

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 MO-KAN TEAMSTERS PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1970
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) MO-KAN TEAMSTERS PENSION FUND WILSON MCSHANE CORPORATION PO BOX 909500 KANSAS CITY, MO 64190-9500
2b	Employer Identification Number (EIN) 43-6142288
2c	Plan Sponsor's telephone number 816-756-3313
2d	Business code (see instructions) 484200

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.	10/14/2025	JULIE FOSTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	GREG DAVEY
	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 MO-KAN TEAMSTERS PENSION FUND WILSON MCSHANE CORPORATION PO BOX 909500 KANSAS CITY, MO 64190-9500	3b Administrator's EIN 43-6142288 3c Administrator's telephone number 816-756-3313 																				
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 2002																				
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.....	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">6a(1)</td><td style="width: 90%; text-align: right;">587</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">436</td></tr> <tr><td>6b</td><td style="text-align: right;">716</td></tr> <tr><td>6c</td><td style="text-align: right;">403</td></tr> <tr><td>6d</td><td style="text-align: right;">1555</td></tr> <tr><td>6e</td><td style="text-align: right;">277</td></tr> <tr><td>6f</td><td style="text-align: right;">1832</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	587	6a(2)	436	6b	716	6c	403	6d	1555	6e	277	6f	1832	6g(1)		6g(2)		6h	
6a(1)	587																				
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6d	1555																				
6e	277																				
6f	1832																				
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 81																				

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

1B

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 MO-KAN TEAMSTERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MO-KAN TEAMSTERS PENSION FUND	D Employer Identification Number (EIN) 43-6142288	

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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	030311		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	

(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	13072835

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)	0
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)	0
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	
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 MO-KAN TEAMSTERS PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MO-KAN TEAMSTERS PENSION FUND	D Employer Identification Number (EIN) 43-6142288

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) 211876160
(2) Actuarial value of assets for funding standard account	1b(2) 216874296
c (1) Accrued liability for plan using immediate gain methods	1c(1) 177759872
(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) 168387263
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) 258629429
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 4694031
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 13715246
(3) Expected plan disbursements for the plan year	1d(3) 14290246

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 BENJAMIN HOLLE, MAAA, EA Type or print name of actuary SEGAL Firm name 7701 FRANCE AVE S EDINA, MN 55435 Address of the firm	Date 23-07400 Most recent enrollment number 952-259-2600 Telephone number (including area code)
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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	212735522
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	983	145498760
(2) For terminated vested participants	423	51400313
(3) For active participants:		
(a) Non-vested benefits		4946456
(b) Vested benefits		56783900
(c) Total active	441	61730356
(4) Total	1847	258629429
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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	4551813	0			
Totals ►			3(b)	4551813	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 171092

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	128.8 %
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	6.75 %		6.75 %
e Salary scale	6e	%	☒ N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.3 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.7 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	555109		
(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	-3097371	-313559
3	818259	82836
4	32386	3279

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	1930676

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)	44184681	6712662
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 583425**e** Total charges. Add lines 9a through 9d.....**9e** 9226763**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 42547340**g** Employer contributions. Total from column (b) of line 3.....**9g** 4551813**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	40751765	6254434

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 3447743**j** Full funding limitation (FFL) and credits:

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

9j(1) 11061145

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

9j(2) 15520402

(3) FFL credit

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

(2) Other credits

9k(2)**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 56801330**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 47574567**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1)

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

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

9o(2)(b)

(3) Total as of valuation date

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

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

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

A Name of plan MO-KAN TEAMSTERS PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MO-KAN TEAMSTERS PENSION FUND	D Employer Identification Number (EIN) 43-6142288

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

(b)

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

(b)

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

(b)

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

(b)

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

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

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

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

WILSON-MCSHANE CORP

41-0956552

(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 13 50	NONE	223887	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE BANK

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	178337	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ANNUITY INSURANCE COMPANY

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	71152	Yes ☒ No ☐	Yes ☒ No ☐	62109	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 CONSULTING

13-1975125

(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 17 50	NONE	90152	Yes ☒ No ☐	Yes ☐ No ☒	34226	Yes ☐ No ☒

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

AMERICAN STABLE ADVISORS

95-4871432

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	112893	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO INVESTMENT ADVISORS INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	68937	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 MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	66000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARNOLD NEWBOLD SOLLARS & HOLLINS

43-1174269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	65175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

1 LINCOLN STREET
BOSTON, MA 02111

(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	46736	Yes ☒ No ☐	Yes ☒ No ☐	768	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)

PRUDENTIAL TRUST CO

23-6994310

(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	39584	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CONSTRUCTION BENEFIT AUDIT CORP

43-1244128

(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	38586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDERS CPAS & ADVISORS

43-0831507

(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	38400	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)

COMMERCE TRUST CO

48-0150325

(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	23918	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	AIDA DOMLIJA, FSA, MAAA, EA	b EIN:	13-1975125
c Position:	ENROLLED ACTUARY		
d Address:	333 WEST 34TH STREET NEW YORK, NY 10001-2402	e Telephone:	212-251-5000

Explanation: CURRENTLY, BENJAMIN HOLLE, MAAA, EA OF SEGAL IS ENGAGED BY THE PLAN SPONSOR AS THE ENROLLED ACTUARY FOR THE PLAN. FORMERLY, AIDA DOMLIJA, FSA, MAAA, EA OF THE SAME FIRM HELD THAT POSITION. THE CHANGE WAS MADE DUE TO A REASSIGNMENT OF DUTIES

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan MO-KAN TEAMSTERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MO-KAN TEAMSTERS PENSION FUND	D Employer Identification Number (EIN) 43-6142288	

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: PRUDENTIAL HIGH YIELD FUND			
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO			
c EIN-PN 23-6994310-127	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10532475	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA SA			
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY			
c EIN-PN 22-1211670-038	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13072835	
a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI ACWI EX USA SL FUND (ZVGM)			
b Name of sponsor of entity listed in (a): STATE STREET GLOABAL ADVISORS			
c EIN-PN 90-0337987-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15834218	
a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI UNITED STATES INDX SL CTF			
b Name of sponsor of entity listed in (a): STATE STREET GLOABAL ADVISORS			
c EIN-PN 26-0127386-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31557363	
a Name of MTIA, CCT, PSA, or 103-12 IE: CHEVY CHASE TR CO AS LAB EQUITY IND			
b Name of sponsor of entity listed in (a): CHEVY CHAS TRUST INVESTMENTS ADVISORS			
c EIN-PN 27-3350609-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83079611	
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 MO-KAN TEAMSTERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MO-KAN TEAMSTERS PENSION FUND	D Employer Identification Number (EIN) 43-6142288	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	161386	36932
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	358108	439426
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1960651	2020408
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6485458	4771923
(2) U.S. Government securities	1c(2)	2408987	5646182
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1807811	6730908
(5) Partnership/joint venture interests	1c(5)	29395253	29379985
(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)	135012278	141003668
(10) Value of interest in pooled separate accounts	1c(10)	13912598	13072835
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21082425	28154417
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	152816	557827

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		
f Total assets (add all amounts in lines 1a through 1e)	1f	212737771	231814511
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	2249	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		260
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2249	260
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	212735522	231814251

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)	4380721	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		4380721
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	190935	
(B) U.S. Government securities	2b(1)(B)	164866	
(C) Corporate debt instruments	2b(1)(C)	216039	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1770462	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2342302
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1056390	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		1056390
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	10943569	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10930448	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		13121
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-492961	
(B) Other	2b(5)(B)	-180743	
(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)		26205685
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-820881
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-366629
c Other income	2c		833622
d Total income. Add all income amounts in column (b) and enter total	2d		32970627

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12608600	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12608600
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)	219200	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	81724	
(5) Investment advisory and investment management fees	2i(5)	710661	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	90152	
(8) Legal fees	2i(8)	65175	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	116386	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1283298
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13891898

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19078729
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:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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 562840.

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 MO-KAN TEAMSTERS PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MO-KAN TEAMSTERS PENSION FUND		D Employer Identification Number (EIN) 43-6142288
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☒ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **FORDYCE CONCRETE INC**

b EIN **48-0670636**

c Dollar amount contributed by employer **695103**

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 **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) **5.10**

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

a Name of contributing employer **J E DUNN CONST CO**

b EIN **44-0229405**

c Dollar amount contributed by employer **290560**

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 **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) **5.10**

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

a Name of contributing employer **KANSAS CITY READYMIX, LLC**

b EIN **46-1081938**

c Dollar amount contributed by employer **201215**

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 **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) **5.10**

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

a Name of contributing employer **SUPERIOR BOWEN ASPHALT CO. LLC**

b EIN **43-1861896**

c Dollar amount contributed by employer **423611**

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 **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) **5.10**

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

a Name of contributing employer **HAGGARD HAULING & RIGGING, INC**

b EIN **43-0999006**

c Dollar amount contributed by employer **159812**

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 **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) **5.10**

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

a Name of contributing employer **MUSSELMAN & HALL CONTRACTORS**

b EIN **43-1753196**

c Dollar amount contributed by employer **104920**

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 **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) **5.10**

(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 **BELGER CARTAGE SERV INC**

b EIN **44-0528444**

c Dollar amount contributed by employer **169723**

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 **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) **5.10**

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

a Name of contributing employer **CLARKSON CONSTRUCTION**

b EIN **44-0522076**

c Dollar amount contributed by employer **182506**

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 **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) **5.10**

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

a Name of contributing employer **IDEKER INC**

b EIN **43-0977060**

c Dollar amount contributed by employer **146153**

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 **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) **5.10**

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

a Name of contributing employer **MC ANANY CONST INC**

b EIN **48-0578577**

c Dollar amount contributed by employer **163997**

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 **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) **5.10**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

2

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

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

15b

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

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

16a

0

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: 12.3 % Private Equity: 12.8 % Investment-Grade Debt and Interest Rate Hedging Assets: 5.6 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % Other: 67.3 %

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_____.

MO-KAN TEAMSTERS PENSION PLAN

**FINANCIAL STATEMENTS WITH
SUPPLEMENTARY INFORMATION AND
ADDITIONAL INFORMATION
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED DECEMBER 31, 2024 AND 2023**

Contents

	<u>Page</u>
Independent Auditors' Report	1 - 3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statement of Accumulated Plan Benefits	6
Statement of Changes in Accumulated Plan Benefits	7
Notes to Financial Statements	8 - 19
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	20 - 23
Schedule H, Line 4j - Schedule of Reportable Transactions	24
Additional Information	
Schedules of Administrative Expenses	25



Independent Auditors' Report

Board of Trustees
MO-KAN Teamsters Pension Plan
Kansas City, MO

Opinion

We have audited the financial statements of MO-KAN Teamsters Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024, and 2023, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, the related statement of changes in accumulated plan benefits for the year 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, and the accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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.

Report on Additional Information

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

A handwritten signature in blue ink that reads "Anders Munkeler Heber & Helms LLP".

Chesterfield, Missouri

October 10, 2025

MO-KAN Teamsters Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets			
		<u>2024</u>	<u>2023</u>
Investments, at Fair Value		<u>\$229,317,745</u>	<u>\$210,257,626</u>
Receivables			
Employer contributions		439,426	358,108
Dividends and interest		145,946	54,594
Due from broker		256,622	178,693
Withdrawal liability		734,018	859,362
Other receivables		2,284	-
Total Receivables		<u>1,578,296</u>	<u>1,450,757</u>
Cash - Noninterest Bearing		36,932	161,386
Prepaid Benefits		876,491	864,583
Prepaid Expenses		5,047	3,419
Total Assets		<u>231,814,511</u>	<u>212,737,771</u>
Liabilities			
Accounts Payable and Accrued Expenses		-	2,249
Due to Other Funds		260	-
Total Liabilities		<u>260</u>	<u>2,249</u>
Net Assets Available for Benefits		<u>\$231,814,251</u>	<u>\$212,735,522</u>

MO-KAN Teamsters Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to Net Assets:		
Investment Income		
Interest and dividend income	\$ 3,398,692	\$ 2,652,838
Net appreciation in fair value of investments	24,357,592	22,997,562
Partnership income	<u>831,769</u>	<u>973,512</u>
	28,588,053	26,623,912
Less: investment expense	<u>(643,169)</u>	<u>(533,971)</u>
Net Investment Income	27,944,884	26,089,941
Employer Contributions	4,380,721	4,594,369
Other Income	<u>1,853</u>	<u>5,526</u>
Total Additions	<u>32,327,458</u>	<u>30,689,836</u>
Deductions from Net Assets:		
Benefits Paid Directly to Participants	12,608,600	12,603,443
Administrative Expenses	<u>640,129</u>	<u>612,216</u>
Total Deductions	<u>13,248,729</u>	<u>13,215,659</u>
Net Increase	19,078,729	17,474,177
Net Assets Available for Benefits, Beginning of Year	<u>212,735,522</u>	<u>195,261,345</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 231,814,251</u></u>	<u><u>\$ 212,735,522</u></u>

MO-KAN Teamsters Pension Plan
Statement of Accumulated Plan Benefits
December 31, 2023

Actuarial Present Value of Accumulated Plan Benefits

Vested Benefits	
Participants currently receiving payments	\$ 105,893,244
Other participants	<u>60,104,413</u>
Total Vested Benefits	165,997,657
Non-Vested Benefits	<u>2,389,606</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 168,387,263</u>

MO-KAN Teamsters Pension Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2023

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 168,278,260
Increase (decrease) during the year attributed to:	
Benefits accumulated, net of experience gain or loss and changes in data	1,814,477
Interest for the period	10,897,969
Benefits paid	<u>(12,603,443)</u>
Net increase	<u>109,003</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u>\$ 168,387,263</u>

MO-KAN Teamsters Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

1. Description of the Plan

The following description of MO-KAN Teamsters Pension Plan (the "Plan") provides only general information. Participants of the Plan should refer to the plan document and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit pension plan. The Plan was established in 1970, pursuant to a collective bargaining agreement ("CBA") between the Building Material, Excavating, Heavy Haulers, Drivers, Warehousemen and Helpers, Local No. 541 (the "Union") and the participating employers (the "Employers") to provide retirement, death, and disability retirement benefits to participants and eligible beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from the Employers and the Union.

Eligibility

To be eligible, an employee must be working for an Employer who is subject to the CBA or for an Employer subject to a Trustee approved participation agreement. Participants are considered eligible on the first day of the month, coinciding with or the next, following the day, entered into covered employment.

Funding Policy

The Employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA or such other agreements and is subject to minimum funding requirements of ERISA and maximum deductibility of contributions by the Employers under the Internal Revenue Code ("IRC"). Contributions by participants are not permitted under the Plan. The Trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements under ERISA have been met as of December 31, 2024 and 2023.

**MO-KAN Teamsters Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Pension Protection Act Funding Status

As required by ERISA under the Pension Protection Act of 2006 ("PPA"), the Plan's actuary has completed the Plan's actuarial funding certification as of January 1, 2024, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated plan benefit obligations as of January 1, 2023 and audited financial information as of December 31, 2022, as well as other information, including estimated cash flows for the year ended December 31, 2023 and the rate of market value return as reported by investment consultants. The funded zone status provides an indication of the financial health of the Plan.

The actuary employed by the Plan calculated the funding status for the Plan and determined that the Plan was neither critical nor endangered (green zone) for the 2024 Plan year beginning January 1, 2024.

Vesting

Participants are credited with a year of vesting service in a calendar year in which 500 or more hours of work are completed in covered employment. Participants become vested in their pension benefits upon completion of at least five years of vesting service.

Pension Benefits

The Plan provides the following types of monthly pensions for qualified employees who retire from covered employment: 1) normal retirement, 2) early retirement, 3) disability retirement, and 4) deferred pension benefit. The monthly pension amount is related to the number of pension credits earned by an employee. Once an employee retires, benefits will be paid for life as long as the former employee remains retired. At death, survivor benefits may be paid to the deceased employee's spouse or dependents. In certain instances, a death benefit is also payable if an employee dies before retirement. There is no compulsory retirement age under the Plan. A detailed description of all available elections for the payment of benefits is available in the summary plan description, which is provided to each participant.

Plan Management

Wilson-McShane Corporation, an employee benefit fund management company, has been retained by the Trustees to administer the activities and operations of the Plan on a contractual basis. Under the management contract, all personnel costs and other normal administrative expenses related to bookkeeping and collection are borne by Wilson-McShane Corporation. The agreement expired in March 2022 and was extended for three years through March 31, 2025. The monthly fees for this agreement are \$16,300 through March 2022, \$16,950 through March 2023, \$17,600 through March 2024, and \$18,300 through March 2025. The agreement was extended for three more years after March 2025 through March 31, 2028. The monthly fees for this agreement are \$19,250 through March 2026, \$20,200 through March 2027, and \$21,150 through March 2028.

**MO-KAN Teamsters Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023**

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared in accordance with the provisions of the Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (the "FASB ASC"), which is the source of authoritative, non-governmental accounting principles generally accepted in the United States of America ("GAAP"). All references to authoritative accounting guidance contained in our disclosures are based on the general accounting topics within the FASB ASC.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. Partnership income is the Plan's proportionate share of income (loss) attributable to partnerships as a whole.

Fair Value Measurements

The Plan follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

**MO-KAN Teamsters Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023**

Employer Contributions Receivable

Employer contributions receivable represents Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not yet received by year-end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimates the allowance for credit losses by regularly evaluating individual Employer receivables and considering an Employer's financial condition, payment history, current economic conditions, and management's expectations of conditions in the future. Employer contributions receivables are written off when deemed uncollectible and collection enforcement efforts have failed to produce payments and additional efforts are not warranted. Management is of the opinion that no allowance for credit losses is necessary as of December 31, 2024 and 2023.

Withdrawal Liability Receivable

The Plan is a multiemployer collectively bargained plan subject to the provisions of the Multiemployer Pension Plan Amendments Act of 1980 (the "Act"). Under the Act, an Employer that withdraws from the Plan after April 28, 1980, in either a complete or partial withdrawal, shall owe and pay a withdrawal liability to the Plan, determined by a formula adopted by the Trustees in accordance with the Act. Payments of an Employer's withdrawal liability shall be made in equal quarterly installments and shown at the net present value of future cash flows expected using a discount rate⁴ of seven percent. The actuary determines when there may be a withdrawal liability assessed against any Employer that would terminate its participation in the Plan. Once assessed by the Plan the Plan's policy is to recognize a receivable. Effective January 1, 2022, an Employer may not be liable for withdrawal liability if certain criteria are met.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan permits the payment of Plan expenses from Plan assets. 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.

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets.
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MO-KAN Teamsters Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

- | | |
|---------|---|
| Level 2 | Inputs to the valuation method to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The instruments' fair value measurement levels within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value.

Level 1 investments consist of money market funds and a registered investment company ("mutual fund"). The money market funds are valued at the closing price reported on the active market on which the individual security is traded. The mutual fund is recorded at the closing price reported by the fund. This is an open-ended mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value ("NAV") and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

Level 2 investments consist of corporate bonds, municipal bonds and U.S. government and agency securities. Corporate bonds, municipal bonds and U.S. government and agency securities are 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.

Level 3 investments include limited partnerships and withdrawal liability receivables. Limited partnerships are valued at estimated fair value as determined by the partnerships' management and supported by independent sources and valuations. The fair values are based on estimates made in accordance with valuation guidelines in the Partnership Agreement and GAAP. The withdrawal liability receivables are valued at the net present value of future cash flows.

Investments also include common collective trust funds and a pooled separate account. Common collective trust funds are valued at the NAV of shares of the bank collective trusts held by the Plan at year-end. The NAV is based on the fair value of the underlying investments held by the trusts. The pooled separate account is invested in real estate and is valued at the NAV at year end. The NAV is based on independent appraisals of the underlying real estate. The NAV is used as a practical expedient to estimate fair value. Investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy.

MO-KAN Teamsters Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

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

The fair value of financial instruments is measured as of December 31, as follows:

2024				
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 4,771,923	\$ 4,771,923	\$ -	\$ -
Mutual fund	28,154,417	28,154,417	-	-
U.S. government and agency securities	5,646,182	-	5,646,182	-
Corporate Bonds	6,730,908	-	6,730,908	-
Municipal Bonds	557,827	-	557,827	-
Limited partnerships	29,379,985	-	-	29,379,985
Withdrawal liability receivables	734,018	-	-	734,018
Total assets in fair value hierarchy	75,975,260	<u>\$ 32,926,340</u>	<u>\$ 12,934,917</u>	<u>\$ 30,114,003</u>
Investments measured at NAV	<u>154,076,503</u>			
	<u>\$230,051,763</u>			

2023				
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 6,485,458	\$ 6,485,458	\$ -	\$ -
Mutual fund	21,082,425	21,082,425	-	-
U.S. government and agency securities	2,408,987	-	2,408,987	-
Corporate Bonds	1,807,811	-	1,807,811	-
Municipal Bonds	152,816	-	152,816	-
Limited partnerships	29,395,253	-	-	29,395,253
Withdrawal liability receivables	859,362	-	-	859,362
Total assets in fair value hierarchy	62,192,112	<u>\$ 27,567,883</u>	<u>\$ 4,369,614</u>	<u>\$ 30,254,615</u>
Investments measured at NAV	<u>148,924,876</u>			
	<u>\$211,116,988</u>			

In accordance with Subtopic 820-10, certain investments that were measured at NAV per share as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

MO-KAN Teamsters Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

Investments measured at fair value based on NAV per share as a practical expedient as of December 31, are as follows:

<u>2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>Collective Trust Funds</u>				
Chevy Chase ASB Labor Equity Index	\$ 83,079,611	N/A	Quarterly	N/A
MSCI ACWI Ex USA SL Fund	15,834,219	N/A	Daily	N/A
MSCI United States Index SL CTF	31,557,363	N/A	Daily	N/A
Prudential High Yield Fund	10,532,475	N/A	Daily	N/A
<u>Pooled Separate Account</u>				
PRISA SA	\$ 13,072,835	N/A	Quarterly	3 months
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>2023</u>				
<u>Collective Trust Funds</u>				
Chevy Chase ASB Labor Equity Index	\$ 79,200,853	N/A	Quarterly	N/A
MSCI ACWI Ex USA SL Fund	17,182,060	N/A	Daily	N/A
MSCI United States Index SL CTF	28,861,782	N/A	Daily	N/A
Prudential High Yield Fund	9,767,583	N/A	Daily	N/A
<u>Pooled Separate Account</u>				
PRISA SA	\$ 13,912,598	N/A	Quarterly	3 months

The following table provides a summary of changes in fair value of the Plan's level 3 assets for the years ended December 31, 2024 and 2023, as follows:

	<u>Limited Partnerships</u>	<u>Withdrawal Liability Receivables</u>	<u>Total</u>
Balance, December 31, 2022	\$ 25,741,824	\$ 955,634	\$ 26,697,458
Partnership income	973,512	-	973,512
Purchases, sales, issuances, and settlements (net)	<u>2,679,917</u>	<u>(96,272)</u>	<u>2,583,645</u>
Balance, December 31, 2023	29,395,253	859,362	30,254,615
Partnership income	831,769	-	831,769
Purchases, sales, issuance and settlements, (net)	<u>(847,037)</u>	<u>(125,344)</u>	<u>(972,381)</u>
Balance, December 31, 2024	<u>\$ 29,379,985</u>	<u>\$ 734,018</u>	<u>\$ 30,114,003</u>

MO-KAN Teamsters Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

December 31, 2024

<u>Instrument</u>	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Unobservable Inputs</u>
Limited Partnerships	\$ 29,379,985	Market Approach	Value of underlying assets of the partnerships
Withdrawal Liability			Discounted future cash flows at a rate of 7.0%
Receivables	734,018	Income Approach	

December 31, 2023

<u>Instrument</u>	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Unobservable Inputs</u>
Limited Partnerships	\$ 29,395,253	Market Approach	Value of underlying assets of the partnerships
Withdrawal Liability			Discounted future cash flows at a rate of 7.0%
Receivables	859,362	Income Approach	

4. Related Party Transactions

Retiree health and welfare premium benefits that are withheld from pension benefit checks are paid to the Mo-Kan Teamsters Health and Welfare Fund on behalf of retired participants. The Plan paid premium benefits amounting to \$709,950 and \$781,177 for the years ended December 31, 2024 and 2023, respectively.

The total amount due to the Mo-Kan Teamsters Health and Welfare Fund for overpayment of premium benefits amounted to \$260 for the year ended December 31, 2024.

The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on participants' years of credited service. The accumulated plan benefits of active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

MO-KAN Teamsters Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary as of December 31, 2023, is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial computations are:

Mortality Rates	Non-retired: 110% of the Pri-2012 Employee Blue Collar Amount-weighted mortality tables projected generationally with Scale MP-2020. Beneficiaries and non-disabled pensioners: 110% of the Pri-2012 Retiree Blue Collar Amount-weighted mortality tables projected generationally with Scale MP-2020. Disabled pensioners: 110% of the Pri-2012 Disabled Retiree Amount-weighted mortality tables projected generationally with Scale MP-2020.
Investment Earnings	6.75%
Current Liability	3.29%
Assumed Retirement Age	Age 55 for participants with at least 30 pension credits; Age 60 for participants with 20 to 29 pension credits; Age 63 for other participants eligible for early retirement Normal retirement age for all other participants.
Expense Load	\$575,000 (equivalent to \$602,535 payable at the beginning of the year) or 40.4% of Normal Cost

Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

**MO-KAN Teamsters Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023**

6. Plan Amendments

In February 2023, the Trustees agreed to amend the Plan to adjust the accrual rate per pension credits, effective January 1, 2016.

In May 2023, the Trustees agreed to amend the Plan to temporarily waive the 39-hours of work rule for suspension of benefits for the entire 2023 calendar year, effective January 1, 2023.

In October 2023, the Trustees agreed to amend the Plan to to adjust the accrual rate per pension credits for years beginning on or after January 1, 2024.

In February 2024, the Trustees agreed to amend the Plan to adjust the wording related to the temporary waiver of the 39-Hour Work Rule.

In December 2024, the Trustees agreed to amend the Plan to allow hours in the Reserve Bank of hours to be applied to a participant's first year of work for pension credit purposes.

7. Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved by the Trustees. During termination, the Plan's assets should not 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 used to pay benefits and satisfy obligations of the Plan to pay administrative expenses. A detail description of the priority order of the allocation can be found in the summary plan description provided to each participant.

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to the plans that are unable to pay basic PBGC guaranteed benefits when due.

**MO-KAN Teamsters Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023**

8. Tax Status of Plan

The Internal Revenue Service has determined and informed the Trustees by a letter dated August 19, 2011, that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter. Management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

In accordance with GAAP, management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to income tax examinations for years prior to 2021. The Plan is also subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

9. Risks and Uncertainties

Investments

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 those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Contributions

The majority of receivables are from teamster Employers primarily located in or working in Kansas City, Missouri. The Plan generally does not require collateral, but in some cases can require a performance bond.

Actuarial Present Value

Plan contributions are made and the actuarial present values 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.

**MO-KAN Teamsters Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023**

10. Subsequent Events

The Plan has evaluated subsequent events through October 10, 2025, the date on which the financial statements were available to be issued.

In May 2025, the Trustees approved an amendment to allow retired participants to work in disqualifying employment for up to 960 hours for retirees before age 65 and for 960 hours plus up to 40 hours per month thereafter for retirees over age 65 during the 2025 calendar year.

MO-KAN Teamsters Pension Plan
EIN: 43-6142288 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a) Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
MONEY MARKET FUNDS:		
BANK OF LABOR SWEEP ACCOUNT	\$ 2,080,000	\$ 2,080,000
FINANCIAL SQUARE TR GOVERNMENT INST CLASS FD #465	2,691,923	2,691,923
TOTAL MONEY MARKET FUNDS	4,771,923	4,771,923
U.S. GOVERNMENT AND AGENCY SECURITIES:		
FED FARM CR BKS 5.48% 10/02/28	50,000	50,165
FED FARM CR BKS 4.375% 7/06/26	49,773	50,062
FED HOME LN BKS 4.75% 6/12/26	55,072	55,349
FED NATL MTG ASSN 0.625% 4/22/25	46,383	49,454
FHLM POOL #QI6911 6% 6/01/54	126,704	126,577
FHLM POOL #RB5247 5.5% 7/01/43	34,229	34,470
FHLM POOL #SB8270 6% 11/01/38	33,270	33,966
FHLM POOL #SD2221 3% 6/01/52	33,212	33,689
FHLM POOL #SD2382 3.5% 8/01/52	43,132	42,101
FHLM POOL #SD3396 5.5% 7/01/53	81,620	81,619
FHLM POOL #SD4819 3% 7/01/52	106,489	105,685
FHLM POOL #SD8245 4.5% 9/01/52	64,895	65,021
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FHLM POOL #SD8365 4.5% 9/01/53	80,290	80,240
FHLM REMIC 2.5% 9/25/49	113,335	109,475
FHLM REMIC 3677 4.5% 5/15/40	33,543	34,596
FHLM REMIC 3910 5% 8/15/41	129,507	129,910
FHLM REMIC 5300 5.5% 1/25/49	77,516	78,712
FHLMC POOL #SD6639 5.5% 10/01/54	143,948	143,699
FNAM REMIC 3% 12/25/48	113,903	112,844
FNMA POOL #BF0532 3% 5/01/55	54,774	56,261
FNMA POOL #BS6088 4.04% 8/01/30	47,273	47,902
FNMA POOL #BY0013 6% 4/01/53	182,697	181,835
FNMA POOL #CB4808 4% 10/01/52	204,884	203,041
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FNMA POOL #FS7759 5.5% 5/01/54	223,319	222,253
FNMA POOL #MA4599 3% 5/01/52	55,779	55,075
FNMA POOL #MA5107 5.5% 8/01/53	39,367	39,109
FNMA POOL #MA5444 5.5% 8/01/54	130,291	128,921
GNMA II POOL #CO2900 5% 7/20/52	71,290	72,111
GNMA POOL #786883 5.5% 8/20/53	42,317	42,966
U S TREASURY BOND 3.375% 5/15/44	374,438	352,554

MO-KAN Teamsters Pension Plan
EIN: 43-6142288 Plan Number: 001
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U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED):		
U S TREASURY BOND 3.625% 2/15/44	\$ 137,498	\$ 126,566
U S TREASURY NOTE 3% 8/15/48	76,116	65,731
U S TREASURY NOTE 3% 11/15/44	126,264	113,841
U S TREASURY NOTE 3.25% 6/30/29	95,645	95,423
U S TREASURY NOTE 4.25% 10/15/25	172,170	175,044
U S TREASURY NOTE 2.625% 2/15/29	276,633	280,479
U S TREASURY NOTE 2.875% 5/15/28	189,539	191,040
U S TREASURY NOTE 2.875% 5/15/32	186,219	179,620
U S TREASURY NOTE 3.125% 2/15/43	96,289	86,892
U S TREASURY NOTE 3.875% 8/15/33	311,812	309,309
U S TREASURY NOTE 4.125% 6/15/26	395,266	399,312
U S TREASURY NOTE 4.375% 5/15/34	129,106	128,002
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US TREASURY NOTE 1.75% 1/31/29	135,086	135,451
TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES	5,708,917	5,646,182
CORPORATE BONDS:		
ABBVIE INC 4.55% 3/15/35	23,331	23,506
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AMERICAN EXPRESS V/R 4/25/35	96,622	97,063
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ANHEUSER-BUSCH 4.7% 2/01/36	123,909	123,308
AT&T INC 4.35% 3/01/29	23,794	24,459
AVALONBAY CMNTYS 5% 2/15/33	128,879	127,966
BAKER HUGHES LLC 3.138% 11/07/29	126,907	129,233
BANK AMER CORP 4.083% 3/20/51	126,782	121,339
BK NY MELLON 5.06% 7/22/32	130,000	129,670
BP CAP MKTS 4.812% 2/13/33	125,408	125,668
BRIDGEST LDG AUT 5.34% 4/17/28	129,989	130,671
BURLINGTON NORTHERN 5.5% 3/15/55	131,417	127,703
CANADIAN NATL RY 4.45% 1/20/49	122,314	119,323
CAPITAL ONE FIN 5.463% 7/26/30	75,000	75,220
CATERPILLAR FINL 3.6% 8/12/27	125,075	127,240
CITIGROUP INC 3.98% 3/20/30	75,272	76,379
COCA COLA CO 5.2% 1/14/55	129,887	123,442
COMCAST CORP NEW 3.969% 11/01/47	125,512	121,245
CONOCOPHILLIPS 5.05% 9/15/33	128,770	128,268
ENERGY TRANSFER 5.75% 2/15/33	74,312	76,028
ENTERPRISE PRODS 5.35% 1/31/33	131,500	131,031

MO-KAN Teamsters Pension Plan
EIN: 43-6142288 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a) Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):		
ESSENTIAL UTILS 5.375% 1/15/34	\$ 68,570	\$ 69,318
EVERGY KS CENTRAL 5.7% 3/15/53	47,940	49,103
EXXON MOBIL CORP 2.61% 10/15/30	123,820	124,739
FRANKLIN RESOURCES 1.6% 10/30/30	126,404	128,921
GENERAL MTRS FINL CO 5.6% 6/18/31	69,900	70,350
GENUINE PARTS CO 1.875% 11/01/30	23,550	25,048
GOLDMAN SACHS GROUP 5.33% 7/23/35	100,000	98,133
HSBC HLDGS PLC 2.804% 5/24/32	111,699	110,460
HUNTINGTON BANCSHARES V/R 8/21/29	20,000	20,648
INDIANA MICH PWR CO 3.25% 5/01/51	34,858	32,841
INTEL CORP 5.2% 2/10/33	40,002	38,673
INTUIT 5.2% 9/15/33	124,861	125,249
JPMORGAN CHASE 3.897% 1/23/49	123,752	119,414
LEAR CORP 5.25% 5/15/49	21,183	21,493
LOUISVILLE GAS & ELE 4.375% 10/01/45	41,396	41,312
MAGNA INTL INC 2.45% 6/15/30	125,677	127,409
META PLATFORMS INC 5.6% 5/15/53	127,834	124,969
METLIFE INC 5.375% 7/15/33	125,386	126,325
MID-AMERICA APTS 4% 11/15/25	127,181	129,375
MORGAN STANLEY V/R 7/21/34	124,272	124,127
NATL RURAL UTILS 4.15% 12/15/32	124,497	125,959
OKLAHOMA GAS & ELEC 5.4% 1/15/33	125,105	125,981
PACIFICORP 4.15% 2/15/50	120,816	123,427
PAYPAL HLDGS INC 5.25% 6/01/62	43,416	40,897
PEPSICO INC 3.9% 7/18/32	120,752	121,503
PHARMACIA LLC 6.6% 12/01/28	122,581	122,225
PROGRESSIVE CORP 4.95% 6/15/33	123,174	123,755
PRUDENTIAL FINL INC 3.905% 12/07/47	38,349	38,107
PUBLIC SERVIES ELECTRI 5.2% 8/01/33	49,935	50,033
PUBLIC STORAGE 5.1% 8/01/33	123,972	124,441
PUGET ENERGY INC 3.25% 9/15/49	35,808	33,365
QUALCOMM INC 6% 5/20/53	127,538	120,204
REINSURANCE GROUP 3.9% 5/15/29	70,171	71,619
ROYAL BK CDA 5.2% 8/01/28	125,257	126,037
SAN DIEGO G & E 4.95% 8/15/28	49,785	50,219
SCHWAB CHARLES 2.3% 5/13/31	123,822	127,509
SIMON PPTY GROUP 6.25% 1/15/34	132,276	132,556
SSM HEALTH CARE 4.894% 6/01/28	39,038	39,873
T MOBILE USA 6% 6/15/54	78,039	76,018
TENNESSEE PIPELINE 7% 3/15/27	26,082	26,107
TRANSCANADA PIPELINE 4.625% 3/01/34	70,093	69,802

MO-KAN Teamsters Pension Plan
EIN: 43-6142288 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a) Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):		
TYCO ELECTRONICS 4.625% 2/01/30	\$ 129,297	\$ 128,717
UNILEVER CAP CORP 5% 12/08/33	124,526	124,985
UNION ELEC CO 2.95% 3/15/30	125,313	127,410
UNITEDHEALTH GROUP 4.9% 4/15/31	128,977	129,237
US BANCORP 5.1% 7/23/30	135,000	134,834
VIRGINIA PWR FUEL SE 4.877% 5/01/33	44,998	44,968
WORLD OMNI AUTO 4.98% 2/15/30	124,973	125,617
TOTAL CORPORATE BONDS	<u>6,743,828</u>	<u>6,730,908</u>
MUNICIPAL BONDS:		
CHARTIERS VALLEY PA 4.9% 10/15/29	130,000	129,577
COLORADO HSG & FIN 5.557% 5/01/29	50,000	51,591
SOUTH BEND IND REV 5% 8/01/29	145,000	146,082
SPRINGDALE ARK TAX 4.975% 8/01/27	50,000	50,402
TENNESSEE HSG DEV AG 5.336% 7/01/32	50,000	50,265
UNIV SOUTH ALABAMA 4.97% 4/01/31	130,000	129,910
TOTAL MUNICIPAL BONDS	<u>555,000</u>	<u>557,827</u>
MUTUAL FUND:		
BAIRD CORE PLUS BOND FUND	<u>30,428,125</u>	<u>28,154,417</u>
LIMITED PARTNERSHIPS:		
AMERICAN CORE REALTY FUND	8,780,455	10,089,236
BOYD WATTERSON GSA FUND, LP	4,946,900	7,281,478
JP MORGAN	4,495,143	5,394,390
NEUBERGER BERMAN	1,987,283	2,098,151
ULLICO INFRASTRUCTURE TAX-EXEMPT, LP	3,871,796	4,516,730
TOTAL LIMITED PARTNERSHIPS	<u>24,081,577</u>	<u>29,379,985</u>
COMMON COLLECTIVE TRUST FUNDS:		
CHEVY CHASE TRUST CO ASB LABOR EQUITY INDEX	40,354,929	83,079,611
MSCI ACWI EX USA SL FUND	9,378,876	15,834,218
UNITED ACWI EX USA SL FUND	7,560,379	31,557,364
PRUDENTIAL HIGH YIELD FUND	10,995,353	10,532,475
TOTAL COMMON COLLECTIVE TRUST FUNDS	<u>68,289,537</u>	<u>141,003,668</u>
POOLED SEPARATE ACCOUNT:		
PRISA SA	<u>10,863,729</u>	<u>13,072,835</u>
TOTAL ASSETS HELD AT END OF YEAR	<u>\$ 151,442,636</u>	<u>\$ 229,317,745</u>

MO-KAN Teamsters Pension Plan
EIN: 43-6142288 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Category 1 - Individual transactions in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 2 - Series of transactions with one party in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 3 - Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
Chevy Chase Trust	Chevy Chase TR CO ASB LAB EQ IDX	\$ -	\$ 14,500,000	\$ 7,790,701	\$ 7,970,701	\$ 6,709,299
<u>Category 4 - Other transactions with a party that was involved in a Category 1 transaction: None</u>						

MO-KAN Teamsters Pension Plan
Schedules of Administrative Expenses
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Actuarial and consulting	\$ 90,152	\$ 99,738
Administrative expense	219,200	192,300
Audit	43,138	18,000
Audit - payroll	38,586	13,714
Bank service charges	351	257
Custodial fees	1,492	1,450
Insurance	36,114	35,359
International Foundation	1,026	-
Investment consulting fees	66,000	64,250
Legal	65,175	111,287
Miscellaneous	621	8,781
Pension Benefit Guaranty Corp	68,820	65,100
Postage and printing	9,454	1,980
	<u>\$ 640,129</u>	<u>\$ 612,216</u>

MO-KAN Teamsters Pension Plan
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
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MONEY MARKET FUNDS:		
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FINANCIAL SQUARE TR GOVERNMENT INST CLASS FD #465	2,691,923	2,691,923
TOTAL MONEY MARKET FUNDS	4,771,923	4,771,923
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ESSENTIAL UTILS 5.375% 1/15/34	\$ 68,570	\$ 69,318
EVERGY KS CENTRAL 5.7% 3/15/53	47,940	49,103
EXXON MOBIL CORP 2.61% 10/15/30	123,820	124,739
FRANKLIN RESOURCES 1.6% 10/30/30	126,404	128,921
GENERAL MTRS FINL CO 5.6% 6/18/31	69,900	70,350
GENUINE PARTS CO 1.875% 11/01/30	23,550	25,048
GOLDMAN SACHS GROUP 5.33% 7/23/35	100,000	98,133
HSBC HLDGS PLC 2.804% 5/24/32	111,699	110,460
HUNTINGTON BANCSHARES V/R 8/21/29	20,000	20,648
INDIANA MICH PWR CO 3.25% 5/01/51	34,858	32,841
INTEL CORP 5.2% 2/10/33	40,002	38,673
INTUIT 5.2% 9/15/33	124,861	125,249
JPMORGAN CHASE 3.897% 1/23/49	123,752	119,414
LEAR CORP 5.25% 5/15/49	21,183	21,493
LOUISVILLE GAS & ELE 4.375% 10/01/45	41,396	41,312
MAGNA INTL INC 2.45% 6/15/30	125,677	127,409
META PLATFORMS INC 5.6% 5/15/53	127,834	124,969
METLIFE INC 5.375% 7/15/33	125,386	126,325
MID-AMERICA APTS 4% 11/15/25	127,181	129,375
MORGAN STANLEY V/R 7/21/34	124,272	124,127
NATL RURAL UTILS 4.15% 12/15/32	124,497	125,959
OKLAHOMA GAS & ELEC 5.4% 1/15/33	125,105	125,981
PACIFICORP 4.15% 2/15/50	120,816	123,427
PAYPAL HLDGS INC 5.25% 6/01/62	43,416	40,897
PEPSICO INC 3.9% 7/18/32	120,752	121,503
PHARMACIA LLC 6.6% 12/01/28	122,581	122,225
PROGRESSIVE CORP 4.95% 6/15/33	123,174	123,755
PRUDENTIAL FINL INC 3.905% 12/07/47	38,349	38,107
PUBLIC SERVIES ELECTRI 5.2% 8/01/33	49,935	50,033
PUBLIC STORAGE 5.1% 8/01/33	123,972	124,441
PUGET ENERGY INC 3.25% 9/15/49	35,808	33,365
QUALCOMM INC 6% 5/20/53	127,538	120,204
REINSURANCE GROUP 3.9% 5/15/29	70,171	71,619
ROYAL BK CDA 5.2% 8/01/28	125,257	126,037
SAN DIEGO G & E 4.95% 8/15/28	49,785	50,219
SCHWAB CHARLES 2.3% 5/13/31	123,822	127,509
SIMON PPTY GROUP 6.25% 1/15/34	132,276	132,556
SSM HEALTH CARE 4.894% 6/01/28	39,038	39,873
T MOBILE USA 6% 6/15/54	78,039	76,018
TENNESSEE PIPELINE 7% 3/15/27	26,082	26,107
TRANSCANADA PIPELINE 4.625% 3/01/34	70,093	69,802

MO-KAN Teamsters Pension Plan
EIN: 43-6142288 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a) Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets	Cost (d)	Current Value (e)
CORPORATE BONDS (CONTINUED):		
TYCO ELECTRONICS 4.625% 2/01/30	\$ 129,297	\$ 128,717
UNILEVER CAP CORP 5% 12/08/33	124,526	124,985
UNION ELEC CO 2.95% 3/15/30	125,313	127,410
UNITEDHEALTH GROUP 4.9% 4/15/31	128,977	129,237
US BANCORP 5.1% 7/23/30	135,000	134,834
VIRGINIA PWR FUEL SE 4.877% 5/01/33	44,998	44,968
WORLD OMNI AUTO 4.98% 2/15/30	124,973	125,617
TOTAL CORPORATE BONDS	<u>6,743,828</u>	<u>6,730,908</u>
MUNICIPAL BONDS:		
CHARTIERS VALLEY PA 4.9% 10/15/29	130,000	129,577
COLORADO HSG & FIN 5.557% 5/01/29	50,000	51,591
SOUTH BEND IND REV 5% 8/01/29	145,000	146,082
SPRINGDALE ARK TAX 4.975% 8/01/27	50,000	50,402
TENNESSEE HSG DEV AG 5.336% 7/01/32	50,000	50,265
UNIV SOUTH ALABAMA 4.97% 4/01/31	130,000	129,910
TOTAL MUNICIPAL BONDS	<u>555,000</u>	<u>557,827</u>
MUTUAL FUND:		
BAIRD CORE PLUS BOND FUND	<u>30,428,125</u>	<u>28,154,417</u>
LIMITED PARTNERSHIPS:		
AMERICAN CORE REALTY FUND	8,780,455	10,089,236
BOYD WATTERSON GSA FUND, LP	4,946,900	7,281,478
JP MORGAN	4,495,143	5,394,390
NEUBERGER BERMAN	1,987,283	2,098,151
ULLICO INFRASTRUCTURE TAX-EXEMPT, LP	3,871,796	4,516,730
TOTAL LIMITED PARTNERSHIPS	<u>24,081,577</u>	<u>29,379,985</u>
COMMON COLLECTIVE TRUST FUNDS:		
CHEVY CHASE TRUST CO ASB LABOR EQUITY INDEX	40,354,929	83,079,611
MSCI ACWI EX USA SL FUND	9,378,876	15,834,218
UNITED ACWI EX USA SL FUND	7,560,379	31,557,364
PRUDENTIAL HIGH YIELD FUND	10,995,353	10,532,475
TOTAL COMMON COLLECTIVE TRUST FUNDS	<u>68,289,537</u>	<u>141,003,668</u>
POOLED SEPARATE ACCOUNT:		
PRISA SA	<u>10,863,729</u>	<u>13,072,835</u>
TOTAL ASSETS HELD AT END OF YEAR	<u>\$ 151,442,636</u>	<u>\$ 229,317,745</u>

Schedule of active participant data (Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Pension Credits

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	11	10	1	0	0	0	0	0	0	0
25 - 29	27	20	7	0	0	0	0	0	0	0
30 - 34	42	23	19	0	0	0	0	0	0	0
35 - 39	49	26	15	5	3	0	0	0	0	0
40 - 44	47	16	18	8	4	1	0	0	0	0
45 - 49	67	23	16	5	9	8	6	0	0	0
50 - 54	84	19	20	12	9	14	9	1	0	0
55 - 59	55	10	12	8	3	11	7	4	0	0
60 - 64	49	7	6	8	3	8	10	2	4	1
65 - 69	9	1	1	2	3	1	0	0	0	1
70 & over	1	0	0	0	0	0	0	1	0	0
Total	441	155	115	48	34	43	32	8	4	2

Note: Excludes 56 participants with less than one pension credit.

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$3,975,712	\$171,092	\$4,146,804
2025	\$3,975,712	\$171,092	\$4,146,804
2026	\$3,975,712	\$121,092	\$4,096,804
2027	\$3,975,712	\$121,092	\$4,096,804
2028	\$3,975,712	\$121,092	\$4,096,804
2029	\$3,975,712	\$121,092	\$4,096,804
2030	\$3,975,712	\$121,092	\$4,096,804
2031	\$3,975,712	\$121,092	\$4,096,804
2032	\$3,975,712	\$30,273	\$4,005,985
2033	\$3,975,712	-	\$3,975,712

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions	01/01/1995	\$189,890	1	\$189,890
Plan Amendment	01/01/1998	90,598	4	24,915
Plan Amendment	01/01/1999	2,289,225	5	519,521
Plan Amendment	01/01/2000	864,676	6	168,625
Plan Amendment	01/01/2001	3,153,704	7	543,409
Plan Amendment	01/01/2002	306,526	8	47,622
Plan Amendment	01/01/2003	603,260	9	85,817
Plan Amendment	01/01/2004	156,173	10	20,589
Plan Amendment	01/01/2005	47,255	11	5,830
Plan Amendment	01/01/2006	2,166	12	252
Plan Amendment	01/01/2007	164,680	13	18,197
Change in Assumptions	01/01/2007	958,801	13	105,950
Base due to December 31, 2008 Investment Loss	01/01/2009	10,565,943	14	1,114,859
Plan Amendment	01/01/2010	49,230	1	49,230
Experience Loss	01/01/2010	666,214	1	666,214
Plan Amendment	01/01/2011	20,333	2	10,498
Base due to December 31, 2008 Investment Loss	01/01/2011	7,147,474	14	754,162
Plan Amendment	01/01/2012	2,804	3	996
Change in Assumptions	01/01/2012	419,113	3	148,923
Base due to December 31, 2008 Investment Loss	01/01/2012	2,682,273	14	283,019
Base due to December 31, 2008 Investment Loss	01/01/2013	5,270,403	14	556,104
Change in Assumptions	01/01/2015	3,670,347	6	715,776

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/2016	235,592	7	40,594
Experience Loss	01/01/2016	567,625	7	97,807
Experience Loss	01/01/2017	865,929	8	134,532
Change in Assumptions	01/01/2017	1,065,565	8	165,548
Experience Loss	01/01/2019	580,453	10	76,526
Change in Assumptions	01/01/2021	687,155	12	79,967
Change in Assumptions	01/01/2022	10,629	13	1,175
Change in Assumptions	01/01/2024	32,386	15	3,279
Plan Amendment	01/01/2024	818,259	15	82,836
Total		\$44,184,681		\$6,712,662

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions	01/01/2006	\$31,996	12	\$3,724
Change in Asset Method	01/01/2009	7,993,525	15	809,216
Base due to December 31, 2008 Investment Loss	01/01/2010	3,332,744	14	351,653
Experience Gain	01/01/2011	2,530,114	2	1,306,359
Experience Gain	01/01/2012	1,057,501	3	375,760
Experience Gain	01/01/2013	2,396,021	4	658,908
Change in Assumptions	01/01/2014	181,859	5	41,271
Experience Gain	01/01/2014	470,824	5	106,850
Actuarial Gain/Loss	01/01/2015	658,098	6	128,339
Experience Gain	01/01/2018	170,401	9	24,241
Plan Amendment	01/01/2018	439,254	9	62,486
Experience Gain	01/01/2020	624,507	11	77,048
Experience Gain	01/01/2021	6,477,428	12	753,807
Experience Gain	01/01/2022	10,013,168	13	1,106,476
Experience Gain	01/01/2023	1,276,954	14	134,737
Experience Gain	01/01/2024	3,097,371	15	313,559
Total		\$40,751,765		\$6,254,434

Statement of actuarial assumptions/methods (Schedule MB, Line 6)

Mortality rates

Non-retired participants: 110% of the Pri-2012 Employee Blue Collar Amount-weighted mortality tables projected generationally with Scale MP-2020

Beneficiaries and non-disabled pensioners: 110% of the Pri-2012 Retiree Blue Collar Amount-weighted mortality tables projected generationally with Scale MP-2020

Disabled pensioners: 110% of the Pri-2012 Disabled Retiree Amount-weighted mortality tables projected generationally with Scale MP-2020

The underlying mortality tables (including the 10% load) with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. The mortality tables were then adjusted to future years using generational projections using Scale MP-2020 to anticipate future mortality improvement.

The mortality rates were based on historical and current demographic data, estimated future experience, and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over the most recent five years.

Annuitant mortality rates¹

Age	Healthy Male	Healthy Female	Disabled Male	Disabled Female
55	0.67	0.53	2.28	1.6
60	1.04	0.81	2.62	1.96
65	1.42	1.16	3.20	2.29
70	2.15	1.63	4.12	2.82
75	3.35	2.59	5.84	4.00
80	5.76	4.44	8.99	6.28
85	10.05	7.87	14.09	10.37
90	17.27	13.90	21.44	17.17

¹ Mortality rates shown for the current year

Termination rates

Age	Mortality ¹ Male	Mortality ¹ Female	Disability ²	Withdrawal ³
20	0.08	0.03	0.06	14.29
25	0.09	0.04	0.09	13.90
30	0.10	0.04	0.11	13.00
35	0.12	0.06	0.15	11.30
40	0.13	0.08	0.22	9.27
45	0.14	0.10	0.36	7.16
50	0.19	0.14	0.61	4.61
55	0.30	0.22	1.01	1.69
60	0.50	0.35	1.63	0.16

The withdrawal rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of withdrawals and the projected number based on the prior year's assumption over the most recent five years.

¹ Mortality rates shown for current year.

² All disabilities are assumed to be total and permanent.

³ Withdrawal rates double for participants with less than 5 years of vesting service and cut out at early retirement age.

Retirement rates

Age	Annual Retirement Rates ¹
50-56	1%
57-58	7%
59	10%
60-61	15%
62	30%
63-64	10%
65	100%

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience, plan changes effective January 1, 2018, and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent five years.

¹ 40% if eligible for those that have at least:

- Age 60 and 30 or more pension credits at date of retirement; or
- Age 55 and 35 or more pension credits at date of retirement; or
- Age 45 and 20 or more pension credits as of January 1, 2018 and age 55 and 30 pension credits at date of retirement

Description of weighted average retirement age

Age 61, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

Retirement age for inactive vested participants

- Age 55 for participants with at least 30 pension credits; or
- Age 60 for participants with 20 to 29 pension credits; or
- Age 63 for other participants eligible for early retirement; or
- Normal retirement age for other participants.

The retirement age for inactive vested participants was based on historical and current data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual average retirement age and the prior year's assumption over the most recent five years.

Future benefit accruals

1,900 hours (one pension credit) per year per active employee with an extra 3% for participants with contribution rate equal or more than \$2.75 per hour.

The future benefit accruals were based on historical and current data, adjusted to reflect estimated future experience, plan changes effective January 1, 2016, and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

Active participants are defined as those with at least 500 months in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.

Percent married

80%

Age of spouse

Spouses are assumed to be 4 years younger than male participants and 4 years older than female participants. If not specified, spouses are assumed to be the opposite gender of the participants.

Benefit election

Married participants are assumed to elect the 50% joint-and-survivor form of payment that includes a pop-up provision and non-married participants are assumed to elect the life only form of payment.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment.

Delayed retirement factors

Active participants assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.

Assumed delayed retirement increases were based on historical and current demographic data, adjusted to reflect the plan design and estimated future experience and professional judgment.

Net investment return

6.75%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

\$575,000 for the year beginning January 1, 2024 (equivalent to \$555,109 payable at the beginning of the year) or 40.4% of Normal Cost.

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Actuarial value of assets

The market value of assets less unrecognized returns in prior years. Unrecognized return is equal to the difference between the actual market return and the projected market return and is recognized 20% per year over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus pension credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in the Summary of Plan Provisions.

Current liability assumptions

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2021.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

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 MO-KAN TEAMSTERS PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1970
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) MO-KAN TEAMSTERS PENSION FUND WILSON MCSHANE CORPORATION PO BOX 909500 KANSAS CITY MO 64190-9500	2b Employer Identification Number (EIN) 43-6142288 2c Plan Sponsor's telephone number 816-756-3313 2d Business code (see Instructions) 484200

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

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

SIGN HERE		10/14/2025	JULIE FOSTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/2025	GREG DAVEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☐ Same as Plan SponsorMO-KAN TEAMSTERS PENSION FUND
WILSON MCSHANE CORPORATIONPO BOX 909500
KANSAS CITY

MO 64190-9500

3b Administrator's EIN

43-6142288

3c Administrator's telephone number

816-756-3313

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**4b** EIN**4d** PN**a** Sponsor's name**c** Plan Name**5** Total number of participants at the beginning of the plan year**5**

2,002

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).**a(1)** Total number of active participants at the beginning of the plan year**6a(1)**

587

a(2) Total number of active participants at the end of the plan year**6a(2)**

436

b Retired or separated participants receiving benefits**6b**

716

c Other retired or separated participants entitled to future benefits**6c**

403

d Subtotal. Add lines 6a(2), 6b, and 6c**6d**

1,555

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e**

277

f Total. Add lines 6d and 6e**6f**

1,832

g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)**6g(1)****(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g(2)****h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7**

81

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

1B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

MO-KAN Teamsters Pension Plan
EIN: 43-6142288 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
<u>Category 1 - Individual transactions in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 2 - Series of transactions with one party in excess of five percent of plan assets at beginning of year: None</u>						
<u>Category 3 - Series of transactions in excess of five percent of plan assets at beginning of year:</u>						
Chevy Chase Trust	Chevy Chase TR CO ASB LAB EQ IDX	\$ -	\$ 14,500,000	\$ 7,790,701	\$ 7,970,701	\$ 6,709,299
<u>Category 4 - Other transactions with a party that was involved in a Category 1 transaction: None</u>						

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 beginning01/01/2024and ending12/31/2024

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

MO-KAN TEAMSTERS PENSION FUND

B

Three-digit
plan number (PN)

001

C

Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

MO-KAN TEAMSTERS PENSION FUND

D

Employer Identification Number (EIN)

43-6142288

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

1a

Enter the valuation date:

Month01Day01Year2024

b

Assets

(1) Current value of assets	1b(1)	211,876,160
(2) Actuarial value of assets for funding standard account	1b(2)	216,874,296
(1) Accrued liability for plan using immediate gain methods	1c(1)	177,759,872
(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)	168,387,263
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)	258,629,429
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	4,694,031
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	13,715,246
(3) Expected plan disbursements for the plan year	1d(3)	14,290,246

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

Benjamin Holle

Signature of actuary

Benjamin Holle, MAAA, EA

Type or print name of actuary

SEGAL

Firm name

7701 France Ave S

Edina MN 55435

Address of the firm

10/09/2025

Date

2307400

Most recent enrollment number

952-259-2600

Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2024
v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	212,735,522
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	983	145,498,760
(2) For terminated vested participants	423	51,400,313
(3) For active participants:		
(a) Non-vested benefits		4,946,456
(b) Vested benefits		56,783,900
(c) Total active	441	61,730,356
(4) Total	1,847	258,629,429
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	82.25 %

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	4,551,813	0			
Totals ▶			3(b)	4,551,813	0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 171,092

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	128.7 %
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	6.75 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	8.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.7 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	555,109
(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	-3,097,371	-313,559
3	818,259	82,836
4	32,386	3,279

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	1,930,676

c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	44,184,681
(2) Funding waivers.....	9c(2)	
(3) Certain bases for which the amortization period has been extended.....	9c(3)	

d Interest as applicable on lines 9a, 9b, and 9c	9d	583,425
e Total charges. Add lines 9a through 9d.....	9e	9,226,763

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	42,547,340
g Employer contributions. Total from column (b) of line 3.....	9g	4,551,813

	Outstanding balance	
h Amortization credits as of valuation date.....	9h	40,751,765

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	3,447,743
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j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	11,061,145
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	15,520,402
(3) FFL credit.....	9j(3)	0

k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits.....	9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	56,801,330
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	47,574,567
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

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