters Local 639 – Employers Pension Trust

EIN/PN: 53-0237142/001

2024 Form 5500 – Schedule MB

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

Table V-5				
Schedule of Amortizations Required for Minimum Required Contribution as of January 1, 2024				
Type of Base	Date Established	1/1/2024 Outstanding Balance	Remaining Amortization Years*	Beginning of Year Amortization Amount
CREDITS				
1. Assumption Change	1/1/1997	\$ 4,917,073	3	\$ 1,751,083
2. Assumption Change	1/1/2000	314,052	6	61,576
3. Asset Method Change	1/1/2009	48,475,061	15	4,974,113
4. Recognized Portion of ENIL	1/1/2010	32,341,112	14	3,456,114
5. Bifurcation Base	1/1/2011	60,371	2	31,206
6. Assumption Change	1/1/2012	477,153	3	169,925
7. Bifurcation Base	1/1/2012	6,500,836	3	2,315,098
8. Bifurcation Base	1/1/2013	2,780,319	4	767,129
9. Bifurcation Base	1/1/2014	8,939,177	5	2,037,553
10. Actuarial Gain	1/1/2021	7,172,769	12	843,987
11. Actuarial Gain	1/1/2022	42,279,245	13	4,727,801
12. Asset Method Change	1/1/2022	<u>127,409,168</u>	8	<u>19,941,054</u>
TOTAL CREDITS		\$ 281,666,336		\$ 41,076,639
NET CHARGE		\$ 451,355,116		\$ 53,867,659

Plan: Teamsters Local 639 – Employers Pension Trust
EIN/PN: 53-0237142/001
2024 Form 5500 – Schedule MB
Schedule MB, line 11– Justification for Change in Actuarial Assumptions

As required, the current liability interest rate and mortality tables were updated. The interest rate went from 2.55% to 3.29% and the mortality table was updated to the 2021 Static Mortality Tables for annuitants and non-annuitants (per IRS Notice 2023-73) and Regulation §1.431(c)(6)-1.

For determining the Present Value of Accumulated Benefits under FASB ASC 960, the expense assumption is assumed to be \$317.25 per participant for the current plan year and increasing at the rate of 3% per year.

A. Actuarial Assumptions

1. Rates of Investment Return

Funding and disclosure purposes:
7.00% compounded annually

Current Liability under RPA 1994:
3.29% compounded annually

All investment returns are net of investment expenses.

2. Rates of Mortality

(a) Funding:

Non-Disabled Mortality is assumed to follow the SOA RPH-2014 Adjusted to 2006 Blue Collar Headcount-weighted Mortality with 110% adjustment for males and 120% adjustment for females, and generational mortality improvements using Scale MP-2020

Disabled Mortality is assumed to follow the SOA RPH-2014 Adjusted to 2006 Disabled Retiree Headcount-weighted Mortality with generational mortality improvements using Scale MP-2020

(b) RPA '94 Current Liability:

The separate 2024 Static Mortality Tables for annuitants and non-annuitants as prescribed under IRS Notice 2023-73 and Regulation §1.431(c)(6)-1.

3. Rates of Retirement

Rates of retirement are assumed to be in accordance with annual rates as shown, split between those eligible for an unreduced benefit and those who elect early retirement.

Age	Early Retirement	Unreduced Retirement
<50	11%	35%
50	11%	35%
51	9%	30%
52	7%	25%
53	9%	25%
54	10%	25%
55	11%	25%
56	12%	25%
57-59	12%	20%
60		20%
61		15%
62		20%
63-64		15%
65-69		25%
70		100%

4. Rates of Turnover

Termination of employment for reasons other than death, disability or retirement is assumed to be in accordance with annual rates as shown below.

Service	Rate of Turnover
<1	40.0%
1	15.0%
2	10.0%
3-7	7.5%
8	5.0%
9	4.0%
10-24	2.5%
25+	0.0%

5. Disability

Participants are expected to become disabled in accordance with the following probabilities.

Age	Rate of Disability
25	0.0125%
30	0.0125%
35	0.0150%
40	0.0225%
45	0.0450%
50	0.1000%
55	0.2000%

6. Vested Terminated Participants

Age	Rate of Retirement
60	50%
61	10%
62	25%
63	10%
64	10%
65+	100%

7. Marital Status

80% of participants are assumed to be married. The female spouse is assumed to be three years younger than the male spouse.

8. Credited Service

Active participants are assumed to earn the same number of hours of service as earned in the prior year. New entrants are assumed to earn 1,800 hours in a year.

9. Administrative Expenses

\$2,900,000 assumed payable at the beginning of the year.

For financial disclosure under FASB ASC 960, the present value of future administrative expenses is based on future mid-year cash flows of \$317.25 per participant that increase 3% per year for inflation.

10. Rationale for Economic and Demographic Assumptions

Assumptions are based on the latest experience study review performed in 2021 and covering the period January 1, 2016 through December 31, 2020. The results of that study are incorporated here by reference.

11. Changes in Assumptions Since Last Valuation

As required, the current liability interest rate and mortality tables were updated. The interest rate went from 2.55% to 3.29% and the mortality table was updated to the 2024 Static Mortality Tables for annuitants and non-annuitants (per IRS Notice 2023-73) and Regulation §1.431(c)(6)-1.

For determining the Present Value of Accumulated Benefits under FASB ASC 960, the expense assumption is assumed to be \$317.25 per participant for the current plan year and increasing at the rate of 3% per year.

B. Actuarial Methods

1. Asset Valuation Method

The Actuarial Value of Assets was set equal to the Market Value as of January 1, 2022. Beginning January 1, 2023, the Actuarial Value of Assets is determined as the Market Value less (1) 80% of the investment gain/(loss) during the preceding year, less (2) 60% of the investment gain/(loss) during the second preceding year, less (3) 40% of the investment gain/(loss) during the third preceding year, less (4) 20% of the investment gain/(loss) for the fourth preceding year. For the purpose of this calculation, the gain/(loss) is defined as the difference between the actual and the expected return (based on the valuation interest rate) on the Market Value of Assets during the year.

The actuarial value is taken to be the adjusted Market Value as described above, but subject to a 20% corridor limit around the actual Market Value; that is, the actuarial value is never greater than 120% percent of Market Value, nor less than 80% of Market Value.

2. Funding Method: Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the Unit Credit Cost method. This is one of a family of valuation methods known as an accrued benefits method. The chief characteristic of an accrued benefits method is that the funding pattern follows the pattern of benefit accrual. Under the Unit Credit Cost method, the normal cost is determined as that portion of each Participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each Participant as of

each valuation date, represents the actuarial present value of the Participant's current accrued benefit as of the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit Cost method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost could increase over time.

3. PRA 2010 Funding Relief

The Plan's Board of Trustees elected funding relief under §431(b)(8) of the Code and §304(b)(8) of ERISA commencing with the 2009 Plan Year, specifically:

- The "special amortization rule," which allows the Plan's investment losses for the plan year ended December 31, 2008 to be separately amortized over 29 years, whereas they were previously required to be amortized over 15 years.
- The "special asset valuation rule" in determining the actuarial value of plan assets which allows the Plan to recognize the 2008 loss over 10 years, at 10% per year. Prior to the relief, the 2008 loss would be recognized over 5 years, or 20% per year.
- As part of the special valuation rule, the actuarial value of assets would be no greater than 130% of Market Value for the plan year beginning in 2009 and 2010. Prior to relief, the upper limit would have been 120% of Market Value.

4. Valuation Software

Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies (WinTech) to calculate liabilities, normal costs and project benefit payments. We have relied on WinTech as the developer of ProVal. We have reviewed ProVal as it relates to the Plan and have used ProVal in accordance with its original intended purpose. We have not identified any material inconsistencies in the output of ProVal that would affect the contents of this actuarial valuation report.

5. Changes in Actuarial Methods since Last Valuation

None.

Plan: Teamsters Local 639 – Employers Pension Trust**EIN/PN: 53-0237142/001****2024 Form 5500 – Schedule MB****Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments**

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 6,976,007	\$ 4,900,069	\$ 122,967,380	\$ 134,843,456
2025	13,456,705	6,294,274	120,255,617	140,006,596
2026	19,848,384	7,759,427	117,272,974	144,880,785
2027	26,031,957	9,120,931	113,607,531	148,760,419
2028	31,705,199	10,231,270	110,533,830	152,470,299
2029	37,307,293	11,343,535	107,327,222	155,978,050
2030	42,476,905	12,226,726	104,847,209	159,550,840
2031	47,262,686	13,400,483	101,800,807	162,463,976
2032	51,617,388	14,371,465	98,535,573	164,524,426
2033	55,481,736	14,993,534	95,471,113	165,946,383
2034	58,966,325	15,618,827	92,212,772	166,797,924
2035	61,990,827	16,120,477	89,350,904	167,462,208
2036	64,653,329	16,932,729	85,700,606	167,286,664
2037	66,973,259	17,431,920	82,269,850	166,675,029
2038	68,833,694	17,893,347	78,613,145	165,340,186
2039	70,329,124	18,144,846	74,994,367	163,468,337
2040	71,427,504	18,303,508	71,680,116	161,411,128
2041	72,283,107	18,703,495	67,696,035	158,682,637
2042	72,786,415	18,741,147	64,231,785	155,759,347
2043	73,065,779	18,863,567	60,256,496	152,185,842
2044	73,010,124	18,688,762	56,622,669	148,321,555
2045	72,817,237	18,554,123	52,791,564	144,162,924
2046	72,320,525	18,331,474	49,019,639	139,671,638
2047	71,611,268	18,007,011	45,270,668	134,888,947
2048	70,799,344	17,543,720	41,573,564	129,916,628
2049	69,657,519	17,052,416	37,967,049	124,676,984
2050	68,407,072	16,538,204	34,352,034	119,297,310
2051	66,915,861	15,889,554	30,952,052	113,757,467
2052	65,204,855	15,245,755	27,606,248	108,056,858
2053	63,176,709	14,551,786	24,464,036	102,192,531
2054	61,031,645	13,846,366	21,448,486	96,326,497
2055	58,619,588	13,102,678	18,656,312	90,378,578
2056	56,080,120	12,323,794	16,065,642	84,469,556
2057	53,454,675	11,550,087	13,711,645	78,716,407
2058	50,728,057	10,802,771	11,561,105	73,091,933
2059	47,916,953	10,036,692	9,662,469	67,616,114
2060	45,071,186	9,289,401	7,984,806	62,345,393
2061	42,226,468	8,555,867	6,538,110	57,320,445
2062	39,430,385	7,847,978	5,302,411	52,580,774
2063	36,705,853	7,168,586	4,262,026	48,136,465
2064	34,072,149	6,520,097	3,398,475	43,990,721
2065	31,537,095	5,904,199	2,692,829	40,134,123
2066	29,112,617	5,322,956	2,122,117	36,557,690
2067	26,804,440	4,775,475	1,668,717	33,248,632
2068	24,615,287	4,263,066	1,312,215	30,190,568
2069	22,546,267	3,785,566	1,035,487	27,367,320
2070	20,596,371	3,343,101	823,010	24,762,482
2071	18,763,788	2,935,787	659,701	22,359,276
2072	17,045,317	2,562,125	535,586	20,143,028
2073	15,437,039	2,222,005	440,501	18,099,545

Notes on the Expected Annual Benefit Payments:

- Based on the 2024 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, they do not include additional accruals, new entrants or expected expenses

Plan: Teamsters Local 639 – Employers Pension Trust

EIN/PN: 53-0237142/001

2024 Form 5500 – Schedule MB

Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 93,006,585	\$ 0	\$ 93,006,585
2025	95,399,911	0	95,399,911
2026	97,796,147	0	97,796,147
2027	99,995,431	0	99,995,431
2028	101,278,346	0	101,278,346
2029	101,278,346	0	101,278,346
2030	101,278,346	0	101,278,346
2031	101,278,346	0	101,278,346
2032	101,278,346	0	101,278,346
2033	101,278,346	0	101,278,346

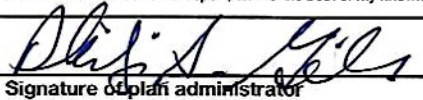
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the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

Part II	Basic Plan Information - enter all requested information
1a Name of plan TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND	1b Three-digit plan number (PN) ► <u>001</u>
	1c Effective date of plan <u>09/01/1956</u>
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) JOINT BOARD OF TRUSTEES TEAMSTERS LOCAL 639 - EMPLO BENESYS, INC. 3130 AMES PLACE, NE WASHINGTON DC 20018-1513	2b Employer Identification Number (EIN) <u>53-0237142</u> 2c Plan Sponsor's telephone number <u>202 636 8181</u> 2d Business code (see instructions) <u>484110</u>

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		<u>10/10/25</u>	<u>PHILIP S. GILES</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			<u>FORREST HARVEY</u>
	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

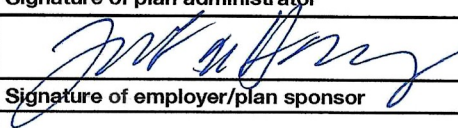
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the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

Part II	Basic Plan Information - enter all requested information
1a	Name of plan TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/01/1956
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) JOINT BOARD OF TRUSTEES TEAMSTERS LOCAL 639 - EMPLO BENESYS, INC. 3130 AMES PLACE, NE WASHINGTON DC 20018-1513
2b	Employer Identification Number (EIN) 53-0237142
2c	Plan Sponsor's telephone number 202 636 8181
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			PHILIP S. GILES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/25	FORREST HARVEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

5 Total number of participants at the beginning of the plan year	5 10,214
---	-----------------

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) (2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 4,123 6a(2) 3,542 6b 3,233 6c 1,993 6d 8,768 6e 733 6f 9,501 6g(1) 6g(2) 6h
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7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 66
--	-------------

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4L

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

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

a Pension Schedules

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

b General Schedules

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

TEAMSTERS LOCAL 639 - EMPLOYERS PENSION TRUST FUND

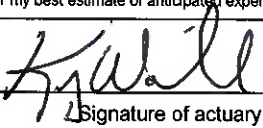
SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

EIN 53-0237142
Plan No. 001

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Value of Asset on the Transaction Date	(i) Net Gain/ or (Loss)
N/A	MF8 NORTHERN INSTL FDS GOVT SELECT PORTFOLIO	\$ 54,741,595	N/A	N/A	N/A	\$ 54,741,595	\$ 54,741,595	N/A
N/A	MF8 NORTHERN INSTL FDS GOVT SELECT PORTFOLIO	N/A	\$ 54,996,716	N/A	N/A	54,968,257	54,968,257	\$ -
N/A	NT COLLECTIVE SHORT TERM INVT FD	224,962,955	N/A	N/A	N/A	224,962,955	224,962,955	N/A
N/A	NT COLLECTIVE SHORT TERM INVT FD	N/A	223,100,197	N/A	N/A	223,072,803	223,072,803	-
N/A	NT COLLECTIVE GOVT SHORT TERM INVT FD	66,756,498	N/A	N/A	N/A	66,756,498	66,756,498	N/A
N/A	NT COLLECTIVE GOVT SHORT TERM INVT FD	N/A	68,559,284	N/A	N/A	68,559,283	68,559,283	-

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
▶ Round off amounts to nearest dollar.		
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan Teamsters Local 639 - Employers Pension Trust		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Teamsters Local 639 Employers Pension Trust		D Employer Identification Number (EIN) 53-0237142
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
b Assets		
(1) Current value of assets	1b(1)	1,596,603,465
(2) Actuarial value of assets for funding standard account	1b(2)	1,742,484,124
c (1) Accrued liability for plan using immediate gain methods	1c(1)	2,039,899,420
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	2,039,899,420
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	3,515,619,078
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	91,756,131
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	132,578,662
(3) Expected plan disbursements for the plan year	1d(3)	137,843,239
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE	 Signature of actuary	10/6/2025 Date
KEVIN WOODRICH, FSA, EA Type or print name of actuary		23-07086 Most recent enrollment number
CHEIRON, INC. Firm name		(703) 893-1456 Telephone number (including area code)
8300 GREENSBORO DR SUITE 800 MCLEAN VA 22102 Address of the firm		

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

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

Schedule MB (Form 5500) 2024
v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1,596,603,465
b "RPA '94" current liability/participant count breakdown:		
(1) For retired participants and beneficiaries receiving payment	(1) Number of participants	(2) Current liability
(2) For terminated vested participants	3,958	1,792,572,041
(3) For active participants:		
(a) Non-vested benefits		129,891,963
(b) Vested benefits		1,224,417,109
(c) Total active	3,406	1,354,309,072
(4) Total	9,141	3,515,619,078
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	45.41%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	87,956,325				
Totals ▶			3(b)	87,956,325	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

0

0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	85.4%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	2.9%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.0%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	2,900,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	50,275,222	5,158,831

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	-6,877,958

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	42,794,486

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	733,021,452	94,944,298
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 9,641,715**e** Total charges. Add lines 9a through 9d..... **9e** 147,380,499**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 153,939,820**g** Employer contributions. Total from column (b) of line 3..... **9g** 87,956,325

	Outstanding balance	
h Amortization credits as of valuation date..... 9h	281,666,336	41,076,639

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 16,677,557**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	684,832,379	
9j(2)	1,508,333,761	
9j(3)		0

k (1) Waived funding deficiency**(2)** Other credits**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**m** Credit balance: If line 9l is greater than line 9e, enter the difference**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**(3)** Total as of valuation date

9o(1)		0
9o(2)(a)		0
9o(2)(b)		0
9o(3)		0

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