

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 08/01/1976
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN 6051 CAREY DRIVE VALLEY VIEW, OH 44125
2b	Employer Identification Number (EIN) 51-0149915
2c	Plan Sponsor's telephone number 440-243-0663
2d	Business code (see instructions) 339900

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	FRANK GRACE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	495
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....			
		6a(1)	63
		6a(2)	58
		6b	279
		6c	90
		6d	427
		6e	58
		6f	485
		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	2

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

1A

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 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

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

A Name of plan TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN	D Employer Identification Number (EIN) 51-0149915

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) 17922519
(2) Actuarial value of assets for funding standard account	1b(2) 18753786
c (1) Accrued liability for plan using immediate gain methods	1c(1) 21400083
(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) 21400083
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) 34032983
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 317057
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 2137288
(3) Expected plan disbursements for the plan year.....	1d(3) 2034571

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

SIGN HERE	10/07/2025
Signature of actuary PAUL D. DUNLAP	Date 23-07966
Type or print name of actuary HORIZON ACTUARIAL SERVICES LLC	Most recent enrollment number 240-247-4600
Firm name 8601 GEORGIA AVENUE, STE. 700 SILVER SPRINGS, MD 20910	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	17922519
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	337	18812892
(2) For terminated vested participants	95	6581986
(3) For active participants:		
(a) Non-vested benefits		68280
(b) Vested benefits		8569825
(c) Total active	63	8638105
(4) Total	495	34032983
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	52.66 %

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
	172379	0			
Totals ▶			3(b)	172379	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	87.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
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	2052
• 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)	9P	9P	
(2) Females	6c(2)	9PF	9PF	
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)	6.75 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.9 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.9 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	180000		
(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	-379326	-38401

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	2055015
b Employer's normal cost for plan year as of valuation date	9b	245641

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)	4799652	915273
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 217075**e** Total charges. Add lines 9a through 9d.....**9e** 3433004**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 0**g** Employer contributions. Total from column (b) of line 3.....**9g** 172379**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	4208370	524397

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 41215**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit

9j(1)	3974521
9j(2)	12160819

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

(2) Other credits

9k(2) 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 737991**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m****n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n** 2695013**o** Current year's accumulated reconciliation account:

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

9o(1) 0

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a) 0

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

9o(2)(b) 0

(3) Total as of valuation date

9o(3) 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 2695013**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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

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

A Name of plan TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN	D Employer Identification Number (EIN) 51-0149915

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

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

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

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

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

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

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

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

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

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

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

HORIZON ACTUARIAL SERVICES

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	83074	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VICKI HANRAHAN

51-0149915

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	56052	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARINER INSTITUTIONAL LLC

531 W. MORSE BLVD
STE 200
WINTER PARK, FL 32789

(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	NONE	17500	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)

J. SCHAEFER & COMPANY LLC

82-3706925

(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	NONE	14400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEYBANK NATIONAL ASSOCIATION

34-0767057

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 19 59 62 99	NONE	14346	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FAULKNER HOFFMAN & PHILLIPS

45-1540483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	12372	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)

ANDCO CONSULTING

59-3676225

(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	NONE	8750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARROW HANLEY NEWHINNEY & STRAUSS

75-2403190

(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	6978	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMPU-NET

37000 CENTER RIDGE RD
NORTH RIDGEVILLE, OH 44039

(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?
49	NONE	6747	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN				D Employer Identification Number (EIN) 51-0149915	
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: AMERICAN CORE REALTY FUND					
b Name of sponsor of entity listed in (a): AMERICAN REALTY ADVISORS					
c EIN-PN 33-0123114-000		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2025588	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN	D Employer Identification Number (EIN) 51-0149915	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	55228	106839
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	26705	50638
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	186630	6720516
(2) U.S. Government securities	1c(2)	2375534	2707431
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1412050	1014607
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(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)	2128923	2025588
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11737449	13416157
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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	17922519	26041776
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17922519	26041776

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)	172379	
(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)		172379
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	125778	
(B) U.S. Government securities	2b(1)(B)	104298	
(C) Corporate debt instruments	2b(1)(C)	50007	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	59717	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		339800
(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)	329196	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		329196
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6675485	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6644931	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		30554
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	8783	
(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)		-108758
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1659748
c Other income	2c		7517017
d Total income. Add all income amounts in column (b) and enter total	2d		9948719

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1592499	
(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)		1592499
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)	56052	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	14400	
(5) Investment advisory and investment management fees	2i(5)	33228	
(6) Bank or trust company trustee/custodial fees	2i(6)	14346	
(7) Actuarial fees	2i(7)	83074	
(8) Legal fees	2i(8)	12372	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	23491	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		236963
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1829462

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8119257
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: **J SCHAEFER & COMPANY LLC**

(2) EIN: **82-3706925**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 563684.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN		D Employer Identification Number (EIN) 51-0149915
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 34-1974250		
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 **FERROTHERM CORPORATION**

b EIN **34-1470026**

c Dollar amount contributed by employer **102786**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **1.03**

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

a Name of contributing employer **SUPPLY ONE**

b EIN **34-0966857**

c Dollar amount contributed by employer **69593**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **2.51**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

427

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

432

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

475

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

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

15a

0.99

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

15b

0.90

- 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

**TEAMSTERS UNION LOCAL NO. 73
PENSION PLAN**

**FINANCIAL REPORT
(MODIFIED CASH BASIS)**

DECEMBER 31, 2024 and 2023



J. SCHAEFER & COMPANY, LLC

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	1-2
FINANCIAL STATEMENTS	
Statements of net assets available for benefits (modified cash basis)	3
Statements of changes in net assets available for benefits (modified cash basis)	4
Notes to financial statements	5-12
SUPPLEMENTAL SCHEDULES	
Schedule of assets (held at end of year) as of December 31, 2024	
Schedule of reportable transactions for the year ended December 31, 2024	



J. SCHAEFER & COMPANY, LLC

Independent Auditor's Report

To the Board of Trustees of
Teamsters Local Union No. 73
Pension Plan
Valley View, Ohio

Opinion

We have audited the accompanying financial statements of Teamsters Local Union No. 73 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 (modified cash basis) as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits (modified cash basis) of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with the modified cash basis of accounting described in Note 2.

Basis for Opinion

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

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, 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 amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements 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 generally accepted auditing standards, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



Cleveland, Ohio
September 26, 2025

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
INVESTMENTS - AT FAIR VALUE		
Money market funds	\$ 6,720,516	\$ 186,630
U.S. Government securities	2,707,431	2,375,534
Corporate obligations	1,014,607	1,412,050
Common/collective trust	2,025,588	2,128,923
Mutual funds	<u>13,416,157</u>	<u>11,737,449</u>
	25,884,299	17,840,586
RECEIVABLES		
Accrued interest and dividends	50,638	26,705
CASH	<u>106,839</u>	<u>55,228</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 26,041,776</u>	<u>\$ 17,922,519</u>

The accompanying notes are an integral part of these financial statements.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 1,590,327	\$ 1,631,834
Interest and dividends	<u>668,996</u>	<u>421,934</u>
	2,259,323	2,053,768
Less investment expenses	<u>(47,574)</u>	<u>(56,888)</u>
	2,211,749	1,996,880
 PBGC special financial assistance	 7,517,017	 -
Employer contributions	<u>172,379</u>	<u>170,604</u>
Total additions	9,901,145	2,167,484
 DEDUCTIONS		
Pension benefits paid directly to participants	1,592,499	1,621,132
 Administrative expenses:		
Actuarial fees	83,074	101,803
Administration	56,052	44,208
Office supplies and expense	21,620	14,541
PBGC premiums	18,315	17,745
Audit and accounting fees	14,400	14,400
Legal fees	12,372	12,657
Fiduciary insurance and bonding	10,495	12,131
Rent	7,716	5,413
Less: administrative reimbursement	<u>(34,655)</u>	<u>(26,754)</u>
	<u>189,389</u>	<u>196,144</u>
Total deductions	<u>1,781,888</u>	<u>1,817,276</u>
 NET INCREASE	8,119,257	350,208
 NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>17,922,519</u>	<u>17,572,311</u>
END OF YEAR	<u>\$26,041,776</u>	<u>\$17,922,519</u>

The accompanying notes are an integral part of these financial statements.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following brief description of Teamsters Union Local No. 73 Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a multiemployer, noncontributory defined benefit plan which provides pension benefits for eligible members of Teamsters Union Local No. 473 (the "Union") employed by employers requiring contributions to the Plan pursuant to collective bargaining agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Plan Administration

The Plan is administered by a Board of Trustees (the "Trustees") selected by the Union and participating employers. The Trustees have full authority to control and manage the operation and administration of the Plan.

Benefits and Vesting

Benefit payments under the Plan are calculated based upon age, years of credited service and a monthly normal retirement benefit, as defined in the Plan Document. A participant is vested with normal retirement benefits after completion of 5 years of credited service. The calculation of the benefit amounts is described in the Plan Document. Pre-retirement death benefits reflect statutorily required pre-retirement survivor annuities and vary depending upon age and service. The disability pension benefit was eliminated in accordance with the rehabilitation plan. This elimination did not impact participants receiving the benefit as of the effective date.

Termination

The Trustees anticipate that the Plan will continue without interruption; however, the Trustees reserve the right to terminate the Plan subject to the requirements set forth in ERISA and the Trust Agreement. In the event of termination of the Plan, the Plan provides that all of its assets shall be allocated among the participants and beneficiaries in accordance with the terms of the Plan Document and ERISA. To the extent unfunded vested benefits exist, ERISA provides that such benefits are payable to participants by the Pension Benefit Guaranty Corporation up to specified limitations.

Note 2. Summary of Significant Accounting Policies

- A. Basis of Accounting – The accompanying financial statements have been prepared on the modified cash basis of accounting. This basis differs from accounting principles generally accepted in the United States of America primarily because revenue and assets are generally recognized when received, rather than when earned and expenditures and liabilities are generally recognized when paid, rather than when incurred.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

- B. Investment Valuation and Income Recognition – The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Reference Note 4 for discussion of fair value measurements. 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 change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.
- C. Cash – The Plan holds its temporary cash in a noninterest-bearing account with a national financial institution which, at times, may exceed federally insured amounts. The actual balance may exceed the reported balance due to outstanding checks.
- D. Fixed Assets – Office furniture and equipment are stated at cost. Maintenance, repairs and minor renewals are expensed when incurred. Additions in excess of \$500 are capitalized. Depreciation is computed using the straight-line method over the assets' estimated useful lives.
- E. Use of Estimates – The preparation of financial statements in conformity with the modified cash basis of accounting requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.
- F. Actuarial Present Value of Accumulated Plan Benefits – Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service which employees have rendered through the termination date. 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. The accumulated plan benefits for active employees are based on the credited service as of the date the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination) are included, to the extent they are deemed attributable to employee service rendered to the termination date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from Horizon Actuarial Services, LLC and 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.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023 include:

Mortality rates: Non-disabled participants and beneficiaries: Pri-2012 Non-Disabled Mortality Tables with Blue Collar Adjustment with improvement scale MP-2021 for 2024 and 2023. Disabled participants: Pri-2012 Disabled Annuitants Mortality Table projected generationally with the improvement scale MP-2021 for 2024 and 2023.

Retirement age: 55-65 based on historical and current demographic data, adjusted to reflect anticipated future experience. As part of the analysis, a comparison was made between the actual and assumed number of retirements over the past several years. The weighted average retirement age for active participants was 64 and 63.5 for 2024 and 2023, respectively.

Interest rates: 6.75% per annum, compounded annually, net of investment expense for determining costs and liabilities for 2024 and 2023. 3.29% and 2.55% per annum for determining the current liability for 2024 and 2023, respectively.

Administrative expenses: \$180,000 payable at the beginning of the year for 2024 and 2023. Investment related fees are not included.

The valuations do not reflect the provisions of the American Rescue Plan Act and the Plan's receipt of Special Financial Assistance as described in Note 9.

The actuarial present value of accumulated plan benefits is as follows:

	Benefit Information Date	
	January 1, 2024	January 1, 2023
Actuarial present value of vested accumulated plan benefits		
Participants currently receiving payments	\$ 13,067,816	\$ 13,375,901
Other vested benefits	<u>8,307,522</u>	<u>8,280,358</u>
Total vested benefits	21,375,338	21,656,259
Actuarial present value of non-vested accumulated plan benefits	<u>24,745</u>	<u>13,891</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 21,400,083</u>	<u>\$ 21,670,150</u>

The factors that affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Total actuarial present value of accumulated plan benefits at January 1, 2023	\$ 21,670,150
Benefits accumulated, net experience gain or loss, changes in data	(64,711)
Benefits paid	(1,621,132)
Changes in actuarial assumptions	-
Interest	<u>1,415,776</u>
Total actuarial present value of accumulated plan benefits at January 1, 2024	<u>\$ 21,400,083</u>

G. Payment of Benefits – Benefit payments made to participants are recorded upon distribution.

H. Subsequent Events – The Plan evaluated subsequent events through September 26, 2025, which is the date the financial statements were available to be issued.

Note 3. Funding

Benefits provided by the Plan are funded by contributions from employers in accordance with their collective bargaining agreements and a rehabilitation plan, as required by the Pension Protection Act of 2006 (“PPA”). The Plan is non-contributory for employees. For the years ended December 31, 2024 and 2023, the Plan did not meet minimum funding requirements under ERISA, however employers contributing to plans in critical status generally will not be penalized provided the parties fulfill their obligations in accordance with the rehabilitation plan.

As required by ERISA and the Internal Revenue Code (“IRC”), the Plan’s actuary has completed the Plan’s actuarial funding status certification as of January 1, 2024 in accordance with generally accepted actuarial principles and practices. The Plan was certified to be in "critical" status. Also, under IRC 432(b)(7), the Plan is deemed to be in critical status as a result of being approved for Special Financial Assistance (“SFA”) as further described in Note 11. The certification also notified the Trustees that the Plan is making scheduled progress in meeting the requirements of its rehabilitation plan.

Note 4. Fair Value Measurements

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

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Fair Value Measurements (Continued)

- Level 2 – Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following is a description of the valuation methodologies used for Plan assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

- Money market funds consist of short-term investment funds that maintains daily liquidity and have a constant unit value of \$1.
- Mutual funds are valued based on their quoted closing market prices in active markets for identical investments.
- Common/collective trust is valued based on the reported net asset value ("NAV") of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the trust less its liability. This practical expedient is not used when it is determined to be probable that the trust will sell the investment for an amount different than the reported NAV.
- Corporate obligations and U.S. Government securities are based on observable market information in primary markets or determined by pricing models maximizing the use of observable inputs for similar securities.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following tables set forth by level the Plan's assets at fair value as of December 31, 2024 and 2023. The tables do not include other assets and liabilities that are measured at historical cost or any basis other than fair value; for these items, their carrying value estimates fair value.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Fair Value Measurements (Continued)

	Investments at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 6,720,516	\$ -	\$ -	\$ 6,720,516
U.S. Government securities	-	2,707,431	-	2,707,431
Corporate obligations	-	1,014,607	-	1,014,607
Mutual funds	13,416,157	-	-	13,416,157
Total in fair value heirarchy	20,136,673	3,722,038	-	23,858,711
Investments measured at NAV				2,025,588
Total investments at fair value				<u>\$ 25,884,299</u>

	Investments at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 186,630	\$ -	\$ -	\$ 186,630
U.S. Government securities	-	2,375,534	-	2,375,534
Corporate obligations	-	1,412,050	-	1,412,050
Mutual funds	11,737,449	-	-	11,737,449
Total in fair value heirarchy	11,924,079	3,787,584	-	15,711,663
Investments measured at NAV				2,128,923
Total investments at fair value				<u>\$ 17,840,586</u>

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2024 and 2023.

	December 31, 2024			
	Fair value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/collective trust	\$ 2,025,588	\$ -	Quarterly	1 day
	December 31, 2023			
	Fair value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/collective trust	\$ 2,128,923	\$ -	Quarterly	1 day

The common/collective trust is a real estate fund investing primarily in core stable institutional quality office, retail industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence. Requests for redemption of units can be made at any time and are effective at the end of the calendar quarter in which the request is received. The redemption price will be the value per unit determined based on the fair value of the trust's net assets.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Significant Contributing Employers

Two employers combined to account for 100% of employer contributions during 2024 and 2023.

Note 6. Tax Status

The Internal Revenue Service has advised that the Plan and related trust are qualified under Section 401(a) of the Internal Revenue Code ("IRC") and, as such, exempt from federal income tax. The Plan obtained a determination letter on November 18, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since that time, however the Trustees believe that the Plan currently is being operated in compliance with the applicable requirements of the IRC and believe the related trust continues to be tax-exempt.

The Plan's management has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7. Related Party / Party-in-Interest Transactions

The Plan has a cost allocation agreement with the Union for facilities and administrative services. Pursuant to the agreement, the Plan reimbursed the Union \$9,977 and \$7,674 for the years ended December 31, 2024 and 2023, respectively. In addition, the Plan has a cost allocation agreement with the Health and Welfare Fund of Local Union 73 (the "H&W Fund"), a related fund, for administrative services. Pursuant to the agreement, the Plan received \$34,654 and \$26,754 for the years ended December 31, 2024 and 2023, respectively.

Note 8. Risks and Uncertainties

The Plan holds 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 the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest 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.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 9. PBGC Special Financial Assistance

In March 2021, the American Rescue Plan Act of 2021 ("ARPA") was enacted, which allows certain financially troubled multiemployer plans to apply for financial assistance administered through the PBGC's Special Financial Assistance Program. The Plan submitted an application that was approved by the PBGC in March 2024 for a total payment of \$7,517,017 which was received and recorded as income in 2024.

A plan that receives SFA is subject to certain conditions under section 4262(m) of ERISA and section 4262.16 of the PBGC's regulation. These conditions relate to increases in future accrual rates and retroactive benefit improvements; allocation of plan assets; reductions in employer contribution rates; diversion of contributions to, and allocation of expenses to, other benefit plans; and the calculation of withdrawal liability, among other topics. The Plan may use SFA and any earnings thereon only to pay benefits and administrative expenses, and the SFA and any earnings thereon must be segregated from other assets under section 4262(l) of ERISA and section 4262.13. Further, SFA and earnings thereon must be invested in accordance with section 4262.14. There is also a requirement to provide the PBGC an annual statement documenting the Plan's compliance with the terms and conditions of receipt of SFA.

SUPPLEMENTAL SCHEDULES

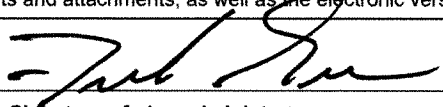
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN	1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 08/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN 6051 CAREY DRIVE VALLEY VIEW OH 44125	2b Employer Identification Number (EIN) 51-0149915 2c Plan Sponsor's telephone number 440-243-0663 2d Business code (see instructions) 339900

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	FRANK GRACE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915
PLAN NO. 001

SCHEDULE H, LINE 4(j)
SCHEDULE OF REPORTABLE TRANSACTIONS
5% REPORT BY ASSET - AGGREGATE TRANSACTIONS

Year Ended December 31, 2024

Identity of (a) <u>Party</u>	Description (b) <u>of Asset</u>	Purchase (c) <u>Price</u>	Selling (d) <u>Price</u>	Lease (e) <u>Rental</u>	Expenses Incurred With (f) <u>Transaction</u>	Cost of (g) <u>Asset</u>	Current Value of Assets on Transaction (h) <u>Date</u>	Net Gain or (i) <u>Loss</u>
Federated	Govt Obligations Instl	\$9,748,710	N/A	N/A	\$ -	\$ 9,748,710	\$ 9,748,710	N/A
		N/A	\$3,214,824	N/A	-	3,214,824	3,214,824	\$ -

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/30/2024

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

A Name of plan Teamsters Local Union No. 73 Pension Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees of Teamsters Local Union No. 73 Pension Plan	D Employer Identification Number (EIN) 51-0149915

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) 17,922,519
(2) Actuarial value of assets for funding standard account.....	1b(2) 18,753,786
c (1) Accrued liability for plan using immediate gain methods	1c(1) 21,400,083
(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) 21,400,083
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) 34,032,983
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 317,057
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 2,137,288
(3) Expected plan disbursements for the plan year	1d(3) 2,034,571

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 Paul B. Dunlap Type or print name of actuary Horizon Actuarial Services, LLC Firm name 8601 Georgia Avenue Suite 905 Silver Spring MD 20910 Address of the firm	10/7/2025 Date 2307966 Most recent enrollment number 240-247-4600 Telephone number (including area code)
---	--

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	17,922,519
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	337	18,812,892
(2) For terminated vested participants	95	6,581,986
(3) For active participants:		
(a) Non-vested benefits		68,280
(b) Vested benefits		8,569,825
(c) Total active	63	8,638,105
(4) Total	495	34,032,983
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	52.66 %

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
	172,379	0			
Totals ▶			3(b)	172,379	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total	3(d)	0
--	-------------	---

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	87.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
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: • 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."	4f	2052

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

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

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

Line 3(a): Contributions paid throughout the year.

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females	6c(2)	9FP
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)	6.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	7.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.9 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	180,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	- 379,326	- 38,401

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	2,055,015
b Employer's normal cost for plan year as of valuation date.....	9b	245,641

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)	4,799,652	915,273
(2) Funding waivers.....	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	217,075
e Total charges. Add lines 9a through 9d.....	9e	3,433,004

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	0
g Employer contributions. Total from column (b) of line 3.....	9g	172,379

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	4,208,370	524,397

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	41,215
--	-----------	--------

j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	3,974,521	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	12,160,819	
(3) FFL credit.....	9j(3)	0	

k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	737,991

m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	2,695,013

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

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	2,695,013
---	-----------	-----------

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
--	--

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Equity						
Mutual Funds						
VANGUARD 500 INDEX FUND OPEN-END FUND CL ADMIRAL	922908710 1.24%	542.760	Level2			
	12,291.0060	6,671,066.42	25.77%	211.23 0.00	2,596,177.82 5,420,011.11	4,074,888.60 1,251,055.31
VANGUARD SMALL CAP INDEX FD OPEN-END FUND CL ADM	922908686 1.30%	115.160	Level2			
	31,958.6270	3,680,355.49	14.22%	47.14 0.00	1,506,482.07 3,269,346.11	2,173,873.42 411,009.38
Total Mutual Funds		10,351,421.91	39.99%	N/A 0.00	4,102,659.89 8,689,357.22	6,248,762.02 1,662,064.69
Non-US Mutual Funds						
AMERICAN EUROPACIFIC GROWTH FUND OPEN-END FUND CL R6	298706821 1.61%	53.720	Level2			
	34,283.5800	1,841,713.92	7.12%	59.23 0.00	2,030,678.93 1,877,002.12	-188,965.01 -35,288.20
Total Non-US Mutual Funds		1,841,713.92	7.12%	N/A 0.00	2,030,678.93 1,877,002.12	-188,965.01 -35,288.20
Total Equity		12,193,135.83	47.11%	N/A 0.00	6,133,338.82 10,566,359.34	6,059,797.01 1,626,776.49
Fixed Income						
Corporate Bonds						
ALEXANDRIA REAL ESTATE EQUITIES INC SENIOR BD DTD 2/16/2022 3.55000% DUE 3/15/2052	015271AZ2 5.22%	68.058	Level2			
	10,000.0000	6,805.80	0.03%	67.84 104.53	6,783.90 6,783.90	21.90 21.90

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
APPALACHIAN POWER CO SENIOR BD SER Y DTD 3/6/2019 4.50000% DUE 3/1/2049	037735CX3 5.62%	80.071	Level2			
	35,000.0000	28,024.85	0.11%	81.81 525.00	28,633.40 29,200.40	-608.55 -1,175.55
ARIZONA PUBLIC SERVICE CO SR BD DTD 9/11/2020 2.65000% DUE 9/15/2050	040555DC5 4.57%	57.935	Level2			
	5,000.0000	2,896.75	0.01%	55.99 39.01	2,799.45 3,066.95	97.30 -170.20
AT&T INC SENIOR BD DTD 3/15/2021 3.65000% DUE 9/15/2059	00206RLV2 5.51%	66.237	Level2			
	45,000.0000	29,806.65	0.12%	66.76 483.63	30,040.20 32,078.10	-233.55 -2,271.45
AT&T INC SENIOR BD DTD 6/1/2021 3.80000% DUE 12/1/2057	00206RMN9 5.51%	68.990	Level2			
	10,000.0000	6,899.00	0.03%	67.58 31.67	6,758.20 7,433.40	140.80 -534.40
BANK OF AMERICA CORP BOND DTD 9/21/2021 2.48200% DUE 9/21/2036	06051GKC2 3.05%	81.474	Level2			
	35,000.0000	28,515.90	0.11%	83.13 241.31	29,096.20 29,096.20	-580.30 -580.30

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
BAT CAPITAL CORP BOND DTD 8/15/2018 4.54000% DUE 8/15/2047	05526DBF1 5.76%	78.863	Level2			
	35,000.0000	27,602.05	0.11%	76.27 600.29	26,693.70 26,693.70	908.35 908.35
BP CAP MARKETS AMERICA INC BOND DTD 2/8/2021 3.37900% DUE 2/8/2061	10373QBQ2 5.34%	63.256	Level2			
	10,000.0000	6,325.60	0.02%	67.03 134.22	6,702.50 6,702.50	-376.90 -376.90
CHARTER COMMUNICATIONS OPER LLC SENIOR BD DTD 5/14/2024 6.55000% DUE 6/1/2034	161175CR3 6.40%	102.291	Level2			
	25,000.0000	25,572.75	0.10%	100.26 136.46	25,065.00 25,065.00	507.75 507.75
CONOCOPHILLIPS CO SENIOR NT DTD 3/8/2022 2.40000% DUE 3/7/2025	20826FAU0 2.41%	99.565	Level2			
	5,000.0000	4,978.25	0.02%	99.88 38.00	4,994.10 4,857.10	-15.85 121.15
CONSUMERS ENERGY CO BOND DTD 5/13/2020 2.50000% DUE 5/1/2060	210518DJ2 4.54%	55.073	Level2			
	5,000.0000	2,753.65	0.01%	58.44 20.83	2,922.20 3,053.15	-168.55 -299.50
DELL INTL LLC / EMC CORP SENIOR BD DTD 6/15/2023 3.45000% DUE 12/15/2051	24703DBH3 5.08%	67.874	Level2			

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
	4,000.0000	2,714.96	0.01%	66.11 6.13	2,644.28 2,891.00	70.68 -176.04
DOMINION ENERGY INC JUNIOR SUB BD SER C DTD 11/18/2024 6.62500% DUE 5/15/2055	25746UDV8 6.52%	101.666	Level2			
	30,000.0000	30,499.80	0.12%	100.00 237.40	30,000.00 30,000.00	499.80 499.80
DTE ENERGY CO SENIOR NT SER F DTD 8/6/2020 1.05000% DUE 6/1/2025	233331BG1 1.07%	98.456	Level2			
	15,000.0000	14,768.40	0.06%	93.55 13.13	14,032.80 14,133.45	735.60 634.95
DU PONT E I DE NEMOURS & CO SENIOR NT DTD 5/15/2020 1.70000% DUE 7/15/2025	263534CN7 1.73%	98.417	Level2			
	10,000.0000	9,841.70	0.04%	93.69 78.39	9,368.60 9,484.50	473.10 357.20
DUKE ENERGY CAROLINAS LLC BOND DTD 01/10/08 6.00% DUE 01/15/38	26442CAB0 5.77%	103.909	Level2			
	5,000.0000	5,195.45	0.02%	102.46 138.33	5,122.80 5,376.15	72.65 -180.70
DUKE ENERGY CAROLINAS LLC SENIOR BD DTD 4/14/2008 6.05000% DUE 4/15/2038	26442CAE4 5.76%	105.087	Level2			
	20,000.0000	21,017.40	0.08%	102.84 255.44	20,568.20 21,671.80	449.20 -654.40

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
DUKE ENERGY CAROLINAS LLC BOND DTD 8/14/2019 3.20000% DUE 8/15/2049	26442CAZ7 4.80%	66.634	Level2			
	10,000.0000	6,663.40	0.03%	66.20 120.89	6,619.50 6,619.50	43.90 43.90
DUKE ENERGY CORP SENIOR BD DTD 6/7/2024 5.80000% DUE 6/15/2054	26441CCF0 5.95%	97.410	Level2			
	20,000.0000	19,482.00	0.08%	100.25 51.56	20,049.80 20,049.80	-567.80 -567.80
DUKE ENERGY PROGRESS SENIOR NT DTD 11/24/2021 1.29500% DUE 7/1/2030	26444BAA2 1.39%	93.273	Level2			
	28,002.6180	26,118.88	0.10%	100.00 181.32	28,002.48 25,608.96	-1,883.60 509.92
DUKE ENERGY PROGRESS INC BOND DTD 11/20/2014 4.15000% DUE 12/1/2044	26442RAD3 5.10%	81.369	Level2			
	10,000.0000	8,136.90	0.03%	78.56 34.58	7,855.60 8,510.20	281.30 -373.30
ENERGY TRANSFER L P SENIOR NT DTD 10/13/2023 6.10000% DUE 12/1/2028	29273VAS9 5.87%	103.867	Level2			
	15,000.0000	15,580.05	0.06%	99.89 76.25	14,983.05 15,786.00	597.00 -205.95

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
ENTERGY ARKANSAS LLC BOND DTD 3/30/2021 3.35000% DUE 6/15/2052	29366MAC2 5.00%	66.977	Level2			
	5,000.0000	3,348.85	0.01%	66.15 7.44	3,307.50 3,620.70	41.35 -271.85
ENTERGY CORP SENIOR BD DTD 5/19/2020 2.80000% DUE 6/15/2030	29364GAL7 3.14%	89.076	Level2			
	5,000.0000	4,453.80	0.02%	86.01 6.22	4,300.35 4,399.75	153.45 54.05
ENTERGY CORP JUNIOR SUB BD DTD 5/23/2024 7.12500% DUE 12/1/2054	29364GAQ6 6.99%	101.923	Level2			
	10,000.0000	10,192.30	0.04%	104.13 59.38	10,412.50 10,412.50	-220.20 -220.20
ENTERGY LOUISIANA LLC NOTE DTD 3/23/2018 4.00000% DUE 3/15/2033	29364WBA5 4.37%	91.542	Level2			
	10,000.0000	9,154.20	0.04%	88.71 117.78	8,870.90 9,316.20	283.30 -162.00
ENTERGY LOUISIANA LLC BOND DTD 3/8/2024 5.35000% DUE 3/15/2034	29364WBM9 5.35%	99.912	Level2			
	15,000.0000	14,986.80	0.06%	98.35 236.29	14,752.05 14,752.05	234.75 234.75

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
ENTERPRISE PRODS OPERATING LLC SENIOR BD DTD 8/8/2024 4.95000% DUE 2/15/2035	29379VCG6 5.11%	96.783	Level2			
	5,000.0000	4,839.15	0.02%	102.11 98.31	5,105.55 5,105.55	-266.40 -266.40
FLORIDA POWER & LIGHT CO BOND DTD 2/28/2018 3.95000% DUE 3/1/2048	341081FQ5 5.03%	78.506	Level2			
	5,000.0000	3,925.30	0.02%	78.34 65.83	3,916.80 4,248.75	8.50 -323.45
KENTUCKY UTILITIES CO BOND DTD 6/3/2020 3.30000% DUE 6/1/2050	491674BM8 4.90%	67.334	Level2			
	10,000.0000	6,733.40	0.03%	66.39 27.50	6,638.70 7,315.90	94.70 -582.50
KINDER MORGAN ENERGY PARTNERS SENIOR BD DTD 9/11/2014 5.40000% DUE 9/1/2044	494550BW5 5.92%	91.251	Level2			
	5,000.0000	4,562.55	0.02%	90.18 90.00	4,509.00 4,678.25	53.55 -115.70
MARKEL GROUP INC SENIOR BD DTD 5/20/2019 5.00000% DUE 5/20/2049	570535AT1 5.75%	86.993	Level2			
	15,000.0000	13,048.95	0.05%	86.62 85.42	12,993.30 13,954.35	55.65 -905.40
MARKEL GROUP INC SR BD DTD 5/7/2021 3.45000% DUE 5/7/2052	570535AX2 5.21%	66.255	Level2			
	20,000.0000	13,251.00	0.05%	65.09 103.50	13,018.00 14,225.20	233.00 -974.20

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
MIDAMERICAN ENERGY CO BOND DTD 2/1/2018 3.65000% DUE 8/1/2048	595620AS4 4.93%	74.103	Level2			
	5,000.0000	3,705.15	0.01%	76.07 76.04	3,803.55 3,803.55	-98.40 -98.40
MOODY'S CORPORATION SENIOR BD DTD 8/18/2020 2.55000% DUE 8/18/2060	615369AU9 5.05%	50.486	Level2			
	10,000.0000	5,048.60	0.02%	54.89 94.21	5,488.80 5,743.40	-440.20 -694.80
MORGAN STANLEY SENIOR BD SER F DTD 9/16/2021 2.48400% DUE 9/16/2036	61747YEF8 3.05%	81.333	Level2			
	10,000.0000	8,133.30	0.03%	78.63 72.45	7,863.20 7,863.20	270.10 270.10
NATIONAL FUEL GAS CO SENIOR BD DTD 2/24/2021 2.95000% DUE 3/1/2031	636180BR1 3.43%	86.094	Level2			
	15,000.0000	12,914.10	0.05%	83.74 147.50	12,561.60 12,561.60	352.50 352.50
NATIONAL RURAL UTILS COOP FIN CORP MED TERM NT SER D DTD 5/4/2022 3.45000% DUE 6/15/2025	63743HFE7 3.47%	99.428	Level2			
	25,000.0000	24,857.00	0.10%	99.97 38.33	24,993.25 24,478.75	-136.25 378.25
PACIFIC GAS & ELECTRIC CO NOTE DTD 2/28/2024 5.55000% DUE 5/15/2029	694308KQ9 5.46%	101.631	Level2			

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
	5,000.0000	5,081.55	0.02%	99.93 35.46	4,996.65 4,996.65	84.90 84.90
PACIFICORP BOND DTD 12/1/2022 5.35000% DUE 12/1/2053	695114CZ9 5.82%	91.925	Level2			
	15,000.0000	13,788.75	0.05%	93.94 66.88	14,091.45 14,091.45	-302.70 -302.70
PACIFICORP BOND DTD 3/1/2019 4.15000% DUE 2/15/2050	695114CV8 5.38%	77.142	Level2			
	20,000.0000	15,428.40	0.06%	78.43 313.56	15,685.20 15,685.20	-256.80 -256.80
PACIFICORP BOND DTD 5/17/2023 5.50000% DUE 5/15/2054	695114DA3 5.89%	93.446	Level2			
	25,000.0000	23,361.50	0.09%	86.33 175.69	21,583.50 24,527.75	1,778.00 -1,166.25
PHILIP MORRIS INTL INC SENIOR NT DTD 2/15/2023 4.87500% DUE 2/13/2026	718172CY3 4.86%	100.255	Level2			
	45,000.0000	45,114.75	0.17%	99.65 840.94	44,842.95 45,157.50	271.80 -42.75
PUBLIC SERVICE ENTERPRISE GROUP INC SENIOR BD DTD 3/27/2024 5.45000% DUE 4/1/2034	744573AZ9 5.46%	99.738	Level2			
	10,000.0000	9,973.80	0.04%	104.41 136.25	10,441.40 10,441.40	-467.60 -467.60

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
REYNOLDS AMERICAN INC SENIOR BD DTD 6/12/2015 5.70000% DUE 8/15/2035	761713BA3 5.68%	100.286	Level2			
	40,000.0000	40,114.40	0.15%	97.23 861.33	38,891.15 39,282.05	1,223.25 832.35
SEMPRA ENERGY JUNIOR SUB BD DTD 11/21/2024 6.55000% DUE 4/1/2055	816851BV0 6.60%	99.215	Level2			
	10,000.0000	9,921.50	0.04%	100.00 72.78	10,000.00 10,000.00	-78.50 -78.50
SEMPRA ENERGY JUNIOR SUB BD DTD 11/21/2024 6.62500% DUE 4/1/2055	816851BU2 6.63%	99.851	Level2			
	15,000.0000	14,977.65	0.06%	100.00 110.42	15,000.00 15,000.00	-22.35 -22.35
SEMPRA ENERGY JUNIOR SUB BD DTD 3/14/2022 6.87500% DUE 10/1/2054	816851BS7 6.80%	101.117	Level2			
	15,000.0000	15,167.55	0.06%	104.25 257.81	15,637.50 15,637.50	-469.95 -469.95
SEMPRA ENERGY SENIOR NT DTD 3/24/2022 3.30000% DUE 4/1/2025	816851BN8 3.31%	99.590	Level2			
	15,000.0000	14,938.50	0.06%	96.62 123.75	14,492.55 14,634.30	445.95 304.20

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
SEMPRA ENERGY JUNIOR SUB BD DTD 9/9/2024 6.40000% DUE 10/1/2054	816851BT5 6.45%	99.153	Level2			
	25,000.0000	24,788.25	0.10%	101.00 497.78	25,250.00 25,250.00	-461.75 -461.75
SYSTEM ENERGY RESOURCES INC BOND DTD 12/6/2024 5.30000% DUE 12/15/2034	871911AV5 5.41%	97.963	Level2			
	10,000.0000	9,796.30	0.04%	99.77 36.81	9,976.80 9,976.80	-180.50 -180.50
WHIRLPOOL CORP MED TERM NT DTD 02/27/13 5.15% DUE 03/01/43	96332HCG2 6.16%	83.631	Level2			
	20,000.0000	16,726.20	0.06%	88.42 343.33	17,684.80 17,684.80	-958.60 -958.60
Total Corporate Bonds		732,533.74	2.83%	N/A 8,747.36	730,844.96 743,006.86	1,688.78 -10,473.12
Corporate Mortgage Back						
ALLY AUTO RECEIVABLES TRUST ABS SEQ PYR 2022-1 A3 DTD 5/18/2022 3.31000% DUE 11/15/2026	02008JAC0 3.32%	99.582	Level2			
	5,079.2088	5,057.99	0.02%	99.98 7.47	5,078.23 5,005.15	-20.24 52.84
AMERICREDIT AUTO RECEIVABLES TRUST ABS SEQ PYR 2021-3 A3 DTD 11/17/2021 0.76000% DUE 8/18/2026	03066JAC7 0.76%	99.808	Level2			
	149.9318	149.64	0.00%	99.99 0.04	149.91 146.45	-0.27 3.19

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
AMERICREDIT AUTO RECEIVABLES TRUST ABS SEQ PYR 2022-1 A3 DTD 3/16/2022 2.45000% DUE 11/18/2026	03066TAC5 2.46%	99.595	Level2			
	6,030.8857	6,006.46	0.02%	99.98 5.34	6,029.85 5,913.82	-23.39 92.64
AMERICREDIT AUTO RECEIVABLES TRUST ABS SEQ PYR 2023-2 A-2-A DTD 9/20/2023 6.46000% DUE 4/19/2027	03065UAB5 2.40%	100.479	Level2			
	13,618.6620	13,683.96	0.05%	100.00 31.73	13,618.46 13,677.31	65.50 6.65
AMERICREDIT AUTOMOBILE RECEIVABLE TRUST ABS SEQ PYR 2022-2 A3 DTD 6/22/2022 4.38000% DUE 4/18/2028	03065WAD7 4.38%	99.887	Level2			
	9,793.4854	9,782.38	0.04%	99.98 15.49	9,791.53 9,698.36	-9.15 84.02
BMW VEHICLE OWNER TRUST ABS SEQ PYR 2022-A A3 144A DTD 5/18/2022 3.21000% DUE 8/25/2026	05602RAD3 3.22%	99.545	Level2			
	3,277.5379	3,262.63	0.01%	99.99 1.75	3,277.37 3,231.27	-14.74 31.36
CNH EQUIPMENT TRUST ABS SEQ PYR 2021-C A3 DTD 10/27/2021 0.81000% DUE 12/15/2026	12598LAC0 0.82%	98.589	Level2			
	2,784.7159	2,745.41	0.01%	99.99 1.00	2,784.39 2,677.81	-38.98 67.60

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
CNH EQUIPMENT TRUST ABS 2024-B A-2-A DTD 5/20/2024 5.42000% DUE 10/15/2027	18978JAB4 5.39%	100.564	Level2			
	5,000.0000	5,028.22	0.02%	99.99 12.04	4,999.60 4,999.60	28.62 28.62
FIFTH THIRD AUTO TRUST ABS SEQ PYR 2023-1 A-2-A DTD 8/23/2023 5.80000% DUE 11/16/2026	31680EAB7 5.79%	100.201	Level2			
	10,034.3268	10,054.52	0.04%	100.00 25.87	10,034.11 10,050.67	20.41 3.85
FORD CREDIT AUTO OWNER TRUST ABS SEQ PYR 2022-A A3 DTD 1/24/2022 1.29000% DUE 6/15/2026	345286AC2 1.30%	99.275	Level2			
	4,041.2734	4,011.96	0.02%	99.99 2.32	4,040.79 3,932.70	-28.83 79.26
HONDA AUTO RECEIVABLES OWNER TR ABS SEQ PYR 2023-2 A-3 DTD 5/30/2023 4.93000% DUE 11/15/2027	437927AC0 4.90%	100.649	Level2			
	15,000.0000	15,097.35	0.06%	99.98 32.87	14,997.57 15,070.26	99.78 27.09
HONDA AUTO RECEIVABLES OWNER TRUST ABS SEQ PYR 2022-1 A3 DTD 2/23/2022 1.88000% DUE 5/15/2026	43815BAC4 1.90%	99.141	Level2			
	9,462.4825	9,381.24	0.04%	99.98 7.91	9,461.06 9,210.03	-79.82 171.21

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
JOHN DEERE OWNER TRUST ABS SEQ PYR 2022 A-3 DTD 3/16/2022 2.32000% DUE 9/15/2026	47787JAC2 2.34%	99.167	Level2			
	11,710.4895	11,612.96	0.04%	99.88 12.07	11,696.36 11,448.93	-83.40 164.03
JOHN DEERE OWNER TRUST ABS SEQ PYR 2022-B A3 DTD 7/20/2022 3.74000% DUE 2/16/2027	47800AAC4 3.76%	99.565	Level2			
	15,261.4081	15,194.97	0.06%	99.99 25.37	15,259.95 15,014.56	-64.98 180.41
MERCEDES-BENZ AUTO LEASE TRUST ABS SEQ PYR 2024-B A3 DTD 9/25/2024 4.23000% DUE 2/15/2028	58769GAD5 4.25%	99.547	Level2			
	15,000.0000	14,931.99	0.06%	99.98 28.20	14,997.48 14,997.48	-65.49 -65.49
TOYOTA AUTO RECEIVABLES OWNER TRUST ABS SEQ PYR 2023-A A-3 DTD 1/30/2023 4.63000% DUE 9/15/2027	891940AC2 4.63%	100.064	Level2			
	33,338.0004	33,359.46	0.13%	100.00 68.60	33,337.98 33,137.01	21.48 222.45
Total Corporate Mortgage Back		159,361.14	0.62%	N/A 278.07	159,554.64 158,211.41	-193.50 1,149.73
Government Mortgage Back						
FANNIE MAE POOL MA3932 DTD 1/1/2020 3.50000% DUE 1/1/2034	31418DLNO 3.68%	95.101	Level2			

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
	6,825.3703	6,491.00	0.03%	104.47 19.91	7,130.36 6,683.82	-639.36 -192.82
FANNIE MAE POOL CB2857 DTD 1/1/2022 2.50000% DUE 2/1/2052	3140QNE73 3.03%	82.639	Level2			
	20,257.7010	16,740.76	0.06%	83.66 42.20	16,946.82 16,946.82	-206.06 -206.06
FANNIE MAE POOL FS3744 DTD 1/1/2023 2.00000% DUE 7/1/2051	3140XKES5 2.55%	78.550	Level2			
	88,742.3330	69,707.10	0.27%	79.34 147.90	70,411.47 72,903.59	-704.37 -3,196.49
FANNIE MAE POOL CB7980 DTD 1/1/2024 5.50000% DUE 2/1/2054	3140QT2N8 5.54%	99.311	Level2			
	13,956.5426	13,860.38	0.05%	100.16 63.97	13,978.34 13,978.34	-117.96 -117.96
FANNIE MAE POOL FS6787 DTD 1/01/2024 6.00000% DUE 1/1/2054	3140XNRH9 5.93%	101.158	Level2			
	41,802.5592	42,286.63	0.16%	101.81 209.01	42,560.24 42,560.24	-273.61 -273.61
FANNIE MAE POOL FS9456 DTD 10/1/2024 5.50000% DUE 11/1/2054	3140XRQJ7 5.57%	98.808	Level2			
	34,278.4656	33,869.87	0.13%	99.25 157.11	34,021.38 34,021.38	-151.51 -151.51

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
FANNIE MAE POOL MA4841 DTD 11/1/2022 5.00000% DUE 12/1/2052	31418ELX6 5.16%	96.930	Level2			
	25,903.0770	25,107.85	0.10%	97.85 107.93	25,347.24 25,654.96	-239.39 -547.11
FANNIE MAE POOL AL2877 DTD 12/01/12 3.50% DUE 01/01/28	3138EKFT7 3.55%	98.476	Level2			
	585.1379	576.22	0.00%	108.18 1.71	633.02 571.20	-56.80 5.02
FANNIE MAE POOL BU1322 DTD 2/1/2022 2.50000% DUE 2/1/2052	3140M2PG1 3.04%	82.186	Level2			
	119,190.2096	97,957.67	0.38%	81.53 248.31	97,177.27 101,447.54	780.40 -3,489.87
FANNIE MAE POOL MA1870 DTD 3/1/2014 4.50000% DUE 4/1/2034	31418BCG9 4.58%	98.305	Level2			
	3,263.5208	3,208.20	0.01%	107.95 12.24	3,523.08 3,251.80	-314.88 -43.60
FANNIE MAE POOL MA4327 DTD 4/1/2021 3.00000% DUE 5/1/2051	31418DYZ9 3.49%	85.862	Level2			
	98,833.4811	84,860.40	0.33%	84.94 247.08	83,946.69 87,540.77	913.71 -2,680.37
FANNIE MAE POOL FS1704 DTD 4/1/2022 4.00000% DUE 5/1/2052	3140XG3N7 4.34%	92.265	Level2			
	20,452.6176	18,870.61	0.07%	93.44 68.18	19,110.42 19,535.93	-239.81 -665.32

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
FANNIE MAE POOL MA4072 DTD 6/1/2020 2.50000% DUE 7/1/2040	31418DQ21 2.93%	85.400	Level2			
	26,170.3540	22,349.48	0.09%	87.16 54.52	22,809.08 22,809.08	-459.60 -459.60
FANNIE MAE POOL FS8291 DTD 6/1/2024 5.50000% DUE 7/1/2053	3140XQF93 5.53%	99.392	Level2			
	47,208.8305	46,921.80	0.18%	101.77 216.37	48,042.36 48,042.36	-1,120.56 -1,120.56
FANNIE MAE POOL FS8138 DTD 6/1/2024 6.50000% DUE 6/1/2052	3140XQBG1 6.30%	103.108	Level2			
	19,139.5930	19,734.45	0.08%	102.94 103.67	19,701.83 19,701.83	32.62 32.62
FANNIE MAE POOL FS5044 DTD 6/21/2023 4.50000% DUE 6/1/2053	3140XLTA6 4.73%	95.117	Level2			
	70,976.3968	67,510.62	0.26%	97.73 266.16	69,368.33 69,214.77	-1,857.71 -1,704.15
FANNIE MAE POOL CB1384 DTD 7/1/2021 2.50000% DUE 8/1/2051	3140QLRE8 3.04%	82.348	Level2			
	98,826.2388	81,381.43	0.31%	84.02 205.89	83,029.48 83,029.48	-1,648.05 -1,648.05
FANNIE MAE POOL CA6951 DTD 8/1/2020 2.50000% DUE 9/1/2050	3140QEWMO 3.03%	82.459	Level2			
	18,363.8445	15,142.64	0.06%	83.78 38.26	15,385.46 15,385.46	-242.82 -242.82

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
FANNIE MAE POOL FS9085 DTD 9/1/2024 3.00000% DUE 12/1/2051	3140XRCX1 3.51%	85.470	Level2			
	24,537.6538	20,972.33	0.08%	87.41 61.34	21,447.44 21,447.44	-475.11 -475.11
FREDDIE MAC POOL SD4667 DTD 1/1/2024 6.00000% DUE 2/1/2054	3132DSFG2 5.88%	101.955	Level2			
	31,433.4195	32,047.94	0.12%	102.00 157.17	32,062.09 32,062.09	-14.15 -14.15
FREDDIE MAC POOL SD8267 DTD 10/1/2022 5.00000% DUE 11/1/2052	3132DWFG3 5.16%	96.816	Level2			
	103,266.0516	99,978.06	0.39%	96.31 430.28	99,458.13 102,295.36	519.93 -2,317.30
FREDDIE MAC POOL SD6548 DTD 10/1/2024 5.50000% DUE 10/1/2054	3132DUHZ3 5.54%	99.206	Level2			
	34,826.9275	34,550.40	0.13%	100.86 159.62	35,126.22 35,126.22	-575.82 -575.82
FREDDIE MAC POOL SD4227 DTD 11/1/2023 4.50000% DUE 5/1/2053	3132E0VU3 4.78%	94.147	Level2			
	72,366.0704	68,130.48	0.26%	96.94 271.37	70,149.87 70,170.48	-2,019.39 -2,040.00
FREDDIE MAC POOL SD8199 DTD 2/1/2022 2.00000% DUE 3/1/2052	3132DWDC4 2.56%	78.055	Level2			

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
	30,011.6327	23,425.58	0.09%	79.84 50.02	23,962.41 23,962.41	-536.83 -536.83
FREDDIE MAC POOL SD4901 DTD 2/1/2024 5.50000% DUE 2/1/2054	3132DSNS7 5.55%	99.055	Level2			
	47,284.0215	46,837.19	0.18%	99.88 216.72	47,224.93 47,224.93	-387.74 -387.74
FREDDIE MAC POOL SD5092 DTD 3/1/2024 5.00000% DUE 8/1/2053	3132DSUR1 5.17%	96.676	Level2			
	34,049.9474	32,918.13	0.13%	100.78 141.87	34,314.64 34,314.64	-1,396.51 -1,396.51
FREDDIE MAC POOL RJ1265 DTD 3/1/2024 5.50000% DUE 4/1/2054	3142GRMP2 5.57%	98.808	Level2			
	9,439.3019	9,326.79	0.04%	99.23 43.26	9,367.03 9,367.03	-40.24 -40.24
FREDDIE MAC POOL SD5223 DTD 4/1/2024 6.00000% DUE 4/1/2054	3132DSYU0 5.90%	101.620	Level2			
	23,491.6123	23,872.18	0.09%	100.38 117.46	23,579.71 23,579.71	292.47 292.47
FREDDIE MAC POOL RC1421 DTD 5/1/2020 2.50000% DUE 6/1/2035	3133L7SJ7 2.73%	91.577	Level2			
	17,172.5520	15,726.11	0.06%	91.09 35.78	15,643.12 15,936.47	82.99 -210.36
FREDDIE MAC POOL RA2970 DTD 6/1/2020 2.50000% DUE 7/1/2050	3133KJJJP8 3.03%	82.400	Level2			

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
	61,642.7700	50,793.64	0.20%	83.23 128.42	51,307.97 52,713.83	-514.33 -1,920.19
FREDDIE MAC POOL SD8090 DTD 8/1/2020 2.00000% 8/1/2050	3132DV7B5 2.55%	78.576	Level2			
	43,602.8656	34,261.39	0.13%	81.91 72.67	35,713.47 35,713.47	-1,452.08 -1,452.08
FREDDIE MAC POOL RB5126 DTD 8/1/2021 2.50000% DUE 9/1/2041	3133KYVT3 2.92%	85.517	Level2			
	25,207.9643	21,557.09	0.08%	86.53 52.52	21,812.76 21,812.76	-255.67 -255.67
FREDDIE MAC POOL SD3669 DTD 8/1/2023 5.50000% DUE 9/1/2053	3132E0CE0 5.50%	100.044	Level2			
	14,352.5139	14,358.83	0.06%	100.78 65.78	14,464.65 14,464.65	-105.82 -105.82
FREDDIE MAC POOL SD6260 DTD 8/1/2024 5.00000% DUE 9/1/2054	3132DT5V8 5.16%	96.919	Level2			
	29,435.5881	28,528.68	0.11%	100.85 122.65	29,686.25 29,686.25	-1,157.57 -1,157.57
FREDDIE MAC POOL SD6046 DTD 8/1/2024 6.00000% DUE 8/1/2054	3132DTWF3 5.94%	101.036	Level2			
	34,286.7721	34,641.98	0.13%	101.47 171.43	34,790.36 34,790.36	-148.38 -148.38
FREDDIE MAC GOLD POOL J37949 DTD 11/1/2017 3.00000% DUE 11/1/2032	31307UZN1 3.15%	95.341	Level2			

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
	2,195.7853	2,093.48	0.01%	99.38 5.49	2,182.10 2,099.88	-88.62 -6.40
FREDDIE MAC GOLD POOL J25557 DTD 09/01/13 3.50% DUE 09/01/28	31307EE67 3.57%	98.095	Level2			
	3,575.6988	3,507.58	0.01%	105.27 10.43	3,764.20 3,495.42	-256.62 12.16
GOVERNMENT NATL MTG ASSN POOL 723248 DTD 10/01/09 5.00% DUE 10/15/39	3620A9P96 5.01%	99.833	Level2			
	7,049.3710	7,037.60	0.03%	111.76 29.37	7,878.16 7,111.32	-840.56 -73.72
GOVERNMENT NATL MTG ASSN POOL 783403 DTD 09/01/11 3.50% DUE 09/15/41	36241LX84 3.81%	91.835	Level2			
	6,797.9916	6,242.94	0.02%	105.25 19.83	7,154.90 6,404.80	-911.96 -161.86
GOVERNMENT NATL MTG ASSN II POOL MA7829 DTD 1/1/2022 3.50000% DUE 1/20/2052	36179WW5 3.91%	89.530	Level2			
	19,590.5325	17,539.40	0.07%	91.41 57.14	17,906.95 18,232.52	-367.55 -693.12
GOVERNMENT NATL MTG ASSN II POOL MA7705 DTD 11/1/2021 2.50000% DUE 11/20/2051	36179WR26 2.99%	83.570	Level2			
	57,706.7925	48,225.57	0.19%	85.28 120.22	49,213.06 50,458.80	-987.49 -2,233.23

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
GOVERNMENT NATL MTG ASSN II POOL MA7768 DTD 12/1/2021 3.00000% DUE 12/20/2051	36179WTZ1 3.46%	86.819	Level2			
	113,917.4850	98,902.02	0.38%	87.97 284.79	100,211.79 103,111.28	-1,309.77 -4,209.26
GOVERNMENT NATL MTG ASSN II POOL MA8800 DTD 4/1/2023 5.00000% DUE 4/20/2053	36179XX50 5.14%	97.220	Level2			
	101,534.5994	98,711.94	0.38%	97.94 423.06	99,440.45 100,866.49	-728.51 -2,154.55
GOVERNMENT NATL MTG ASSN II POOL MA9017 DTD 7/1/2023 5.50000% DUE 7/20/2053	36179YAS3 5.53%	99.418	Level2			
	30,182.7768	30,007.11	0.12%	99.94 138.34	30,163.92 30,404.93	-156.81 -397.82
GOVERNMENT NATL MTG ASSN II POOL MA8268 DTD 9/1/2022 4.50000% DUE 9/20/2052	36179XFH4 4.75%	94.721	Level2			
	68,247.8720	64,645.07	0.25%	97.41 255.93	66,477.69 66,618.11	-1,832.62 -1,973.04
Total Government Mortgage Back		1,635,416.62	6.32%	N/A 5,853.38	1,657,627.14 1,676,751.02	-22,210.52 -41,334.40
Treasuries						
UNITED STATES TREAS BDS DTD 2/15/2024 4.50000% DUE 2/15/2044	912810TZ1 4.71%	95.447	Level2			
	110,000.0000	104,991.70	0.41%	101.02 1,869.70	111,121.94 111,121.94	-6,130.24 -6,130.24

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
UNITED STATES TREAS BDS DTD 5/15/2024 4.62500% DUE 5/15/2054	912810UA4 4.76%	97.160	Level2			
	50,000.0000	48,580.00	0.19%	102.04 300.24	51,019.81 51,019.81	-2,439.81 -2,439.81
UNITED STATES TREAS NTS DTD 2/15/2022 1.50000% DUE 2/15/2025	91282CDZ1 1.51%	99.650	Level2			
	270,000.0000	269,055.00	1.04%	99.37 1,529.76	268,305.47 268,305.47	749.53 749.53
UNITED STATES TREAS NTS DTD 4/30/2024 4.87500% DUE 4/30/2026	91282CKK6 4.84%	100.777	Level2			
	245,000.0000	246,903.65	0.95%	100.28 2,045.61	245,678.52 245,678.52	1,225.13 1,225.13
UNITED STATES TREAS NTS DTD 4/30/2024 4.62500% DUE 4/30/2029	91282CKP5 4.58%	100.958	Level2			
	120,000.0000	121,149.60	0.47%	100.95 950.55	121,141.18 121,141.18	8.42 8.42
UNITED STATES TREAS NTS DTD 4/30/2024 4.62500% DUE 4/30/2031	91282CKN0 4.59%	100.845	Level2			
	30,000.0000	30,253.50	0.12%	103.75 237.64	31,124.22 31,124.22	-870.72 -870.72
UNITED STATES TREAS NTS DTD 5/15/2024 4.37500% DUE 5/15/2034	91282CKQ3 4.44%	98.463	Level2			
	255,000.0000	251,080.65	0.97%	101.46 1,448.46	258,713.66 258,713.66	-7,633.01 -7,633.01

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915
PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Total Treasuries		1,072,014.10	4.14%	N/A 8,381.96	1,087,104.80 1,087,104.80	-15,090.70 -15,090.70
Mutual Funds						
LOOMIS SAYLES BOND FUND OPEN-END FUND INSTL CL	543495840 5.51%	11.750	Level2			
	104,086.8910	1,223,020.97	4.72%	13.04 0.00	1,357,175.23 1,211,693.27	-134,154.26 11,327.70
Total Mutual Funds		1,223,020.97	4.72%	N/A 0.00	1,357,175.23 1,211,693.27	-134,154.26 11,327.70
Non-US Corporate Bonds						
BP CAPITAL MARKETS PLC FGN SR BD DTD 3/1/2024 6.45000%	05565QDW5 6.28%	102.731	Level2			
	25,000.0000	25,682.75	0.10%	100.30 537.50	25,075.00 25,075.00	607.75 607.75
ENBRIDGE INC FGN SR BD DTD 6/27/2024 7.20000% DUE 6/27/2054	29250NCF0 7.00%	102.793	Level2			
	20,000.0000	20,558.60	0.08%	100.00 16.00	20,000.00 20,000.00	558.60 558.60
ENBRIDGE INC FGN SR BD DTD 6/27/2024 7.37500% DUE 3/15/2055	29250NCG8 7.10%	103.840	Level2			
	45,000.0000	46,728.00	0.18%	100.00 977.19	45,000.00 45,000.00	1,728.00 1,728.00
NATIONAL GRID PLC FGN SR NT DTD 6/12/2023 5.80900% DUE 6/12/2033	636274AE2 5.70%	101.999	Level2			

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915

PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
	10,000.0000	10,199.90	0.04%	101.69 30.66	10,168.50 10,507.60	31.40 -307.70
ROGERS COMMUNICATIONS INC FGN SR BD DTD 2/8/2018 4.30000% DUE 2/15/2048	775109BG5 5.50%	78.172	Level2			
	25,000.0000	19,543.00	0.08%	78.79 406.11	19,697.75 20,839.50	-154.75 -1,296.50
Total Non-US Corporate Bonds		122,712.25	0.47%	N/A 1,967.46	119,941.25 121,422.10	2,771.00 1,290.15
Total Fixed Income		4,945,058.82	19.10%	N/A 25,228.23	5,112,248.02 4,998,189.46	-167,189.20 -53,130.64
Real Assets						
Common/Collective Funds						
ARA CORE PROPERTY FUND	998161723 0.00%	119,596.150	Level3			
	16.9369	2,025,588.03	7.83%	119,838.58 0.00	2,029,693.99 2,131,986.76	-4,105.96 -106,398.73
Total Common/Collective Funds		2,025,588.03	7.83%	N/A 0.00	2,029,693.99 2,131,986.76	-4,105.96 -106,398.73
Total Real Assets		2,025,588.03	7.83%	N/A 0.00	2,029,693.99 2,131,986.76	-4,105.96 -106,398.73
Cash and Cash Equivalents						
Money Market Funds						
FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	3140000V3 4.34%	1.000	Level n/a			
	9,509.2700	9,509.27	0.04%	1.00 35.73	9,509.27 9,509.27	0.00 0.00
	9,261.9400	9,261.94	0.04%	1.00 97.12	9,261.94 9,261.94	0.00 0.00
	97,627.2100	97,627.21	0.38%	1.00 366.95	97,627.21 97,627.21	0.00 0.00

TEAMSTERS LOCAL UNION NO. 73 PENSION PLAN

EMPLOYER NO. 51-0149915
PLAN NO. 001

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024



Account Statement

TEAMSTERS LOC 73 PENSION CONSOL
January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)						Base Currency: USD
Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Total for Asset	6,604,117.4000	6,604,117.40	25.51%	1.00	6,604,117.40	0.00
				24,909.80	6,604,117.40	0.00
	6,720,515.8200	6,720,515.82	25.99%	1.00	6,720,515.82	0.00
				25,409.60	6,720,515.82	0.00
Total Money Market Funds		6,720,515.82	25.96%	N/A	6,720,515.82	0.00
				25,409.60	6,720,515.82	0.00

Schedule MB – Statement by Enrolled Actuary

Plan Sponsor: Trustees of the Teamsters Local Union No. 73 Pension Plan
EIN: 51-0149915
Plan Number: 001
Plan Name: Teamsters Local Union No. 73 Pension Plan (the “Plan”)
Valuation Date: January 1, 2024
Enrolled Actuary: Paul B. Dunlap
Enrollment Number: 23-07966

Actuarial assumptions: The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary’s best estimate of anticipated experience under the Plan.

Census data and financial information: The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the plan’s auditor.

The enrolled actuary has not made a rigorous check of the accuracy of this information but has reviewed it and concluded it to be reasonable for the purpose of this actuarial valuation. The amounts of contributions shown in Line 3 of Schedule MB were listed in reliance on information provided by the plan administrator and/or the plan’s auditor.

Attached as separate exhibits are:

- Line 4b – Illustration Supporting Actuarial Certification of Status
- Line 4c – Documentation Regarding Progress Under Rehabilitation Plan
- Line 4f – Cash Flow Projections
- Line 6 – Statement of Assumptions/Methods
- Line 6 – Summary of Plan Provisions
- Line 8b(2) – Schedule of Active Participant Data
- Lines 9c and 9h – Schedule of Funding Standard Account Bases
- Line 11 – Justification for Change in Actuarial Assumptions



Schedule MB, Line 4b

Illustration of Supporting Actuarial Certification of Status

Form 15315 (February 2024)	Department of the Treasury - Internal Revenue Service Annual Certification for Multiemployer Defined Benefit Plans	OMB Number 1545-2111	
This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3) Complete all entries in accordance with the instructions			
For calendar plan year <u>2024</u> or fiscal plan year beginning _____ and ending _____			
Part I – Basic Plan Information			
1a. Name of plan Teamsters Local Union No. 73 Pension Plan		1b. Three-digit plan number (PN) 001	
1c. Plan sponsor's name Trustees of Teamsters Local Union No.73 Pension Plan		1d. Employer identification number (EIN) 51-0149915	
1e. Plan sponsor's telephone number (440) 243 0663	1f. Plan sponsor's address, city, state, ZIP code 6051 Carey Drive, Valley View, OH, 44125-4259		
Part II – Plan Actuary's Information			
2a. Plan actuary's name Paul B. Dunlap	2b. Plan actuary's firm name Horizon Actuarial Services, LLC		
2c. Plan actuary's firm address, city, state, ZIP code 8601 Georgia Avenue, Ste 905, Silver Spring, MD, 20910			
2d. Plan actuary's enrollment number 23-07966	2e. Plan actuary's telephone number (240) 247-4600		
Part III – Plan Status			
3. Check the appropriate box to indicate the plan's IRC Section 432 status			
☐ Neither endangered nor critical ☐ Not endangered due to special rule in IRC Section 432(b)(5)			
☐ Endangered ☐ Critical due to election under IRC Section 432(b)(4)			
☐ Seriously endangered ☐ Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)			
☒ Critical			
☐ Critical and declining			
Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan			
4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)			
	Yes	No	N/A
Funding Improvement Plan	☐	☐	☐
Rehabilitation Plan	☒	☐	☐
Part V – Sign Here			
Statement by Enrolled Actuary			
To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.			
Actuary's signature 		Date 4/1/2024	



Schedule MB, Line 4b

Illustration of Supporting Actuarial Certification of Status

As indicated on line 4b, the Plan was certified to be in critical status under the Pension Protection Act of 2006 ("PPA") for the plan year beginning January 1, 2024. The following exhibits from the actuarial certification report show the key measures used in determining the Plan's status.

Critical Status Tests

Section 432(b)(2): Critical Status

Plan Year Beginning January 1, 2024

Section 432(b)(2)(A) measures:

Funded percentage [threshold = 65.0%] 88.1%

First projected date of insolvency within current or next six plan years None

Section 432(b)(2)(B) measures:

Funded percentage [threshold = 65.0%] 88.1%

First projected funding deficiency within current or next three plan years 12/31/2024

Disregarding extensions of amortization periods under section 431(d)

Section 432(b)(2)(C) measures:

Normal cost (unit credit cost method, with interest to end of plan year) \$ 245,174

Interest on unfunded actuarial accrued liability to end of plan year 169,546

Expected contributions during plan year (with interest to end of plan year) 171,257

Present value of non-forfeitable benefits for active participants 5,665,752

Present value of non-forfeitable benefits for inactive participants 18,960,602

First projected funding deficiency within current or next four plan years 12/31/2024

Disregarding extensions of amortization periods under section 431(d)

Section 432(b)(2)(D) measures:

First projected date of insolvency within current or next four plan years None

Section 432(e)(4)(B) measures:

First projected funding deficiency within current or next nine plan years 12/31/2024

Reflecting extensions of amortization periods under section 431(d), if any

First date of insolvency within any of the 30 succeeding plan years None

Reflecting contribution rates in current collective bargaining agreement(s)

Schedule MB, Line 4c

Documentation Regarding Progress Under Rehabilitation Plan

The Plan was originally certified in critical status for the plan year beginning January 1, 2015, and the Board of Trustees adopted a Rehabilitation Plan on November 4, 2015, as required under section 432(e). The Plan's rehabilitation period, as defined under section 432(e)(4), began on January 1, 2017. The Rehabilitation Plan was amended in 2023 to add an additional schedule, which was subsequently adopted by one employer.

Each of the Plan's employers has adopted and is in compliance with a schedule provided under the Rehabilitation Plan, and the adopted schedules forestall the Plan's projected insolvency. Based on this, the Plan is making scheduled progress under its Rehabilitation Plan.



Schedule MB, Line 4f

Cash Flow Projections

Section 432(b)(6): Critical and Declining Status

Plan Year Beginning January 1, 2024

Certification status	Critical
Number of inactive participants	448
Number of active participants	59
Ratio of inactive participants to active participants	7.6
Funded percentage (threshold = 80.0%)	88.1%

Solvency projection period (years)	Current and next 19 years
Projected date of insolvency	None

	Plan Year Ending	Employer Contributions	Benefit Payments	Operating Expenses	Net Investment Return	Ending Market Value of Assets
PY	12/31/2023	\$ 170,604	\$ (1,621,131)	\$ (196,145)	\$ 1,996,880	\$ 17,922,519
CY	12/31/2024	165,666	(446,320)	(47,399)	1,198,698	18,793,164
1	12/31/2025	165,666	-	-	1,274,130	20,232,960
2	12/31/2026	165,666	-	-	1,371,316	21,769,942
3	12/31/2027	165,666	-	-	1,475,062	23,410,670
4	12/31/2028	165,666	(1,389,595)	(205,222)	1,531,986	23,513,505
5	12/31/2029	165,666	(1,873,361)	(209,327)	1,522,462	23,118,945
6	12/31/2030	165,666	(1,837,873)	(213,513)	1,496,886	22,730,111
7	12/31/2031	165,666	(1,795,643)	(217,783)	1,471,921	22,354,272
8	12/31/2032	165,666	(1,753,150)	(222,139)	1,447,839	21,992,488
9	12/31/2033	165,666	(1,715,282)	(226,582)	1,424,546	21,640,836
10	12/31/2034	165,666	(1,676,984)	(231,113)	1,401,950	21,300,355
11	12/31/2035	165,666	(1,632,374)	(235,735)	1,380,317	20,978,229
12	12/31/2036	165,666	(1,576,080)	(240,450)	1,360,314	20,687,679
13	12/31/2037	165,666	(1,519,411)	(245,259)	1,342,452	20,431,127
14	12/31/2038	165,666	(1,465,496)	(250,164)	1,326,789	20,207,922
15	12/31/2039	165,666	(1,413,422)	(255,167)	1,313,311	20,018,310
16	12/31/2040	165,666	(1,364,291)	(260,271)	1,301,998	19,861,412
17	12/31/2041	165,666	(1,308,720)	(265,476)	1,293,108	19,745,990
18	12/31/2042	165,666	(1,252,103)	(270,786)	1,287,048	19,675,815
19	12/31/2043	165,666	(1,193,502)	(276,202)	1,284,106	19,655,883

Special Financial Assistance Account

	Plan Year Ending	SFA Received	Benefit Payments	Operating Expenses	Return	Ending SFA Account
CY	12/31/2024	7,517,017	(1,338,959)	(142,196)	203,293	6,239,156
1	12/31/2025	-	(1,829,420)	(193,386)	209,110	4,425,460
2	12/31/2026	-	(1,859,990)	(197,253)	135,874	2,504,091
3	12/31/2027	-	(1,868,884)	(201,198)	58,762	492,771
4	12/31/2028	-	(492,771)	-	-	-

"PY" = preceding plan year; "CY" = current plan year

The assumptions used are the same as those used in the 2024 Actuarial Certification of Status.



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

Plan Name	Teamsters Local Union No. 73 Pension Plan
Plan Sponsor	Trustees of the Teamsters Local Union No. 73 Pension Plan
EIN / PN	51-0149915/001
Interest Rates	6.75% per annum, compounded annually, net of investment expenses for determining costs and liabilities. This interest rate assumption, used for purposes of the ERISA funding valuation and ASC 960 accounting disclosure, is a reasonable estimate of the net investment return for the Plan assets over the long term. This assumption was developed based on our professional judgement, the investment policy and asset allocation for the Plan (as set by the plan sponsor) and considers the results of the current and prior editions of the Survey of Capital Market Assumptions by Horizon Actuarial Services, LLC. The highest rate within the IRS allowable range for determining Current Liability, which is 3.29% per annum as of January 1, 2024.
Operating Expenses	Expenses are assumed to be \$180,000 assumed payable at the beginning of the year. Investment related fees are not included in assumed operating expenses. Expected expenses are based on actual prior and anticipated future experience.
Hours Worked	For the purpose of projecting future benefit accruals, it is assumed that each active participant will work 1,800 hours.
Active Participant	For valuation purposes, an active participant is a participant who is employed as of the valuation date.
Late Retirement	Inactive vested participants beyond Normal Retirement Age are assumed to receive a retroactive lump sum with 4% interest back to their Normal Retirement Age. Inactive vested participants age 75 or older as of the valuation date are assumed to be deceased. Active participants retiring after Normal Retirement Age are assumed to have had their benefits suspended.



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

Mortality

Non-Disabled Participants and Beneficiaries:

The Pri-2012 Non-Disabled Mortality Tables with Blue Collar Adjustment projected generationally with the improvement scale MP-2021.

Disabled Participants:

The Pri-2012 Disabled Annuitants Mortality Table projected generationally with the improvement scale MP-2021.

The mortality assumptions were chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Retirement Age

Active participants:

Retirement Rates

Age	Rate
55 to 59	8%
60 to 64	12%
65+	100%

Inactive vested participants: Assumed to retire at Normal Retirement Age.

The retirement rates are based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgement. As part of the analysis, a comparison was made between the actual and assumed number of retirements over the past several years.

The weighted average retirement age for active participants is age 64. This average is based on the active population in the current valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Disability

None Assumed.

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

Withdrawal Illustrations of the annual rates of withdrawal (for reasons other than mortality) are shown in the table below for selected ages:

Representative Withdrawal Rates

Age	Rate
25	11.62%
30	11.20%
35	10.55%
40	9.40%
45	7.54%
50	5.73%
55	3.53%
60	4.66%
65+	0.00%

The withdrawal rates are based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgement. As part of the analysis, a comparison was made between the actual and assumed number of retirements over the past several years.

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

Form of Payment *Non-Married Participants:* Assumed to elect a Single Life Annuity
Married Participants: Assumed to elect a Qualified Joint and 50% Survivor Annuity.

Marriage 80% of non-retired participants are assumed to be married.

Spouse Ages Male spouses are assumed to be 3 years older than their female counterparts.

Cost Method The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

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

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

<i>Participant Data</i>	Participant census data as of January 1, 2024 was provided by the Fund Office.
--------------------------------	--

<i>Missing or Incomplete Participant Data</i>	Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.
--	--

<i>Financial Information</i>	Financial information was provided by the Fund's auditor.
-------------------------------------	---

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

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

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

<i>Unfunded Vested Benefits for Employer Withdrawals</i>	Valued using an interest rate of 6.75% per annum (same as fund earnings assumption used to determine other plan costs and liabilities), and the market value of assets. The Present Value of Vested Benefits is adjusted to include the projected present value of 10 years of future operating expenses.
---	--

<i>Changes in Assumptions</i>	The interest rate and mortality table used to determine RPA '94 current liability were updated in accordance with the change in the IRS prescribed rates.
--------------------------------------	---

Schedule MB, Line 6 – Summary of Plan Provisions

Plan Name Teamsters Local Union No. 73 Pension Plan

Plan Sponsor Trustees of the Teamsters Local Union No. 73 Pension Plan

EIN / PN 51-0149915/001

Effective Date and Most Recent Amendment The original effective date of the Plan is March 12, 1969.
The most recent amendment to the Plan is effective January 1, 2024.

Plan Year The twelve-month period beginning January 1 and ending December 31.

Employers A participating Employer is any person or entity that has been accepted for participation in the Plan and that is required to contribute to the Plan pursuant to a collective bargaining agreement or participation agreement.

Participants An employee is eligible to become a participant on the date upon completion of one year of employment and accumulation of one thousand hours of service.

Credited Service Future credited service will be granted according to the illustration below:

Hours in Covered Service During Plan Year	Future Credited Service
1,800 or more	1
1,650 – 1,799	11/12
1,500 – 1,649	10/12
1,350 – 1,499	9/12
1,200 – 1,349	8/12
1,050 – 1,199	7/12
900 – 1,049	6/12
750 – 899	5/12
600 – 749	4/12
Less than 600	0

Vesting Service One year of vesting service is credited for 1,000 or more hours worked in a plan year.



Schedule MB, Line 6 – Summary of Plan Provisions

Normal Retirement Age

For participants who have not worked an hour of service after December 31, 1997, Normal Retirement Age is the later of:

- a) Age 65
- b) The completion of 5 years of credited service

For participants who have worked an hour of service after December 31, 1997, Normal Retirement Age is the later of:

- a) For benefits earned before the Rehabilitation Plan Effective Date:
 - (i) Age 62
 - (ii) The completion of 5 years of vesting service
- b) For benefits earned on and after the Rehabilitation Plan Effective Date:
 - (i) Age 65

The completion of 5 years of vesting service

Break-In-Service

One-Year Break: Fewer than 500 hours during the plan year.

Permanent Break: 5 consecutive one-year breaks for non-vested participants.

Normal Pension Eligibility

A participant becomes eligible for the Normal Retirement benefit on the first day of the month coincident with or following the date the participant attains Normal Retirement Age.

Normal Pension – Amount of Benefit

A monthly benefit in the Normal Form of Annuity equal to the Normal Retirement Benefit at Normal Retirement Date.



Schedule MB, Line 6 – Summary of Plan Provisions

Normal Retirement Benefit

For accruals after January 1, 2000 and before the Rehabilitation Plan Effective Date (1/1/2017 for Ferrotherm and 1/1/2016 for Supply One), the monthly Normal Retirement Benefit will be paid in accordance with the table below:

Employer	Monthly Benefit Payable with 25 years of Credited Service	Additional Monthly Benefit Per Additional Year of Credited service 26-35 years
Supply One, Inc. (For Credited Service after 12/31/2006)	\$1,500.00	\$80.00
Supply One, Inc. (For Credited Service prior to 12/31/2006)	\$1,067.00	\$56.00
Ferrotherm Corp.	\$1,343.00	\$71.00

Participants will receive a pro-rated benefit if credited service is less than 25 years at retirement.

For years beginning with the Rehabilitation Plan effective date, the benefit accrual rate is \$45 per month per year of Credited Service.

Effective January 1, 2024, if an employer's contribution rate is not increased from the rate in effect before the Rehabilitation Plan, the accrual rate for the employer was reduced from \$45 per year of Credited Service to \$18 per year of Credited Service. This change was effective for employees of Ferrotherm on January 1, 2024.

Early Retirement Pension - Eligibility Age 55 and 5 years of Vesting Service.

Early Retirement Pension – Amount of Benefit The calculated Regular Pension reduced by 0.6% for each month by which the early retirement date precedes the participant's normal retirement date.

Disability Pension – Amount of Benefit Effective January 1, 2017, no disability benefit is available.



Schedule MB, Line 6 – Summary of Plan Provisions

Vested Benefit A Participant's benefits become 100% vested upon earning 5 years of Vesting Service.

The benefit payable for a vested pension is equal to the benefit payable for a Normal or Early Retirement Pension with the same number of years of Credited Service.

Late Retirement The Plan provides the Participant with notice and the right to elect to suspend benefit payments after Normal Retirement Age, and does not actuarially increase the benefits payable to participants who retire after they reach Normal Retirement Age. For inactive vested participants who retire after Normal Retirement Age and whose benefits were not suspended, benefits are paid retroactive to Normal Retirement Age.

***Pre-Retirement
Death Benefit*** *Spouse's Benefit*

If a deceased married participant had not retired but had met service requirement for Early or Normal Pension, his spouse receives a survivor's annuity. The survivor's annuity is payable for life, commencing when the participant would have reached the earliest eligible age for Early Retirement Pension. The monthly amount is the survivor's portion of the Early Retirement Pension earned through the date of death based on a 50% Joint and Survivor Annuity.

***Forms of
Payment*** *Normal Form*

For married participants, retirement benefits are paid in the form of a 50% Joint and Survivor Annuity unless this form is rejected by a Participant and his or her spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor form.

If the 50% Joint and Survivor Annuity is rejected or if the Participant is not married, benefits are payable as a Life Annuity.

Optional Forms

- (a) 75% Joint and Survivor Annuity
- (b) 100% Joint and Survivor Annuity
- (c) 10 Year Certain and Life Annuity
- (d) 5 Year Certain and Life Annuity



Schedule MB, Line 6 – Summary of Plan Provisions

<i>Actuarial Equivalence</i>	Benefits are converted from the amount payable as a single life annuity based on 7% interest and 1984 unisex mortality table with a 4-year set back. For purposes of determining the lump sum to be paid to a participant with a Retroactive Annuity Starting Date, the interest rate is 4%.
<i>Contribution Rates</i>	\$1.03 per hour for Ferrotherm Corp. \$2.51 per hour for Supply One
<i>Rehabilitation Plan Effective Date</i>	January 1, 2017 for Ferrotherm Corp. January 1, 2016 for Supply One
<i>Change in Plan Provisions</i>	Effective January 1, 2024, the accrual rate for employees of Ferrotherm was reduced from \$45 per month per year of Credited Service to \$18 per month per year of Credited Service.



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

Age	Years of Vesting Service										Total
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	1	-	-	-	-	-	-	-	-	-	1
25 - 29	1	1	-	-	-	-	-	-	-	-	2
30 - 34	2	2	1	-	-	-	-	-	-	-	5
35 - 39	-	1	2	2	-	-	-	-	-	-	5
40 - 44	-	-	1	1	2	-	1	-	-	-	5
45 - 49	1	-	1	1	1	-	-	-	-	-	4
50 - 54	1	-	-	2	-	-	1	-	-	-	4
55 - 59	-	1	-	2	1	1	1	-	3	-	9
60 - 64	2	-	1	3	-	4	5	2	4	-	21
65 - 69	1	1	-	1	1	-	1	-	1	-	6
70 +	-	-	-	-	-	-	-	-	-	1	1
Total	9	6	6	12	5	5	9	2	8	1	63



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

Charges

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024		Annual Payment
				Period	Balance	
Amendment	1/1/1997	30.00	\$ 392,316	3.00	\$ 82,544	\$ 29,329
Amendment	1/1/1998	30.00	1,953,079	4.00	529,983	145,745
Amendment	1/1/1999	30.00	1,084,327	5.00	355,907	80,770
Assumption	1/1/1999	30.00	329,904	5.00	108,282	24,575
Amendment	1/1/2000	30.00	2,175,954	6.00	830,426	161,946
Exper Loss	1/1/2001	30.00	37,030	7.00	15,983	2,753
Exper Loss	1/1/2002	30.00	174,564	8.00	83,489	12,971
Exper Loss	1/1/2004	30.00	24,812	10.00	13,962	1,840
Exper Loss	1/1/2012	15.00	176,237	3.00	50,421	17,918
Exper Loss	1/1/2013	15.00	399,848	4.00	147,684	40,615
Exper Loss	1/1/2015	15.00	386,761	6.00	201,095	39,218
Exper Loss	1/1/2016	15.00	846,628	7.00	497,807	85,777
Assumption	1/1/2016	15.00	156	7.00	90	16
Exper Loss	1/1/2017	15.00	470,503	8.00	306,579	47,631
Assumption	1/1/2017	15.00	1,662,776	8.00	1,083,470	168,329
Exper Loss	1/1/2019	15.00	90,371	10.00	69,393	9,149
Assumption	1/1/2022	15.00	461,221	13.00	422,537	46,691
Total Charges					\$ 4,799,652	\$ 915,273

Credits

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024		Annual Payment
				Period	Balance	
Combined	1/1/2011	15.00	\$ 48,951	2.00	\$ 9,644	\$ 4,982
Exper Gain	1/1/2014	15.00	207,991	5.00	93,014	21,108
Amendment	1/1/2016	15.00	54,626	7.00	32,123	5,534
Amendment	1/1/2017	15.00	168,609	8.00	109,865	17,069
Assumption	1/1/2018	15.00	1,141,481	9.00	812,315	115,557
Exper Gain	1/1/2018	15.00	137,806	9.00	98,067	13,951
Exper Gain	1/1/2020	15.00	622,163	11.00	510,515	62,984
Exper Gain	1/1/2021	15.00	1,135,793	12.00	988,025	114,981
Exper Gain	1/1/2022	15.00	1,269,416	13.00	1,162,946	128,508
Exper Gain	1/1/2023	15.00	13,060	14.00	12,530	1,322
Exper Gain	1/1/2024	15.00	379,326	15.00	379,326	38,401
Total Credits					\$ 4,208,370	\$ 524,397
Net Total					\$ 591,282	\$ 390,876



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

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

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit base

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

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



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

**STATEMENT OF REHABILITATION PLAN
FOR 2015**

I. Introduction

As required under the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended by the Pension Protection Act of 2006 ("PPA"), on March 31, 2015, the actuary of the Teamsters Union Local No. 73 Pension Plan (the "Fund") certified that the Fund was in Endangered status for 2015. In addition, he projected the Fund to be in Critical status within the following five plan years. As a consequence, the Board of Trustees of the Teamsters Union Local No. 73 Pension Plan (the "Trustees") elected to be in Critical status for the plan year beginning January 1, 2015.

Once the Fund was certified to be in Critical status, the Board of Trustees sent a Notice of Critical status to interested parties informing them, in part, that: (1) the Fund is in Critical status for the 2015 plan year; (2) that certain adjustable benefits might be reduced or removed; (3) that employers participating in the Fund ("Employers") would be obligated to pay a 5% contribution surcharge to the Fund during the initial Critical year; and (4) that the 5% surcharge would increase to 10% in subsequent years.

The 5% contribution surcharge became effective with respect to contributions owed for work performed on and after May 1, 2015. It will continue until the earliest of: (1) the date the Fund emerges from Critical status; (2) the date the Employer enters into a new collective bargaining agreement ("CBA") with Teamsters Union Local 73 (the "Union") based on this Rehabilitation Plan and the attached schedules, as amended from time to time; or (3) the date the Default schedule described below becomes effective with respect to the Employer as a result of the bargaining parties failing to agree on the schedule to be applied.

Under ERISA, the Fund generally will be considered to have emerged from Critical status when the Fund actuary certifies that the Fund is not projected to have an accumulated funding deficiency for a plan year or any of the next nine plan years, using specified actuarial assumptions and that the criteria that caused its Critical status has been corrected.

The Fund is supposed to emerge from Critical status by the end of its Rehabilitation Period. The Fund's Rehabilitation Period will begin on January 1, 2017, and will end ten years later on December 31, 2026.

This Rehabilitation Plan, and the attached schedule which implements it, are based on Fund information as of January 1, 2015 and on reasonable assumptions about how the Fund's assets and liabilities will change in the coming years, particularly as a result of changes in the Fund's investment returns, which are dependent on financial markets.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

More specifically, the assumptions used for these projections were the same as those used in the January 1, 2014 actuarial valuation of the Fund. In addition, based on the advice of the Board of Trustees an assumption regarding the future level of work was added. This assumption is not necessary to perform the annual actuarial valuation.

The Teamsters Union Local No. 73 Pension Plan 2015 Rehabilitation Plan and the schedule that implements it will apply to all Collective Bargaining Agreements adopted after its effective date November 25, 2015. As required under law, each year after it is adopted this Rehabilitation Plan will be reviewed. If necessary, the schedules implementing it will be revised to make sure that adequate progress is being made in achieving its goals.

Any revised schedules will not affect any Collective Bargaining Agreement that has previously been negotiated under the Rehabilitation Plan, unless specified in such agreement. The Board of Trustees has the sole discretion to amend and construe this Rehabilitation Plan, including the schedules.

II. The Rehabilitation Plan

The Teamsters Union Local No. 73 Pension Plan 2015 Rehabilitation Plan was adopted by its Board of Trustees at its November 04, 2015 Board meeting. It also includes a Default Option.

The Default Option is triggered if the Union and an Employer cannot reach an agreement regarding the benefit level and contribution rate that will apply prospectively to the Employer's participating Employees. The Default Option becomes effective on the earlier of the date that the Secretary of Labor declares that the bargaining is at an impasse or 180 days after the expiration of the collective bargaining agreement.

The general intent of the Teamsters Union Local No. 73 Pension Plan 2015 Rehabilitation Plan is to remove all adjustable benefits permitted under law. The adjustable benefits that will be removed are as follows:

Payment of a minimum of sixty months regardless of whether the participant is still alive (Instead benefits will only be paid while the participant is alive.).

Payment of disability benefits unless a participant already qualifies for these benefits before a new CBA is adopted.

Payment of the lump sum return of contributions (ROC) death benefit (50%, maximum \$2,500) for death before early retirement.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

For the various participant statuses the specific components and effective dates of the Rehabilitation Plan are as follows:

Actives:

The adjustable benefits changes are as follows:

- The ROC death benefit is removed.
- The sixty month guarantee is removed.
- Remove disability benefits.

In addition, in all CBA's implemented after the adoption of the Rehabilitation Plan one year of Credited Service will earn a benefit of \$45 per month with Normal Retirement Age at 65.

For current members of the bargaining unit, benefit accrual rates and contribution rates (including the 5%/10% surcharge) will remain unchanged and no adjustable benefits will be removed until a new CBA that reflects the requirements of this Rehabilitation Plan is adopted or the Default Option becomes operative. The features of the Default Option are the same as those of the standard Rehabilitation Plan.

Participants Who Are Not Part Of The Bargaining Union (i.e., vested terminated participants, participants receiving the normal retirement benefit, and participants receiving a disability retirement benefit):

Adjustable benefits will be removed after they have been given the required thirty day notice. The adjustable benefits that will be removed depend on participant's status in the Plan as follows:

Type Of Pension Benefit	Adjustable Benefits Changed As Follows
Vested Terminated Pension	No ROC Death Benefit No sixty month guaranteed payment
Non-Disability Retirement (i.e., normal retirement benefit)	No changes
Disability Retirement Benefit	No changes

Please Note: It is not expected that the Rehabilitation Plan will result in the Fund's exiting Critical status by the end of the Rehabilitation Period. Instead, it is expected that compliance with the requirements of PPA will be based on IRC §432(e)(3)(A), because the Trustees have taken all reasonable efforts to forestall insolvency.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

III. Schedules

The benefit schedules that implement this Rehabilitation Plan and which must be provided to the bargaining parties by December 24, 2015 are attached as Table 1 of this document.

TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

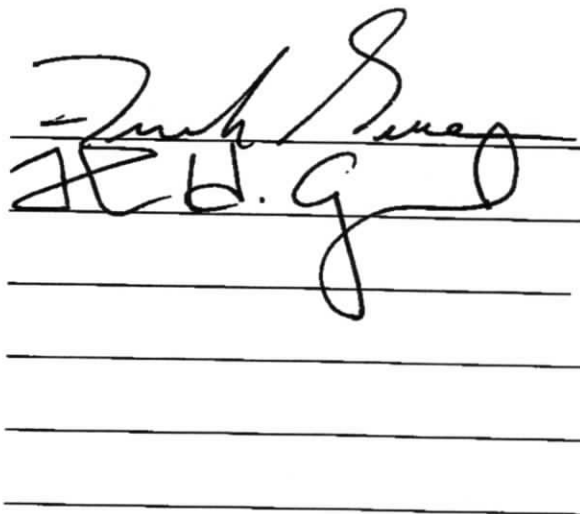
**RESOLUTION CONFIRMING ADOPTION OF REHABILITATION PLAN
FOR THE TEAMSTERS UNION LOCAL NO. 73 PENSION FUND'S
2015 REHABILITATION PLAN
FOR THE 2015 PLAN YEAR**

Whereas, pursuant to Section 305 of the Employee Retirement Income Security Act ("ERISA") as amended by the Pension Protection Act of 2006 ("PPA"), the Teamsters Union Local No. 73 Pension Fund ("Fund") was certified to be in Critical status for the plan year beginning January 1, 2015.

Whereas, the PPA requires pension plans in Critical status to adopt a Rehabilitation Plan aimed at restoring the financial health of the plan.

Now Therefore, this is to confirm that we, the Trustees of the Teamsters Union Local No. 73 Pension Fund have adopted the Rehabilitation Plan as described in the statement attached hereto, effective November 04, 2015, as reflected in the minutes of the Board meeting of that date.

Date: 3-16-16



TEAMSTERS UNION LOCAL NO. 73 PENSION PLAN

TABLE 1:REHABILITATION PLAN SCHEDULES

The features of the Default Option are the same as those of the Standard Rehabilitation Plan.

The hourly contribution rate is \$1.03 for all Employers.

For both the Standard Rehabilitation Plan and the Default Option:

The adjustable benefits that will be removed under this Rehabilitation Plan are as follows:

- Payment of a minimum of sixty months regardless of whether the participant is still alive (Instead benefits will only be paid while the participant is alive.).
- Payment of disability benefits unless a participant already qualifies for these benefits before a new CBA is adopted.
- Payment of the lump sum return of contributions (ROC) death benefit (50%, maximum \$2,500) for death before early retirement.

For the various participant statuses the specific components and effective dates of the Rehabilitation Plan are as follows:

Active Participants

The adjustable benefits changes are as follows:

The ROC death benefit is removed.

The sixty month guarantee is removed.

In addition, in all CBA's implemented after the adoption of the Rehabilitation Plan one year of Credited Service will earn a benefit of \$45 per month with Normal Retirement Age at 65.

For current members of the bargaining unit, benefit accrual rates and contribution rates (including the 5%/10% surcharge) will remain unchanged and no adjustable benefits will be removed until a new CBA that reflects the requirements of this Rehabilitation Plan is adopted or the Default Option becomes operative. The features of the Default Option are the same as those of the standard Rehabilitation Plan.

For participants that are not part of the bargaining unit, (vested terminated participants and participants receiving normal retirement or disability retirement benefits) adjustable benefits will be removed after they have been given the required thirty day notice. The adjustable benefits that will be removed depend on participant's status in the Plan as follows:

Vested Terminated Participants

No ROC death benefit

Remove sixty month guarantee

Participants in pay status

No changes for Disability and Non-Disability retirements.

Teamsters Local Union No. 73 Pension Plan

Schedule A to Rehabilitation Plan

Benefit Accruals: Benefit accruals shall remain \$45.00 per month per year of service after the adoption of the Schedule.

Contribution Increases: Upon adoption of the schedule, the employer's required contribution rate will increase by an amount depending upon the month and year of adoption, and on whether the increase occurs at one time or is phased in over three years, as shown in the following tables. If the increases are effective in three annual installments, the second and third installments will be effective on the first and second anniversary of the effective date of the first increase, respectively.

	Contribution Rate Increase – If One Time Increase			
	Year of Adoption			
Month of Adoption	2020	2021	2022	2023
January – March	Not Applicable	\$1.26	\$1.38	\$1.50
April – June	Not Applicable	\$1.29	\$1.41	\$1.53
July – September	\$1.20	\$1.32	\$1.44	\$1.56
October - December	\$1.23	\$1.35	\$1.47	\$1.59

	Annual Contribution Rate Increases – Each Year For 3 Years			
	Year of Adoption			
Month of Adoption	2020	2021	2022	2023
January – March	Not Applicable	\$0.46	\$0.50	\$0.55
April – June	Not Applicable	\$0.47	\$0.51	\$0.56
July – September	\$0.44	\$0.48	\$0.52	\$0.57
October - December	\$0.45	\$0.49	\$0.54	\$0.58

Teamsters Local Union No. 73 Pension Plan

Schedule B to Rehabilitation Plan

If the Employer's contribution rate is not increased from the rate in effect before the Rehabilitation Plan, the accrual rate for the Employer's employees shall be reduced from \$45.00 per month per year of service to \$18.00 per month per year of service. The \$18.00 rate shall be effective January 1, 2024.