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 10/01/2024 and ending 09/30/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TEAMSTERS LOCAL 830 PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1963

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TEAMSTERS LOCAL 830 PENSION PLAN

12298 TOWNSEND ROAD
PHILADELPHIA, PA 19154

2b Employer Identification Number (EIN) 23-1990755

2c Plan Sponsor's telephone number 215-969-1012

2d Business code (see instructions) 484110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/06/2026	DANIEL GRACE - UNION TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/08/2026	DOMINIC ORIGLIO - EMPLOYER TRUSTEE
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2273
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	375
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	375
b	Retired or separated participants receiving benefits	**6b**	1037
c	Other retired or separated participants entitled to future benefits	**6c**	521
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1933
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	314
f	Total. Add lines **6d** and **6e**.	**6f**	2247
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	10

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

1B

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

4L

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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 10/01/2024 and ending 09/30/2025

▶ **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 830 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
TEAMSTERS LOCAL 830 PENSION PLAN

D Employer Identification Number (EIN)
23-1990755

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 10 Day 01 Year 2024

b	Assets		
(1)	Current value of assets	**1b(1)**	176622566
(2)	Actuarial value of assets for funding standard account	**1b(2)**	178995913
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	179225619
(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)**	179225619
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)**	269393554
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	2750966
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	15856367
(3)	Expected plan disbursements for the plan year	**1d(3)**	15856367

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

Date

ANTHONY BERTOLOTTI

Type or print name of actuary

26-08756

Most recent enrollment number

KEYSTONE 74 BENEFITS AND ADMIN

Firm name

215-587-0700

Telephone number (including area code)

3031 WALTON ROAD, BUILDING B
PLYMOUTH MEETING, PA 19462

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**	176622566
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1345	158451457
(2) For terminated vested participants		550	53065911
(3) For active participants:			
(a) Non-vested benefits			1015753
(b) Vested benefits			56860433
(c) Total active		380	57876186
(4) Total		2275	269393554
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	65.56 %

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
04/01/2025	3860230	0			
04/01/2025	346782	0			
10/01/2025	140354	0			
			Totals ► **3(b)**	4347366	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 346782

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	99.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • 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**	

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**	3.85 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.50 %	7.50 %
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)**	4.79 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.7 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	12.9 %	
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)**	790000	
(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	3700677	389990

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	2210145

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)**	46953199		6815913
(2) Funding waivers	**9c(2)**			
(3) Certain bases for which the amortization period has been extended	**9c(3)**			
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	676954
e Total charges. Add lines 9a through 9d			**9e**	9703012
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	26310488
g Employer contributions. Total from column (b) of line 3			**9g**	4347366
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	20413005		3206871
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	2369145
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	33457963		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	64694058		
(3) FFL credit			**9j(3)**	
k (1) Waived funding deficiency			**9k(1)**	
(2) Other credits			**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	36233870
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	26530858
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	
(3) Total as of valuation date			**9o(3)**	
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [X] Yes [ ] No

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
TEAMSTERS LOCAL 830 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEAMSTERS LOCAL 830 PENSION PLAN

D Employer Identification Number (EIN)
23-1990755

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIRST EAGLE INVESTMENT MNGMT, LLC

57-1156902

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

BNY MELLON

25-6078093

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

CORBIN CAPITAL PARTNERS LP

30-0299433

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

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

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

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

BOYD WATERSON ASSETS MANAGEMENT LLC

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	199130	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PORTFOLIO ADVISORS, LLC

06-1487853

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 72	NONE	154608	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

HARDMAN JOHNSTON GLOBL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	116249	Yes [ ] No [X]	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)

INVESTMENT PERFORMANCE SERVICES

58-1645832

(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 51	NONE	100000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WEDGE CAPITAL MANAGEMENT

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	97819	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

SAMUEL J. KENISH

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	95293	Yes [ ] No [X]	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)

PRINCIPAL BANK

42-1520346

(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 50	NONE	74721	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	62913	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEYSTONE 74 BENEFITS AND ADMIN

3031 WALTON ROAD, BUILDING B
PLYMOUTH MEETING, PA 19462

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	46438	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)

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	44084	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INTERCONTINENTAL R/E CORP.

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	44064	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JENNIFER SCHMELTZER

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	43709	Yes [ ] No [X]	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)

ENTRUST GLOBAL PARTNERS LLC

13-4021839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	42844	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	41259	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRANDON KENISH

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38393	Yes [ ] No [X]	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)

AGNES BREEN

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	37936	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT LAKES ADVISORS LLC

80-0292839

(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	37188	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WINTRUST BANK

36-3970472

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	36885	Yes [ ] No [X]	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)

MARY C. JONIEC

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36417	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WATCHKEEP TECHNOLOGIES

302 CHERRY ST
WEST READING, PA 19611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	33729	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PATRICIA PERRONE

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	EMPLOYEE	30149	Yes [ ] No [X]	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)

GABRIEL DEL GAISO

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29810	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNIFER LANGDON

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29145	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

KASSIDY RUSDEN

23-1990755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25365	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)

CLEARY JOSEM & TRIGIANI LLP

23-2657967

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	24719	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRUST BENEFIT TECHNOLOGIES

26-1915362

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	24620	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARISTOTLE CREDIT PARTNERS LLC

23-1415471

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	22104	Yes [ ] No [X]

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)

COZEN O'CONNOR

23-1732832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	20400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC BANK, N.A.

25-1197336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	18955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARISTOTLE PACIFIC CAPITAL LLC

95-1079000

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	15712	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)

CBIZ

22-2769024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	15087	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOGAN CAPITAL MANAGEMENT INC

23-2744570

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	12833	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST CORPORATION

36-2723087

(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 50	NONE	5751	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
ARISTOTLE CREDIT PARTNERS LLC	28 52	22104

(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.
AMALGAMATED BANK OF CHICAGO 36-0721895	INVESTMENT MANAGEMENT FEES

(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 10/01/2024 and ending 09/30/2025

A Name of plan
TEAMSTERS LOCAL 830 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TEAMSTERS LOCAL 830 PENSION PLAN

D Employer Identification Number (EIN)
23-1990755

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INTERNATIONAL EQUI

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

c EIN-PN 26-6493485-001 | **d** Entity code E | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16909253

a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST COMMON RUSSELL 1000

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138593-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24665835

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS INTERMEDIATE FIXED INCOME TR

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY

c EIN-PN 20-8080381-004 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13628200

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
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 10/01/2024 and ending 09/30/2025

A Name of plan
TEAMSTERS LOCAL 830 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEAMSTERS LOCAL 830 PENSION PLAN

D Employer Identification Number (EIN)
23-1990755

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	217377	140354
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3299399	2884674
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6203850	1939270
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8976004	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	38718930	29056364
(5) Partnership/joint venture interests	1c(5)	59271924	71784612
(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)	21852125	38294035
(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)	15840618	16909253
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	25465502	27458521

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	179845729	188467083
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	223558	190028
i Acquisition indebtedness	1i		
j Other liabilities	1j	37470	
k Total liabilities (add all amounts in lines 1g through1j)	1k	261028	190028
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	179584701	188277055

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)	4131478	
(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)		4131478
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	175979	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	172455	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1540398	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1888832
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	410864	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		410864
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	119415216	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	118694581	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		720635
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	8122105	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		8122105

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4586136
(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)		4758035
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		24618085
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13782986	
(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)		13782986
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)	412023	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1520	
(4) IQPA audit fees	2i(4)	61393	
(5) Investment advisory and investment management fees	2i(5)	1221613	
(6) Bank or trust company trustee/custodial fees	2i(6)	74827	
(7) Actuarial fees	2i(7)	61525	
(8) Legal fees	2i(8)	45119	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	3443	
(11) Other expenses	2i(11)	261282	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2142745
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15925731
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8692354
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: NOVAK FRANCELLA, LLC **(2)** EIN: 61-1436956

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		99243133
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 576680.

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 10/01/2024 and ending 09/30/2025

A Name of plan
TEAMSTERS LOCAL 830 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEAMSTERS LOCAL 830 PENSION PLAN

D Employer Identification Number (EIN)
23-1990755

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 23-1990755

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** | 38

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer MULLER INC

b EIN 23-1491334 **c** Dollar amount contributed by employer 695929

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 09 Day 01 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) 143.27
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer THOMAS JEFFERSON UNIVERSITY HOSPITA

b EIN 23-2829095 **c** Dollar amount contributed by employer 582381

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 02 Day 04 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) 111.84
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer ORIGLIO BEVERAGE INC

b EIN 23-1541334 **c** Dollar amount contributed by employer 1133351

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 09 Day 01 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) 143.27
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer PENN BEER DISTRIBUTORS INC

b EIN 23-1397236 **c** Dollar amount contributed by employer 842572

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 09 Day 01 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) 143.27
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer BUNZL DISTRIBUTION INC

b EIN 61-0712178 **c** Dollar amount contributed by employer 300774

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 07 Day 03 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 182.40
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer ARAMARK

b EIN 95-2051630 **c** Dollar amount contributed by employer 187737

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 02 Day 05 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) 126.90
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer BANKO BEVERAGE

b EIN 23-1649848 **c** Dollar amount contributed by employer 174958

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 01 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) 100.00
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer TEAMSTERS LOCAL 830 FUNDS

b EIN 23-1990755 **c** Dollar amount contributed by employer 83580

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 01 Day 01 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) 155.50
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer TEAMSTERS LOCAL 830 UNION

b EIN 23-0725246 **c** Dollar amount contributed by employer 74630

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 07 Day 02 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) 182.40
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer ROUTE MESSENGERS OF PA

b EIN 23-2798117 **c** Dollar amount contributed by employer 1909

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 01 Day 01 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) 48.96
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	0.99
b The corresponding number for the second preceding plan year	**15b**	0.99

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 31.7 % Private Equity: 5.3 % Investment-Grade Debt and Interest Rate Hedging Assets: 23.0 %
High-Yield Debt: 5.0 % Real Assets: 18.2 % Cash or Cash Equivalents: 1.0 % Other: 15.8 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

TEAMSTERS LOCAL 830 PENSION PLAN

FINANCIAL STATEMENTS

SEPTEMBER 30, 2025

TEAMSTERS LOCAL 830 PENSION PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

SEPTEMBER 30, 2025 AND 2024

CONTENTS

Novak Francella LLC | CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Teamsters Local 830 Pension Plan

Opinion

We have audited the financial statements of the Teamsters Local 830 Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, 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.

Novak Francella LLC

Bala Cynwyd, Pennsylvania
April 16, 2026

Teamsters Local 830 Pension Plan

Statements of Net Assets Available for Benefits

September 30, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value		
Common stock	$ 29,056,364	$ 38,718,930
Corporate obligations	-	8,758,050
Foreign obligations	-	217,954
103-12 investment entity - international equity	16,909,253	15,840,618
Common collective trust - equity	24,665,835	10,736,880
Common collective trust - fixed income	13,628,200	11,115,245
Limited partnership - international equity	17,193,028	14,118,591
Limited partnership - fixed income	9,197,855	-
Limited partnerships - real estate	33,737,802	34,489,626
Limited partnerships - private equity	9,783,447	10,663,707
Limited partnership - private credit	1,872,480	-
Hedge funds of funds - multistrategy	33,464	24,465
Hedge funds of funds - opportunistic	27,425,057	25,441,037
Money market mutual funds	529,507	4,000,373
Interest bearing cash	1,409,763	2,203,477
Total investments	185,442,055	176,328,953
Receivables		
Employer contributions	140,354	217,377
Withdrawal liability - net of allowance	2,746,247	2,962,135
Due from related parties	109,141	142,901
Accrued interest and dividends	29,187	178,073
Pending investment trades receivable	99	-
Total receivables	3,025,028	3,500,486
Prepaid expenses	-	16,290
Total assets	188,467,083	179,845,729
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	190,028	223,558
Pending investment trades payable	-	37,470
Total liabilities	190,028	261,028
Net assets available for benefits	$ 188,277,055	$ 179,584,701

Teamsters Local 830 Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended September 30, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 18,186,911	$ 19,398,795
Interest and dividends	2,279,986	2,648,719
Other investment income	19,710	11,382
	20,486,607	22,058,896
Less: investment expenses	(1,296,440)	(1,303,094)
Investment income - net	19,190,167	20,755,802
Employer contributions	4,000,584	3,974,307
Withdrawal liability contributions and interest	130,894	127,970
Total additions	23,321,645	24,858,079
Deductions		
Benefits		
Monthly retirement benefits	13,744,986	13,496,708
Death	38,000	27,000
Total benefits	13,782,986	13,523,708
Administrative expenses	846,305	783,132
Total deductions	14,629,291	14,306,840
Net increase	8,692,354	10,551,239
Net assets available for benefits		
Beginning of year	179,584,701	169,033,462
End of year	$ 188,277,055	$ 179,584,701

See accompanying notes to financial statements.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the accrual basis of accounting.

Investments and Income Recognition - Investments in common stock, corporate obligations, foreign obligations, and the money market mutual funds are carried at fair value as provided by the investment custodian, which generally represents quoted market prices or the net asset value of the mutual fund as of the last business day of the year. The 103-12 investment entity is carried at net asset value or its equivalent (NAV) as provided by the sponsor of the investment. The common collective trusts are carried at net asset value or its equivalent as provided by the trusts. The investments in the limited partnerships are carried at net asset value or its equivalent as reported by the partnerships. The hedge funds of funds are carried at net asset value or its equivalent as provided by the investment managers.

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

Contributions Receivable - Contributions due and not paid prior to year end are recorded as contributions receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

Funding Policy and Revenue Recognition - The Plan is funded by contributions from participating employers under the terms of collective bargaining agreements (CBA). Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. It is the policy of the Trustees to pursue monies due.

Withdrawal Liability Receivable - The receivable for withdrawal liability and the related income are recorded when the obligation of the specific employer has been determined. Allowance for credit losses totaled $2,045,494 as of September 30, 2025 and 2024 and is netted with the receivable.

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. 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.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

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

NOTE 2. DESCRIPTION OF PLAN

The Teamsters Local 830 Pension Fund (the Plan) provides pension benefits to eligible members of Teamsters Local 830 which represents members primarily employed in distribution and warehousing activities in the beer, soft drink and other industries in eastern Pennsylvania, New Jersey, and Delaware. The following brief description of the Plan is provided for general informational purposes only. Participants should refer to the plan document and summary plan description for more complete information.

The Plan is multiemployer, defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The purpose of the Plan is to provide for retirement, death and disability benefits for eligible participants. Benefits are funded through employer contributions determined by collective bargaining agreements. New employees of some employers are not eligible to participate in the Plan.

Reference should be made to the plan document and summary plan description for specific details as to eligibility, vesting, and computation of benefits.

NOTE 3. PRIORITIES UPON TERMINATION

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

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

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter on January 21, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provision of Section 501(a). The Plan has been amended since receiving the determination letter. However, the Trustees and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 5. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of October 1, 2024. Information in the report included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants and beneficiaries currently receiving benefits	$ 116,774,682
Other participants	61,084,522
	177,859,204
Nonvested benefits	1,366,415
Total actuarial present value of accumulated plan benefits	$ 179,225,619

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended September 30, 2025 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 176,006,604
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial gains and losses	4,049,367
Interest due to decrease in the discount period	12,693,356
Benefits paid	(13,523,708)
Net increase	3,219,015
Actuarial present value of accumulated plan benefits at end of year	$ 179,225,619

NOTE 5. ACTUARIAL INFORMATION (continued)

The actuarial valuation was made using the projected unit credit cost method. Some of the more significant actuarial assumptions used in the valuation as of October 1, 2024 were as follows:

Funding interest rate:	7.50% per year, compounded annually.
Current liability interest rate:	3.85% per year, compounded annually for RPA '94.
Administrative expenses:	An amount equal to the core expenses (excluding investment expenses) paid in the preceding Plan Year, rounded up to the next $10,000, added to the Normal Cost. ($790,000 for 2024, expense loading of 55.6%).
Health mortality:	The RP-2006 Mortality Table, with mortality improvements projected with SOA Scale MP-2021 on a generational basis. An adjustment factor of 1.10 was applied to the healthy male rates.
Disability mortality:	The RP- 2006 Mortality Table for disabled retirees, with mortality improvements projected with Scale MP-2021 on a generational basis.
Current liability mortality:	IRS 2024 Mortality Table, as prescribed.

Active and terminated vested participants are assumed to retire in accordance with the rates in the table below:

Age	Percentage
50-59	5.50%
60	10.00%
61	20.00%
62	30.00%
63-69	22.50%
70 and older	100%

Spouses: 75% of male participants and 50% of female participants not currently collecting benefits are assumed to be married, with male spouses assumed to be three years older and female spouses assumed to be three years younger than the participant.

Service Credit:	For purposes of projecting future benefit accruals, it is assumed that each active participant will earn a full year of benefit service.
Actuarial valuation method:	Unit Credit cost method.

NOTE 5. ACTUARIAL INFORMATION (continued)

Asset valuation method:	Recognition of gains and losses above or below the assumed rate of return over a 5-year period, adjusted, if necessary, to remain within a corridor of 80% to 120% of the market value of plan assets.

The following change was made in the actuarial assumptions from the prior year:

1. The current liability interest rate was changed from 3.07% to 3.85%, in compliance with IRS regulations. Additionally, the RPA current liability mortality table was changed to the 2024 Static Mortality Table in accordance with IRS regulations.

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

Normal retirement: Age 62 (or 65, depending on employer) or 5th anniversary of the date of participation commencement in the Plan. Monthly benefit equal to the applicable monthly benefit level times each year of credited service up to 35 years. Effective January 1, 2012, the service limit of 35 years is eliminated for those employees who end their covered employment on or after January 1, 2012. In addition, benefits earned after January 1, 2012, are based on the highest benefit multiplier in effect for that calendar year. The monthly benefit level is based on the rate for which contributions are being made on employees' behalf.

Early Retirement: Attainment of age 50 and completion of at least 5 years of vesting service. Normal retirement pension accrued to date of early retirement, reduced by 6% for each year by which the early retirement date precedes the normal retirement date.

Terminated Vested: Completion of at least 5 years of vesting service at the time of termination of covered employment. Accrued benefit payable at age 62 (or 65, depending on employer). A participant who completed 5 years of credited service at termination may elect to have his vested monthly pension paid beginning on the first day of any month which follows his 50th birthday. In this case, the pension will be actuarially reduced.

Disability: A participant who has ten Benefit Years and is eligible to receive a monthly Social Security disability benefit is eligible to receive a disability benefit. The disability benefit will be equal to the normal retirement pension accrued to date of disability, commencing on the first day of the month following the later of 180 days of continuous total disability or the termination of contributions to the Plan by the participant's employer for his/her disability leave of absence.

Since information on the actuarial present value of accumulated plan benefits as of September 30, 2025 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of September 30, 2025 and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended September 30, 2025. The complete financial status is presented as of September 30, 2024.

NOTE 5. ACTUARIAL INFORMATION (continued)

The actuary reported that the Plan has met minimum funding standards as of September 30, 2025.

Under the Pension Protection Act of 2006, the Plan is required to provide an actuarial certification as to its funded status. As of October 1, 2025, the Plan is neither in endangered status nor critical status.

NOTE 6. 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:

Basis of Fair Value Measurement:

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

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

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

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

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at September 30, 2025			
	Total	Level 1	Level 2	Level 3
Common stock	$ 29,056,364	$ 29,056,364	$ -	$ -
Money market mutual funds	529,507	529,507	-	-
Interest bearing cash	1,409,763	1,409,763	-	-
Total assets in the fair value hierarchy	30,995,634	$ 30,995,634	$ -	$ -
Investments measured at net asset value (a)	154,446,421			
Total investments at fair value	$ 185,442,055			

	Fair Value Measurements at September 30, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	$ 38,718,930	$ 38,718,930	$ -	$ -
Corporate obligations	8,758,050	-	8,758,050	-
Foreign obligations	217,954	-	217,954	-
Money market mutual funds	4,000,373	4,000,373	-	-
Interest bearing cash	2,203,477	2,203,477	-	-
Total assets in the fair value hierarchy	53,898,784	$ 44,922,780	$ 8,976,004	$ -
Investments measured at net asset value (a)	122,430,169			
Total investments at fair value	$ 176,328,953			

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended September 30, 2025 and 2024, there were no transfers in or out of levels 1, 2, or 3.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments and redemption information are as follows at September 30, 2025 and 2024:

	2025 Fair Value	2024 Fair Value	2025 Unfunded Commitments	2024 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
103-12 investment entity - international equity:						
Hardman Johnston International Equity Group Trust	$ 16,909,253	$ 15,840,618	$ -	$ -	Monthly	10 Business Days
Common collective trust - equity:						
Russell 1000 Growth Index Fund-Lending	24,665,835	-	-	-	Daily	Daily
BNYM Mellon AFL-CIO SL Stock Index Fund	-	10,736,880	-	-	Daily	1 Day
Common collective trust - fixed income:						
NHIT: Intermediate Duration Fixed Income Trust	13,628,200	11,115,245	-	-	Daily	3 Business Days
Limited partnership - international equity:						
First Eagle International Value Fund, LP	17,193,028	14,118,591	-	-	Monthly	10 Business Days
Limited partnership - fixed income:						
APC High Yield Bond Fund, LP	9,197,855	-	-	-	Bi-monthly	7 Business Days
Limited partnerships - real estate:						
American Core Reality Fund, LP	4,004,533	3,960,718	-	-	*Quarterly	*10 Business Days
Boyd Watterson GSA Fund, LP	4,519,947	4,600,677	-	-	+Quarterly	+60 Days
Boyd Watterson State Government Fund, LP	11,159,551	11,331,307	-	-	+Quarterly	+60 Days
US Real Estate Investment Fund, LLC	14,053,771	14,596,924	-	-	@Quarterly	@90 Days
Limited partnerships - private equity:						
Portfolio Advisors Secondary Fund III (Offshore), LP	4,009,062	4,400,212	563,318	563,318	(a)	(a)
Portfolio Advisors Secondary Fund IV (Offshore), LP	5,774,385	6,263,495	568,529	1,036,431	(a)	(a)
Limited partnership - private credit:						
Grosvenor Private Credit Fund, Ltd	1,872,480	-	7,149,481	-	(x)	(x)
Hedge funds of funds - multistrategy:						
EnTrust Capital Diversified Fund Class X, Series 12/31/2017	33,464	24,465	-	-	(b)	(b)
Hedge funds of funds opportunistic:						
Corbin ERISA Opportunity Fund, LP	11,649,225	10,814,475	-	-	#Quarterly	65 Days
EnTrustPermal Special Opportunities Fund, IB, Ltd.	3,751,267	3,450,224	-	-	(c)	(c)
GoldenTree Multi-Sector Fund Offshore ERISA, Ltd.	12,024,565	11,176,338	-	-	Quarterly	90 Days
	$ 154,446,421	$ 122,430,169	$ 8,281,328	$ 1,599,749		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

* - Requests for redemptions of units in the Fund may be made at any time, with 10 business day's notification by submitting a Redemption Notice form signed by a representative of the Plan and are effective at the end of the calendar quarter in which the request is received by American Realty Advisors (ARA). The units that are subject to a redemption notice may be redeemed in full or in installments on a pro-rata basis as funds become available for such purpose and the redemption price will be the value per unit based on ARA's estimate of the fair value of the Fund's net assets as computed under generally accepted accounting principles at such time that each payment is made. Although ARA is required to use reasonable efforts to cause the Fund to pay the redemption price as soon as practicable after the effective date of the request, redemptions are subject to the availability of cash flow arising from investment transactions, sales and other Fund operations occurring in the normal course of business. ARA is not required to liquidate or encumber assets or defer investments in order to satisfy redemption requests. As of September 30, 2025, ARA has a redemption queue on all redemption requests that will delay the redemptions requested by the investors.

+ - Partial redemptions of units shall only be permitted in increments of $250,000 and shall not be permitted for amounts less than $250,000. Because of the illiquidity of the Fund's assets, there is no guarantee that cash will be available at any particular time to fund a particular redemption request, and the Fund will be under no obligation to make such cash available through the sale of assets, borrowings, acceptance of new Capital Commitments, capital calls or otherwise. Further, the General Partner may decline to redeem all, or any portion of the Units held by an Investor in the General Partner's sole and absolute discretion. To the extent that available cash is insufficient to provide for outstanding redemption requests, Fund Partners may not receive their requested distribution at the requested time. Consequently, there can be no assurance as to the extent or timing of any redemption, particularly if other Fund Partners are seeking to redeem at the same time. Fund Partners might therefore be unable to use redemption as an effective means of terminating their investment in the Fund. As of September 30, 2025, the Boyd investments have a redemption queue on all redemption requests that will delay the redemptions requested by the investors.

@ - Requests for redemptions of units in the Fund may be made at any time later of (i) the first anniversary of the Initial Closing and (ii) the date upon which the Net Asset Value first exceeds $200 million (the period then ending, the "Redemption Lockout Period"), and subject to Article 7, a Member may elect to have the Company redeem some or all of its Interests by providing the Manager with written notice to such effect (a "Redemption Notice") in a form acceptable to the Manager at least 90 days prior to a calendar quarter end; provided, in any case, that there is not an Unfunded Capital Commitment with respect to such Member. Unless such notice period is waived by the Manager, redemption requests will be effective as of the first calendar quarter end upon or after the expiration of the 90-day notice period (the "Redemption Effective Date") (Interests subject to a valid Redemption Notice shall, upon the Redemption Effective Date, become "Redemption Interests"). As of September 30, 2025, the US Real Estate Investment, LLC has a redemption queue on all redemption requests that will delay the redemptions requested by the investors.

(a) The investments are private equity investments and do not permit redemption of interests. Distributions are made at the discretion of the Partnership.

(x) - The Grosvenor Private Credit Fund, Ltd is an evergreen fund that allows some partial redemptions every three years. Upon 90 day's written prior notice to the Fund, the first partial redemption allowed is on December 31, 2027 and then each subsequent redemption date is the third anniversary of the immediately preceding redemption date.

(b) - The EnTrust Capital Diversified Fund Ltd. (the Fund) Board of Directors, in consultation with the Advisor, decided to cease investment operations of the Fund effective December 31, 2018, the date liquidation became imminent, due to the EnTrust Capital Diversified Fund QP Ltd. and EnTrust Capital Diversified Fund NQP Ltd. (the Feeder Funds) redemption requests. The Fund intends to complete its liquidation in an orderly manner.

- Quarterly with a 25% gate.

(c) - Following the expiration of the three year commitment period (including the one year extension period if extended by the advisor), shareholders who invested at the initial closing shall have the right to redeem all or a portion of their pro rata share of available liquidity in underlying investment vehicles. The first redemption date shall be on the last business day of the first calendar quarter following the expiration of the commitment period and thereafter on the last business day of any calendar quarter, or on any other date authorized by the Board of Directors in its sole discretion. Shareholders who invest in subsequent closings will not have a right to redeem during the life of the fund.

The First Eagle International Value Fund, LP was established with the objective to seek capital appreciation by investing primarily in equity securities (and securities convertible into equity securities) issued by non-U.S. issuers. The investment philosophy and strategy of the Partnership can be broadly characterized as a value approach.

The APC High Yield Bond Fund, LP was organized to achieve strong risk-adjusted returns relative to its benchmark, the Bloomberg US HY Ba/B 2% Issuer Cap Index, through a combination of high current income and capital appreciation.

The American Core Realty Fund, LP (the Fund) has been organized to allow Taft-Hartley pension funds, governmental retirement plans, corporate pension plans and qualified trusts forming part of a pension or profit-sharing plan, endowments, charitable foundations and other taxable and tax-exempt organizations to pool their assets to make investments 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.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The Boyd Watterson GSA Fund's objective is to generate a stable stream of investment grade current income while also preserving wealth using risk parameters and portfolio management strategies established by the General Partner. The Fund intends to meet this objective through the purchase of real estate assets that are primarily leased to Federal Agencies for remaining terms of at least seven (7) years on a weighted average basis in length. The high credit rating of Federal Agencies is expected to provide a well-defined cash flow stream that the Fund does not expect will vary from the leased terms over the course of an investment. The Fund's investments will primarily consist of equity acquisitions but may also include construction loans that are structured to become equity acquisitions at the completion of the project. Joint venture investments in which the Fund will retain primary control over the asset are also possible.

The Boyd Watterson State Government Fund's objective is to provide income stability and capital preservation while seeking to deliver excess returns with moderate risk over market cycles by investing predominantly in commercial real estate properties leased to State Governments Tenants. This will include single-tenant, multi-tenant, recently or to-be-constructed build-to-suit properties with the development risk borne by the developers/sellers. Investments undertaken by the Fund may take the form of (i) individual real estate or real estate-related assets or (ii) equity or other interests in entities that own or control such real estate or real estate-related assets (each, an "Investment" and collectively, the "Investments").

The U.S. Real Estate Investment Fund, LLC's objectives are to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investments and, to a lesser extent, on value-added investments.

The Portfolio Advisors Secondary Fund III (Offshore), L.P. invests in the Portfolio Advisors Secondary Fund III, LP (PASF III). The Portfolio Advisors Secondary Fund IV (Offshore), L.P. invests in the Portfolio Advisors Secondary Fund IV, LP (PASF IV). The objectives of the PASF III and PASF IV are to achieve long-term returns through investment in a diversified portfolio of private equity limited partnerships purchased in the secondary market and a select number of co-investments.

The EnTrust Capital Diversified Fund QP, Ltd.'s objective was to seek above-average rates of return and long-term capital growth through an investment in the EnTrust Capital Diversified Fund, Ltd, a fund of funds with a diversified portfolio of private investment entities and/or separately managed accounts managed by investment managers.

The investment objective of the Corbin ERISA Opportunity Fund, L.P. (the Fund) is to achieve a substantial return on capital through opportunistic investments primarily in a broad range in public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations, though at times, the Fund may have exposure to other assets, instruments and markets. The Fund may pursue its investment objective by employing a variety of investment strategies, including, but not limited to: high-yield and distressed securities, long/short credit, structured and asset-backed credit, private lending, event driven investing and emerging markets credit.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The EnTrustPermal Special Opportunities Fund IV, Ltd.'s investment objective is to invest in highly attractive, select investment opportunities by maintaining investments through private investment entities and/or separately managed accounts (each, an "Investment" or a "Portfolio" and collectively, the "Investments" or the "Portfolios") with investment management professionals (each a "Manager" and collectively, the "Managers") specializing in various alternative investment strategies. The Managers have broad investment experience and the ability to leverage their existing relationships with corporate management teams, investment banks and other institutions to gain access to certain investment opportunities. As such, the Advisor is presented with "best idea" investment opportunities, typically in asset classes where market dislocations or other events have created attractive investment opportunities.

The Grosvenor Private Credit Fund, Ltd invests in a master fund which in turn invests in portfolio funds, which generally implement non-traditional or alternative investment strategies investing in private credit markets.

The investment objective of GoldenTree Multi-Sector Fund Offshore ERISA, Ltd. (the Fund) is to achieve attractive risk adjusted returns by investing across a broad universe of credit-related investments, including, but not limited to, bank debt, high yield bonds and structured products.

NOTE 7. WITHDRAWAL LIABILITY

In October 2018, an employer withdrew from the Plan and was assessed a withdrawal liability that required 240 monthly payments of $2,170. This employer incurred partial withdrawals in prior years that previously required monthly payments of $1,561. Through September 30, 2025, the Plan received withdrawal liability principal and interest payments totaling $18,734. During the year ended September 30, 2019, the employer stopped making the required payments to the Plan. Due to the default, the remaining balance owed as of September 30, 2025 and 2024 totaled approximately $813,318. An allowance for the full amount has been recorded as of September 30, 2025 and 2024, as the amount is not considered collectible.

In 2019, an employer withdrew from the Plan and was assessed a withdrawal liability that required 240 monthly payments of $13,524 starting in April 2019. During each of the years ended September 30, 2025 and 2024, the Plan received withdrawal liability principal and interest payments totaling $162,288. As of September 30, 2025, the remaining balance owed totaled $1,683,473 and the allowance totaled $554,558. As of September 30, 2024, the remaining balance totaled $1,775,209 and the allowance totaled $554,558.

In 2021, an employer withdrew from the Plan and was assessed a withdrawal liability that required 240 monthly payments of $14,192 starting in January 2023. During the years ended September 30, 2025 and 2024, the Plan received withdrawal liability principal and interest payments totaling $184,494 and $156,110, respectively. As of September 30, 2025, the remaining balance owed totaled $2,294,950 and the allowance totaled $677,618. As of September 30, 2024, the remaining balance owed totaled $2,419,102 and the allowance totaled $677,618.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN

Employees of the Teamsters Local 830 Pension Plan (the Pension Plan), the Teamsters Local 830 Health and Welfare Fund (the Health Fund), the Teamsters Local 830 Retirement Savings Plan (the Savings Plan), together referred to as the Teamsters Local 830 Benefit Funds, participate in a multiemployer defined benefit pension plan under the terms of a participation agreement that cover its non-collectively bargained employees. The common expenses of the Teamsters Local 830 Benefit Funds are initially paid by the Pension Plan and are reimbursed by the related funds based on a cost allocation study. The Pension Plan remits the contributions to this multiemployer defined benefit pension plan for the shared employees on behalf of the Teamsters Local 830 Benefit Funds. The Health Fund and the Savings Plan reimburse the Pension Plan for their share of the contributions based on a cost allocation study. The risks of participating in the multiemployer defined benefit pension plan is different from a single-employer plan in the following aspects:

a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.

b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.

c. If the Plan chooses to stop participating in the multiemployer defined benefit pension plan, the Plan may be required to pay the multiemployer defined benefit pension plan an amount based on the underfunded status of the multiemployer defined benefit pension plan, referred to as a withdrawal liability.

The Teamsters Local 830 Benefits Funds' participation in this multiemployer defined benefit pension plan for the annual periods ended September 30, 2025 and 2024 is outlined in the table below. The zone status is based on information that the Teamsters Local 830 Benefit Funds received from the multiemployer defined benefit pension plan and is certified by the multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

			Pension Protection Act Zone Status				
Legal Name of Pension Plan	Pension Plan's Employer Indentification Number	Pension Plan's Plan Number	Zone Status	Extended Amoritization Provisions Used?	Zone Status	Extended Amoritization Provisions Used?	Expiration Date of Collective Bargining Agreement
Teamstes Local 830 Pension Plan	23-1990755	001	Green as of 10/1/2025	No	Green as of 10/1/2024	No	*

*The employees of the Teamsters Local 830 Benefit Funds participate in the Teamsters Local 830 Pension Plan through a participation agreement between the Teamsters Local 830 Benefit Funds and the Teamsters Local 830 Pension Plan. The participation agreement does not have an expiration date.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

Legal Name of Pension Plan	Contribution to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan Contributions (Plan year ending)		Employer Contribution Rates		Number of Employees Covered by Plan	
	9/30/2025	9/30/2024			9/30/2025	9/30/2024	9/30/2025	9/30/2024
Teamsters Local 830 Pension Plan	$ 83,580	$ 86,553	No, Plan year ending 9/30/2025.	No, Plan year ending 9/30/2024.	$155.50 per week	$152.50 per week	11	10

Legal Name of Pension Plans	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plans by the Plan?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
Teamsters Local 830 Pension Plan	N/A, Green zone	No	No	N/A

NOTE 9. RELATED PARTY TRANSACTIONS

The Plan has five related organizations which include Teamsters Local 830 Health and Welfare Fund (the Health Fund), the Teamsters Local 830 Retirement Savings Plan (the Retirement Savings Plan), the Teamsters Local 830 Scholarship Fund (the Scholarship Fund), the Teamsters Local 830 Legal Fund (the Legal Fund) (which is part of the Health Fund), and Teamsters Local Union No. 830 (the Union). These organizations are related by common trustees or officers.

The Pension Plan shares its office facilities, office personnel, equipment and certain other expenses with the Health Fund, the Retirement Savings Plan, the Scholarship Fund, and the Legal Fund. The expenses are initially paid by the Pension Plan.

The related organizations reimburse the Pension Plan the following month for their share of the allocable expenses. The Scholarship Fund reimburses the Pension Plan $1,250 each quarter for its share of allocable expenses. The operating expenses are allocated in accordance with an independent cost allocation study as follows:

Pension Plan	31 %
Health Fund	44
Retirement Savings Plan	21
Legal Fund	4

NOTE 9. RELATED PARTY TRANSACTIONS (continued)

During the years ended September 30, 2025 and 2024, the expenses reimbursed to the Pension Plan from the related organizations totaled:

	2025	2024
Health Fund	$ 804,875	$ 759,467
Retirement Savings Plan	384,145	362,473
Legal Fund	73,170	69,042
Scholarship Fund	5,000	5,000
Total	$ 1,267,190	$ 1,195,982

At September 30, 2025 and 2024, the amounts owed to the Pension Plan for unreimbursed operating expenses totaled:

	2025	2024
Health Fund	$ 68,800	$ 90,700
Retirement Savings Plan	32,836	42,978
Legal Fund	6,255	9,223
Scholarship Fund	1,250	-
Total	$ 109,141	$ 142,901

The Plan leases office space from Teamsters Local Union No. 830 under the terms of an operating lease which expires in December 2024. The rental payments totaled $56,220 for each of the years ended September 30, 2025 and 2024. The rent is allocated to the other related organizations in accordance with the percentages noted above.

The Plan reimbursed the Union for janitorial and maintenance personnel and utilities totaling $20,367 for the year ended September 30, 2025 and $26,837 for the year ended September 30, 2024. The Union reimbursed the Plan for metered postage, computer services, and for the use of an image scanner totaling $8,734 and $8,634 for the years ended September 30, 2025 and 2024, respectively.

The employees of the Pension Plan participate in the Retirement Savings Plan. During the years ended September 30, 2025 and 2024, the Pension Plan contributed $31,364 and $31,303, respectively. The Plan allocates these payments among the other related organizations in accordance with the percentages noted above.

Certain plan investments are shares of mutual funds managed by Principal. Principal is the custodian, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedules of assets held at end of year and reportable transactions. The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rates of ERISA.

NOTE 10. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as interest rate, market, sector, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect 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, inflation rates, and participant 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 disclosures.

NOTE 11. SUBSEQUENT EVENTS

The Board of Trustees and management have evaluated subsequent events through April 16, 2026, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

Teamsters Local 830 Pension Plan

Schedules of Administrative Expenses

Years Ended September 30, 2025 and 2024

	2025	2024
Personnel costs		
Salaries	$ 297,356	$ 287,854
Employee benefits	114,667	108,514
Payroll taxes	21,838	21,389
Professional fees		
Actuarial	61,525	46,212
Accounting, audit, payroll compliance reviews and government filings	62,913	52,228
Legal	45,119	46,644
IT and cyber security consulting	6,347	-
Payroll processing fees	1,605	1,541
Office and data processing		
Office supplies and expense	33,775	29,910
Printing and postage	11,116	8,986
Computer services and software	58,594	46,910
Equipment rental and maintenance	2,149	2,149
Occupancy		
Rent	17,428	17,428
Maintenance and repairs	6,314	8,889
Utilities	6,905	5,186
Insurance		
Pension Benefit Guaranty Corporation	83,916	80,150
Other	10,875	14,985
Other		
Conferences, meetings, and travel	3,443	3,537
Dues and subscriptions	420	620
Total administrative expenses	$ 846,305	$ 783,132

TEAMSTERS LOCAL 830 PENSION FUND

SCHEDULE OF ASSETS HELD AT END OF YEAR

SEPTEMBER 30, 2025

Form 5500, Schedule H, Line 4i

EIN No: 23-1990755
Plan No: 001

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	Common stock:					
3M Co		334			$ 44,499	$ 51,830
AbbVie Inc		581			78,975	134,525
Acadia Pharmaceuticals Inc		4,487			84,978	95,753
Acuity Inc		451			79,154	155,320
Aecom		738			65,000	96,287
AerCap Holdings NV		1,456			141,320	176,176
Affirm Holdinggd Inc		1,341			83,036	98,000
AGCO Corp COM		435			43,231	46,575
Allison Transmission Holdings		585			40,811	49,655
Ally Financial Inc		4,554			189,393	178,517
Alphabet Inc Cl A		1,264			219,083	307,278
Altria Group Inc		1,805			108,953	119,238
Amcor PLC		3,493			32,567	28,573
Amdocs Limited Com		3,024			259,105	248,119
American Airls Group Inc		8,773			114,121	98,609
Ameriprise Finl Inc		315			104,494	154,744
Amphenol Corp Cl A		2,677			181,072	331,279
Annaly Capiral Management Inc Reit		5,381			114,897	108,750
Aramark		1,500			63,655	57,600
Archrock Inc		1,950			20,844	51,304
Arista Networks Inc		2,112			294,673	307,740
Array Technologies Inc		6,145			46,323	50,082
Autodesk Inc		930			237,665	295,433
Autoliv Inc		454			41,413	56,069
AutoNation Inc		722			141,342	157,952
Axalta Coating Systems LTD		2,190			78,156	62,678
Baker Hughes Co		13,200			44,765	64,310
Bancfirst Corp		216			23,783	27,313
Bank OZK		1,903			81,952	97,015
Bath & body Works Inc		1,415			42,588	36,450
Biogen Inc		881			113,318	123,410
Bitdeer Technologies Group CL A		1,007			16,763	17,210
Blacksky Technology Inc CL A		2,323			29,088	46,808
Boise Cascade Co		622			63,447	48,093
Booking Holdings Inc		25			129,958	134,982
Borg Warner Inc		2,730			104,600	120,011
Boyd Gaming Corp Com		1,694			139,170	146,446
BP PLC-ADR		1,962			49,006	58,306
Bread Financial Holdings Inc		1,410			75,497	78,636
Brinker Intl Inc		953			122,823	120,726
Bristol Myers Squibb Co		2,706			126,956	122,041
Builders Firstsource Inc		226			26,467	27,402
C H Robinson Worldwide Inc		416			41,548	55,078
Cadence Design Systems Inc		814			162,061	285,926
Cal Maine Foods Inc		1,091			116,864	102,663
California Resources Corp		1,856			93,734	98,702

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	Common stock (continued):					
Calumet Inc		2,209			$ 42,003	$ 40,314
Cardinal Health Inc Com		728			87,673	114,267
CarGurus Inc		1,471			41,586	54,765
Carlisle Cos Inc		145			39,463	47,699
Carnival Corp		5,545			131,748	160,306
Casey's Gen Stores Inc		271			74,847	153,202
Celanese Corp		979			59,372	41,196
Cencora, Inc		378			53,274	118,136
CF Inds Hldgs Inc		363			30,104	32,561
Chefs' Warehouse Holdings Inc		601			25,625	35,056
Chord Energy Corporation		547			56,049	54,355
Cisco Systems Inc		3,985			229,209	272,654
Citigroup Inc		1,652			94,002	167,678
Civitas Resources Inc		1,753			83,516	56,972
CNX Resources Core		1,720			26,594	55,246
Coastal Financial Corp		283			25,282	30,612
Coeur Mining Inc		1,374			19,158	25,776
Cognizant Tech Solutions Crp Com		4,135			322,519	277,334
Coherent Corp		1,345			107,318	144,883
Comerica Inc		1,426			88,562	97,710
Commvault Systems Inc		1,533			275,291	289,400
Confluent Inc		2,043			60,553	40,451
Core & Main Inc		1,054			45,091	56,737
Crown Hldgs Inc		655			62,190	63,266
CSG SYS Intl Inc Com		641			35,218	41,268
CSX Corp		1,486			51,432	52,768
Cummins Inc		144			37,559	60,821
Curtiss Wright Corp Com		618			225,837	335,537
CVS Health Corporation		1,794			120,915	135,250
Dave Inc Cl A		237			21,942	47,246
Davita Inc		964			115,701	128,087
Dillards Inc Cl A		301			148,107	184,958
Dorman Products Inc		294			31,118	45,829
Dover Corp Com		262			36,496	43,709
Dropbox Inc Cl A		12,382			370,023	374,060
DTE Energy Co Com		535			75,069	75,665
Duolingo Inc		124			19,945	39,908
Dynavax Technologies Corp		4,065			42,071	40,365
East West Bancorp Inc		373			27,945	39,706
Eastman Chem Co Com		485			41,206	30,579
eBay Inc		1,525			99,392	138,699
EchoStar Corporation		943			24,567	72,007
Elanco Animal Health Inc		5,428			79,273	109,320
Electronic Arts Inc		866			134,166	174,672
EMCOR Group Inc Com		83			19,700	53,912
Emerson Electric Co		409			37,391	53,653
Encompass Health Corp		1,062			68,263	134,895
Equitable Holdings Inc		1,771			93,038	89,931
Etsy Inc		346			22,331	22,971
Euronet Worldwide Inc		210			22,868	18,440
Evergy Inc		1,074			65,432	81,645
Everquote Inc-Cl A		1,026			25,421	23,465
Evertec Inc		652			23,617	22,025
Evolent Health Inc		1,435			16,988	12,140
F5 Inc		914			204,659	295,396
Fabrinet		843			199,685	307,375
First Horizon Corp		4,086			90,663	92,384

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	Common stock (continued):					
FirstEnergy Corp Com		1,816			$ 75,426	$ 83,209
Five Below Inc		246			35,618	38,056
Flowserve Corp Com		371			23,430	19,715
FNF Group		2,782			136,283	168,283
Franklin BSP Realty Trust Inc REIT		1,726			25,797	18,744
Franklin Resources Inc		6,324			156,412	146,274
Frontdoor Inc		1,400			67,449	94,206
GameStop Corp		2,887			78,254	78,757
Garmin LTD		613			114,691	150,933
Gates Industrial Corp PLC		2,268			44,360	56,292
GE Healthcare Technologies Inc		1,629			115,378	122,338
General Motors Co		2,549			143,941	155,413
Genuine Parts Co		384			47,320	53,222
Gilead Sciences Inc		1,034			81,029	114,774
Globe Life Inc		568			47,880	81,207
Goldman Sachs Group Inc		222			93,839	176,790
Granite Constr Inc		956			75,164	104,825
Group 1 Automotive Inc		334			156,792	146,128
Guidewire Software Inc		110			12,751	25,285
Hallador Energy Co		1,470			28,701	28,768
Hallburton Co		2,701			91,224	66,445
Halozyme Therapeutics Inc		1,143			68,351	83,828
Hamilton Insurance Group LTD Cl B		1,140			28,283	28,272
Hancocl Whitney Corp		518			20,232	32,412
Hasbro Inc		2,187			163,479	165,884
HCA Holdings Inc		311			94,253	132,548
HCI Group Inc		192			21,508	36,851
Hims and Hers Health Inc		336			18,603	19,058
IES Holdings Inc		106			20,002	42,151
Independent BK Corp Mass Com		548			28,662	37,905
Ingredion Inc		215			21,634	26,254
Interdigital Inc		889			274,502	306,909
Intuit Com		383			191,459	261,555
Ionis Pharmaceuticals Inc		2,112			77,052	138,167
Jabil Inc		1,378			230,745	299,260
Jackson Financial Inc		1,762			156,774	178,367
Jacobs Solutions Inc		384			40,846	57,546
Janus Henderson Group PLC		698			22,302	31,068
Jazz Pharmaceuticals PLC		1,786			224,722	235,395
Johnson & Johnson		668			104,113	123,861
KLA Corp		348			179,182	375,353
LabCorp Holdings Inc		437			92,978	125,445
LAM Research Corp Com		2,908			295,307	389,381
Lear Corp		532			65,023	53,525
Leonardo Drs Inc		1,506			60,393	68,372
Liberty Media Corp		531			27,362	51,491
Life Time Group Holdings Inc		5,230			154,605	144,348
Limbach Holdings Inc		463			42,492	44,967
Lincoln Electric Holdings Com		2,386			93,009	96,227
Louisiana PAC Corp		323			30,299	28,695
Lyft Inc		4,419			71,089	97,262
LyondellBasell INDU-Cl A		508			40,134	24,912
Masco Corp		755			44,755	53,144
Mastec Inc Com		710			84,047	151,095
Matson Inc		426			63,796	41,999
McKesson Corp		162			61,707	125,151
Mercury Systems Inc		451			23,086	34,907

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	Common stock (continued):					
Meta Platforms Inc CL A		432			$ 231,085	$ 317,252
MetLife Inc		2,039			139,197	167,952
Microsoft Corp		586			241,740	303,519
Middleby Corp		400			52,417	53,172
Millrose PPTYS Inc Cl A REIT		2,326			72,156	78,177
MKS Instrs Inc		238			28,238	29,457
Mosaic Co		3,054			104,841	105,913
Mueller Inds Inc		598			31,510	60,464
Murphy Oil Corp		2,146			69,866	60,968
National Fuel Cas Co NJ		1,154			87,300	106,595
NBT Bancorp Inc		508			25,830	21,214
NCR Athleos Corp		1,187			26,621	46,661
NetApp Inc		2,723			273,820	322,567
Netgear Inc		756			22,861	24,487
New York Times Co CL a		2,278			112,668	130,757
News Corp		794			21,865	24,384
Nextpower Inc Cl A		4,815			280,513	356,262
Nov Inc		4,923			77,467	65,230
NRG Energy Inc		466			35,273	75,469
Nucor Corp		217			23,111	29,388
Occidental Pete Corp		1,455			60,650	68,749
Oshkosh Corporation		435			44,411	56,419
Ovintiv Inc		1,651			74,664	66,667
Owens Corning Inc		200			22,581	28,292
Pacira Biosciences Inc		1,419			30,386	36,568
Packaging Corp of America		157			26,270	34,215
Paramount Skydance Corp Cl B		2,046			23,650	38,710
Parker Hannifin Corp		68			20,605	51,554
Paychex Inc		2,276			292,160	288,506
PBF Energy Inc		2,782			85,151	83,933
Pediatrix Medical Group Inc		2,124			32,304	35,577
Pentair PLC		656			58,891	72,659
Pfizer Inc		4,763			125,223	121,361
Philip Morris International IN		735			75,630	119,217
Phinia Inc		789			31,688	45,352
PPL Corporation		2,132			66,618	79,225
Prestige Consumer Healthcare		440			36,312	27,456
Primo Water Corp		976			22,280	21,570
Privia Health Group Inc		2,211			54,850	55,054
Protagonist Therapeutics Inc		578			20,698	38,397
Prudential Finl Inc		1,392			160,114	144,406
Qiagen NV		1,036			50,447	46,288
Ralph Lauren Corp Cl A		466			126,973	146,119
Regions Finl Corp New		6,565			133,207	173,119
Regneron Pharmaceuticals Inc		205			114,316	115,265
Reliance Inc		99			19,572	27,802
RingCentral Inc		679			25,388	19,243
Rivian Automotive Inc		4,789			65,036	70,303
Royal Caribbean Cruise		499			70,712	161,466
Royal Dutch Shell PLC ADR		915			50,218	65,450
Royalty Pharma PLC- Cl A		4,545			150,508	160,348
Ryder Sys Inc		320			35,244	60,365
Sandisk Corp		951			46,196	106,702
Seagate Technology Holdings PL		1,419			151,621	334,969
Semtech Corp Com		2,151			86,222	153,689
SFL Corp LTD		2,577			22,961	19,405
Shift4 Payments Inc		470			35,156	36,378

(a)	(b)	(c)			(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	Common stock (continued):					
Shoals Technologies Group Inc		2,365			$ 17,049	$ 17,517
SLB Limited		1,706			71,720	58,635
Slide Insurance Holdings Inc		2,474			37,953	39,052
SLM Corp		5,972			161,739	165,305
SM Energy Co		2,138			75,822	53,386
Snap on Inc		142			35,151	49,207
Solventum Corp		1,571			116,050	114,683
Sonoco Prods Co		705			39,080	30,378
Southstate Bank Corp		230			20,515	22,740
Southwest Gas Holdings, Inc		938			69,421	73,483
Sprouts Farmers Markets Inc		711			21,652	77,357
SS&C Technologies Holdings Inc		3,423			291,840	303,825
Starwood Property Trust, Inc		1,077			21,610	20,861
State Street Corp		1,606			129,931	186,312
Steel Dynamics Inc Com		221			14,236	30,814
Sterling Infrastructure, Inc		408			46,459	138,589
Stride Inc		952			135,558	141,791
Supernus Pharmaceuticals Inc		915			34,647	43,728
Synchrony Financial		2,624			111,824	186,435
Tango Therapeutics Inc		5,383			45,996	45,217
Tapestry Inc		1,422			102,518	160,998
TE connectivity PLC		1,465			225,471	321,611
Technipfmc LTD		621			21,549	24,498
Tenet Healthcare Corporation		1,008			117,594	123,339
The Hartford Insurance Group Inc		716			78,892	145,377
Timken Co		1,166			97,163	155,533
T-Mobile US Inc		304			56,539	72,772
Toll Bros Inc		663			53,463	49,844
Topbuild Corp		128			42,720	50,030
TotalEnergies SE- Spon ADR		1,026			56,529	61,242
Travel + Leisure Co		640			29,593	38,074
TXNM Energy Inc		1,083			57,287	61,244
Uber Technologies Inc		1,582			138,622	154,989
UFP Industries Inc		328			31,471	30,665
UGI Corp New Com		2,550			78,419	84,833
United Parcel Service-CL B		598			70,339	49,951
United Rental Inc Com		55			23,636	52,506
United Therapeutics Corp Del		305			86,313	127,859
Unity Software Inc		3,482			92,068	139,419
UNUM Group		2,278			115,898	177,183
Urban Outfitters Incorporated		2,224			130,258	158,870
US Foods Holding Corp		1,729			93,032	132,476
Valaris LTD		360			18,237	17,557
Valley Natl Bancorp Com		17,615			178,727	186,719
Veritex Holdings Inc		972			25,604	32,591
Verizon Communications		1,656			75,007	72,781
Viatris Inc		10,787			96,859	106,791
Vontier Corp		1,318			44,458	55,316
Voya Financial Inc		2,233			169,735	167,028
Walt Disney Co		1,226			143,287	140,377
Warby Parker Inc		3,300			74,951	91,014
Wayfair Inc		540			38,076	48,238
Webster Finl Corp Waterbury Conn		696			41,707	41,370
Western Alliance Bancorporation		1,313			105,273	113,863
Wolverine World Wide Inc Com		3,796			54,257	104,162
WSFS Financial Corp		653			38,598	35,217
Wynn Resorts LTD		1,184			146,195	151,872

(a)	(b)	(c)			(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate / Maturity Date		
		Common stock (continued):				
	XCEL Energy Inc		1,057		$ 70,425	$ 85,247
	XP Inc - Class A		6,360		123,098	119,504
	Zions Bancorp NA		3,945		184,763	223,208
	Zoom Communications Inc Cl A		3,492		292,038	288,090
			Total common stock		23,836,954	29,056,364
		103-12 investment entity - international equity:				
	Hardman Johnston International Equity Group Trust		292,970		5,257,898	16,909,253
		Common collective trust - equity:				
	Northern Trust Russell 1000 Growth Index Fund-Lending		9,548		20,651,235	24,665,835
		Common collective trust - fixed income:				
	NHIT: Intermediate Duration Fixed Income Trust		822,959		12,110,572	13,628,200
		Common collective trust - international equity:				
	First Eagle International Value Fund, LP		4,851		12,311,833	17,193,028
		Limited partnerships - fixed income:				
	APC High Yield Bond Fund, LP		1		8,717,634	9,197,855
		Limited partnerships - real estate:				
	American Core Realty Fund, LP		33		3,877,331	4,004,533
	Boyd Watterson GSA Fund, LP		4,603		4,856,127	4,519,947
	Boyd Watterson State Government Fund, LP		11,251		12,833,270	11,159,551
	U.S. Real Estate Investment Fund, LLC		12,041		15,265,753	14,053,771
			Total limited partnerships - real estate		36,832,481	33,737,802
		Limited partnerships - private equity:				
	Portfolio Advisors Secondary Fund III (Offshore), LP		1		3,326,310	4,009,062
	Portfolio Advisors Secondary Fund IV (Offshore), LP		1		5,136,064	5,774,385
			Total limited partnerships - private equity		8,462,374	9,783,447
		Limited partnership - private credit:				
	Grosvenor Private Credit Fund, Ltd		1		1,850,519	1,872,480
		Hedge funds of funds - multistrategy:				
	Entrust Capital Diversified Fund Class X, Series 12/31/2016		3,256		283,297	33,464
		Hedge funds of funds - opportunistic:				
	Corbin ERISA Opportunity Fund, LP		1		7,875,000	11,649,225
	EnTrustPermal Special Opportunities Fund IV, Ltd.		3,145		3,272,987	3,751,267
	GoldenTree Multi-Sector Fund Offshore ERISA, Ltd.		4,871		9,500,000	12,024,565
			Total hedge funds of funds - opportunistic		20,647,987	27,425,057
		Money market mutual funds:				
*	Allspring Treasury Plus Money Market Fund		529,507		529,507	529,507
		Interest bearing cash:				
*	Principal Bank		192		192	192
*	PNC Bank		1,409,571		1,409,571	1,409,571
			Total interest bearing cash		1,409,763	1,409,763
				Total investments	$ 152,902,054	$ 185,442,055

* A party-in-interest as defined by ERISA.

Teamsters Local 830 Pension Plan

Schedule of Reportable Transactions

Year Ended September 30, 2025

Form 5500, Schedule H, Line 4j

EIN No: 23-1990755
Plan No: 001

(a)	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Northern Trust Russell 1000 Growth Index Fund-Lendir	$ 21,950,000	N/A	$ 21,950,000	$ 21,950,000	N/A
*	Northern Trust Russell 1000 Growth Index Fund-Lendir	N/A	$ 1,443,043	1,298,765	1,443,043	$ 144,278
*	Allspring Treasury Plus Money Market Fund	58,762,464	N/A	58,762,464	58,762,464	N/A
*	Allspring Treasury Plus Money Market Fund	N/A	61,325,697	61,325,697	61,325,697	-
	BNY Mellon AFL-CIO SL Stock Index Fund	N/A	11,176,016	5,570,552	11,716,016	5,605,464

* A party-in-interest as defined by ERISA.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2024 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Principal Plan Provisions

Effective Date and Plan Year

October 1, 1963. The plan year is the twelve month period ending on September 30.

Employee Participation

A person whose employer makes contributions to the Plan pursuant to a written agreement between the Teamsters Local Union No. 830 affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America (the Union) and his employer. Plan participation begins on the first day of the second calendar month after one hour of service in covered employment.

New employees of the following employers are not eligible to participate in the Plan:

Muller, Inc. (1390)
Origlio Beverage, Inc. (2930)
Penn Distributors, Inc. (3060)

Normal Retirement Benefits

Qualifications: Attainment of later of age 62 (or 65, depending on employer) or fifth (5th) anniversary of the date of participation commencement in the Plan.

Amount: Monthly benefit equal to the applicable monthly benefit level times each year of Credited Service up to 35 years. Effective January 1, 2012, the service limit of 35 years is eliminated for those employees who end their covered employment on or after January 1, 2012. In addition, benefits earned after January 1, 2012 are based on the highest benefit multiplier in effect for that calendar year. The monthly benefit level is based on the rate for which contributions are being made on the employees' behalf.

Early Retirement Benefits

Qualifications: Attainment of age 50 and completion of at least 5 years of vesting service.

Amount: Normal retirement pension accrued to date of early retirement, reduced by 6% for each year by which the early retirement date precedes the normal retirement date.

Schedule MB, line 6 - Summary of Principal Plan Provisions
(continued)

Benefit and Contribution Levels:

During the plan year ending 9/30/2024, employers contribute and accrue benefits at the following levels:

Employer	Contribution Rate	Accrual Rate
Aramark (1040)	$123.90	$87.75
Banko Beverage (1134)	$98.00	$69.75
Bunzl Philadelphia (2570)	$178.40	$123.75
Muller, Inc. (1390)	$140.46	$99.25
Origlio Beverage, Inc. (2930)	$140.46	$99.25
Penn Distributors, Inc. (3060)	$140.46	$99.25
Route Messengers of PA (4150)	$43.96	$25.75
Teamsters Local 830 Fund (2470)	$152.50	$109.00
Teamsters Local 830 Union (2480)	$178.40	$123.75
Thomas Jefferson Univ. Hosp. (2220	$108.58	$77.00

Termination Benefits (Vesting)

Qualifications: Completion of at least 5 years of vesting service at the time of termination of covered employment.

Amount: Accrued benefit payable at age 62 (or 65, depending on employer). A participant who completed 5 years of Credited Service at termination may elect to have his vested monthly pension paid beginning on the first day of any month which follows his 50th birthday. In this case, the pension will be actuarially reduced.

Schedule MB, line 6 - Summary of Principal Plan Provisions
(continued)

Disability Benefits

Qualifications: Must terminate employment due to total and permanent disability and have at least 5 years of Credited Service.

Amount: Normal retirement pension accrued to date of disability, commencing on the first day of the month following the 180th day of continuous total and permanent disability with reduction for those with less than 10 years of Credited Service the same as under Early Retirement. For those with 10 or more years of Credited Service, the benefit is unreduced.

Pre-Retirement Spouse's Benefit

Qualifications: An active participant who has 5 or more years of Vesting Service and is married to an eligible surviving spouse or a married terminated employee eligible for a vested deferred benefit who has not yet commenced pension payments.

Amount: The eligible spouse will receive a monthly benefit equal to 50% of the normal retirement pension computed as of the date of death and further reduced as if the employee had elected the continuation to the spouse under the Joint and 50% Survivor annuity option. This is assumed to commence on the first day of the month following the month of the employee's death or the month the employee would have attained the earliest retirement age, if later, and will be payable during the surviving spouse's lifetime.

Post-Retirement Death Benefit

Qualifications: Receiving a pension at the time of death.

Amount: If the participant had been collecting a benefit in the form of a single life annuity with 60 monthly payments guaranteed, and dies before the first 60 monthly payments have been made, the beneficiary will receive the remaining monthly payments. If the participant was receiving a 50% or 75% Joint and Survivor annuity, the surviving spouse will receive the appropriate percentage of the monthly benefit the participant had been receiving.

Schedule MB, line 6 - Summary of Principal Plan Provisions
(continued)

Form of Benefit Payment

If a participant is married at the time of retirement, the pension will be paid in the form of an actuarially reduced Joint and Survivor monthly annuity with payments continuing to the spouse for life at 50% or 75% of the amount being paid to the participant.

If a participant is unmarried at the time of retirement, or the Spouse waives the right to a Joint and Survivor Annuity, the pension will be paid in the form of a single life annuity with 60 monthly payments guaranteed.

Changes Since Previous Valuation

There were no changes to the plan's provisions or to any benefit accrual rates since the prior valuation.

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2024 Form 5500 Schedule MB

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

Average Age:
2024: 47.57
2023: 48.28

Average Service:
2024: 15.57
2023: 16.52

# of Males:
361

# of Females:
19

Attained Age	Years of Credited Service										Total Number
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	10	0	0	0	0	0	0	0	0	10
25-29	0	16	7	0	0	0	0	0	0	0	23
30-34	0	18	7	5	1	0	0	0	0	0	31
35-39	0	13	1	12	4	0	0	0	0	0	30
40-44	0	9	7	16	23	7	5	0	0	0	67
45-49	0	10	7	12	7	11	8	0	0	0	55
50-54	0	9	3	11	7	9	12	6	0	0	57
55-59	0	3	3	0	4	7	8	10	8	1	44
60-64	0	2	4	2	5	3	6	5	9	2	38
65-69	0	0	0	3	3	3	1	1	3	6	20
70 & Over	0	1	0	2	0	0	1	0	0	1	5
Total	**0**	**91**	**39**	**63**	**54**	**40**	**41**	**22**	**20**	**10**	**380**

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2024 Form 5500 Schedule MB

Schedule MB, line 3(d) - Withdrawal Liability Amounts

Date	Withdrawal Liability Payment
10/01/2024	$14,191.82
10/07/2024	$13,524.00
10/25/2024	$14,191.82
11/11/2024	$13,524.00
12/09/2024	$13,524.00
12/11/2024	$14,191.82
12/26/2024	$14,191.82
01/08/2025	$13,524.00
02/04/2025	$14,191.82
02/10/2025	$13,524.00
02/28/2025	$14,191.82
03/06/2025	$13,524.00
03/26/2025	$14,191.82
04/07/2025	$13,524.00
04/29/2025	$14,191.82
05/06/2025	$13,524.00
05/21/2025	$14,191.82
06/05/2025	$13,524.00
06/17/2025	$14,191.82
07/22/2025	$13,524.00
08/04/2025	$13,524.00
08/08/2025	$14,191.82
08/22/2025	$14,191.82
09/08/2025	$13,524.00
09/18/2025	$14,191.82

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2024 Form 5500 Schedule MB

Schedule MB, line 6f(1) - Description of Withdrawal Liability Interest Rate

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The portion of the vested benefits that is matched by the Plan's assets is valued using the single spot rate generated by the Plan's payment stream and the FTSE Pension Discount Curve. For withdrawals that happen during the period 10/1/2024 - 9/30/2025, the rate is 4.79%.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2024 Form 5500 Schedule MB

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

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)*	Amortization Payment as of Beginning of Year
	(1)	(2)	(3)	(4)	(5)	(6)
A. Charges						
1. Plan Amendment	10/1/1990	571,327	35	26,522	1.000	26,522
2. Plan Amendment	10/1/1991	2,194,646	35	214,087	2.000	110,913
3. Plan Amendment	10/1/1992	435,098	35	65,600	3.000	23,466
4. Plan Amendment	10/1/1993	2,521,141	35	515,374	4.000	143,139
5. Plan Amendment	10/1/1994	401,250	35	103,290	5.000	23,749
6. Plan Amendment	10/1/1995	317,810	35	98,215	6.000	19,464
7. Assumption Change	10/1/1995	1,132,876	35	350,051	6.000	69,374
8. Plan Amendment	10/1/1996	309,583	35	111,107	7.000	19,514
9. Assumption Change	10/1/1997	1,225,980	35	498,541	8.000	79,176
10. Plan Amendment	10/1/1997	1,821,633	35	740,761	8.000	117,645
11. Plan Amendment	10/1/1998	790,133	35	357,276	9.000	52,102
12. Plan Amendment	10/1/1999	2,093,813	35	1,037,298	10.000	140,576
13. Plan Amendment	10/1/2000	6,378,439	35	3,420,919	11.000	435,006
14. Plan Amendment	10/1/2001	1,278,085	35	734,846	12.000	88,371
15. Plan Amendment	10/1/2002	1,234,791	35	754,890	13.000	86,419
16. Plan Amendment	10/1/2003	2,616,553	35	1,689,188	14.000	185,099
17. Plan Amendment	10/1/2004	4,067,940	35	2,756,955	15.000	290,537
18. Assumption Change	10/1/2004	693,401	35	469,927	15.000	49,523
19. Plan Amendment	10/1/2005	1,445,873	35	1,023,511	16.000	104,152
20. Plan Amendment	10/1/2006	9,914,313	35	7,298,437	17.000	719,660
21. Actuarial Loss	10/1/2006	4,815,563	20	628,518	2.000	325,618
22. Actuarial Loss	10/1/2007	998,033	20	201,329	3.000	72,017
23. Plan Amendment	10/1/2007	3,038,321	35	2,317,085	18.000	222,071
24. Plan Amendment	10/1/2008	766,924	20	209,762	4.000	58,259
25. Actuarial Loss	10/1/2008	4,751,137	20	1,299,468	4.000	360,911
26. Actuarial Loss	10/1/2009	6,111,676	20	2,104,917	5.000	483,964
27. Plan Amendment	10/1/2009	666,027	20	229,386	5.000	52,741
28. Actuarial Loss	10/1/2010	8,124,616	20	3,359,513	6.000	665,793
29. Actuarial Loss	10/1/2011	708,758	20	340,330	7.000	59,772
30. Plan Amendment	10/1/2011	1,482	20	715	7.000	126
31. Plan Amendment	10/1/2012	532,316	20	289,621	8.000	45,996
32. Actuarial Loss	10/1/2012	1,271,616	20	691,859	8.000	109,878
33. Actuarial Loss	10/1/2013	804,858	20	486,935	9.000	71,010
34. Assumption Change	10/1/2013	5,071,175	20	3,068,050	9.000	447,413
35. Assumption Change	10/1/2014	1,403,187	20	930,090	10.000	126,047
36. Actuarial Loss	10/1/2019	195,868	15	152,311	10.000	20,641
37. Assumption Change	10/1/2021	291,253	15	255,229	12.000	30,693
38. Actuarial Loss	10/1/2022	922,437	15	849,152	13.000	97,209
39. Actuarial Loss	10/1/2023	3,713,643	15	3,571,457	14.000	391,357
40. Actuarial Loss	10/1/2024	3,700,677	15	3,700,677	15.000	389,990
Total				$ 46,953,199		$ 6,815,913

*Reflects application of 5-year automatic extension of certain amortization charges effective October 1, 2015.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2024 Form 5500 Schedule MB

Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases (continued)

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)	Amortization Payment as of Beginning of Year
	(1)	(2)	(3)	(4)	(5)	(6)
B. Credits						
1. Plan Amendment	10/1/1997	92,327	30	20,328	3.000	7,272
2. Actuarial Gain	10/1/2014	3,870,111	15	1,773,853	5.000	407,845
3. Actuarial Gain	10/1/2015	1,402,253	15	745,653	6.000	147,774
4. Assumption Change	10/1/2015	2,401,500	15	1,277,005	6.000	253,079
5. Actuarial Gain	10/1/2016	2,601,537	15	1,561,018	7.000	274,159
6. Assumption Change	10/1/2016	2,218,998	15	1,331,480	7.000	233,845
7. Plan Amendment	10/1/2017	3,189,035	15	2,116,108	8.000	336,071
8. Assumption Change	10/1/2017	2,371,260	15	1,573,467	8.000	249,891
9. Actuarial Gain	10/1/2017	1,645,964	15	1,092,192	8.000	173,457
10. Assumption Change	10/1/2018	634,681	15	458,650	9.000	66,885
11. Actuarial Gain	10/1/2018	810,674	15	585,830	9.000	85,432
12. Assumption Change	10/1/2019	621,657	15	483,409	10.000	65,512
13. Assumption Change	10/1/2020	509,400	15	422,163	11.000	53,682
14. Actuarial Gain	10/1/2020	2,367,753	15	1,962,261	11.000	249,522
15. Actuarial Gain	10/1/2021	5,716,695	15	5,009,588	12.000	602,445
Total				$ 20,413,005		$ 3,206,871
C. Net (A - B)				$ 26,540,194		$ 3,609,042
D. Balance Test						
1. Credit balance / (funding deficiency)				$ 26,310,488		
2. Balance test: [C - D(1)]				$ 229,706		
3. Unfunded accrued liability				$ 229,706		

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2024 Form 5500 Schedule MB

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

The following are the actuarial assumption changes as of October 1, 2024:

The current liability interest rate was changed from 3.07% to 3.85%, in compliance with IRS regulations. Additionally, the RPA current liability mortality table was changed to the 2024 Static Mortality Table under IRS Notice 2019-67.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2024 Form 5500 Schedule MB

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

Interest Rates

Funding Interest Rate — 7.50% per year, compounded annually.

RPA Current Liability — 3.85% per year, compounded annually.

Mortality

Healthy — The RP-2006 Blue Collar Mortality Table, with mortality improvements projected with SOA Scale MP-2021 on a generational basis. An adjustment factor of 1.10 was applied to the healthy male rates.

Disabled — The RP-2006 Mortality Table for disabled retirees, with mortality improvements projected with Scale MP-2021 on a generational basis.

RPA Current Liability — IRS 2024 Mortality Table, as prescribed.

Withdrawal Rates

Rates of termination (for reasons other than death, disability, or retirement) are assumed to vary according to length of service during a member's first 4 years. For participants with 5 or more years of service, the rate of termination is assumed to vary by age, with illustrative rates as follows:

	Select Rates based on Service					Ultimate
Age	0	1	2	3	4	Rates
25	18.5%	18.5%	18.5%	18.5%	15.0%	13.7%
30	18.5%	18.5%	18.5%	18.5%	15.0%	10.9%
35	18.5%	18.5%	18.5%	18.5%	15.0%	8.5%
40	18.5%	18.5%	18.5%	18.5%	15.0%	6.6%
45	18.5%	18.5%	18.5%	18.5%	15.0%	5.1%
50	18.5%	18.5%	18.5%	18.5%	15.0%	3.9%
55	18.5%	18.5%	18.5%	18.5%	15.0%	2.9%
60	18.5%	18.5%	18.5%	18.5%	15.0%	2.1%
65	18.5%	18.5%	18.5%	18.5%	15.0%	1.3%
70	18.5%	18.5%	18.5%	18.5%	15.0%	0.6%

This assumption was chosen by the Plan's prior actuary, and will be reviewed by KBA74 once adequate history has been compiled

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2024 Form 5500 Schedule MB

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

(continued)

Disability Rates

Rates of disability were based on the sex-distinct disability incidence outlined in the Social Security Administration's Actuarial Note Number 2014.6. This assumption was based on a review of published disability tables and the demographics and industry of the Plan. Illustrative rates are shown below:

Age	Male Percentage	Female Percentage
25	0.22%	0.16%
30	0.21%	0.19%
35	0.28%	0.31%
40	0.39%	0.42%
45	0.52%	0.56%
50	0.79%	0.83%
55	1.25%	1.19%
60	1.85%	1.53%
65	1.31%	1.09%

Retirement Rates

Active and terminated vested participants are assumed to retire in accordance with the rates in the table below:

Age	Rate of Retirement
50-59	5.50%
60	10.00%
61	20.00%
62	30.00%
63-69	22.50%
70+	100.00%

Expenses

An amount equal to the core expenses (excluding investment expenses) paid in the preceding Plan Year, rounded up to the next $10,000, added to the Normal Cost. ($790,000 for 2024, expense loading of 55.6%)

Spouses (marital status)

75% of male participants and 50% of female participants not currently collecting benefits are assumed to be married, with male spouses assumed to be three years older and female spouses assumed to be three years younger than the participant.

Service Credit

For purposes of projecting future benefit accruals, it is assumed that each active participant will earn a full year of benefit service.

Teamster Local 830 Pension Plan
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Attachment to the 2024 Form 5500 Schedule MB

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

(continued)

Form of Payment:	All who retire are assumed to receive an immediate life annuity with 5 years certain.
Vested Terminated Members Beyond Their Normal Retirement Age:	Benefits for Vested Terminated members who are past their Normal Retirement Date are actuarially increased through age 71. Those members beyond age 71 have a one-time retroactive benefit valued, with 7.0% interest, as of the valuation date for payments due beyond age 71. Liabilities for four Vested Terminated members beyond age 85 are excluded from the valuation.
Data	Data is received from the Fund Office. Retirees and beneficiaries are those who were in receipt of a payment as of the valuation date. Actives are those who were listed as being employed by a Contributing Employer on the valuation date. Terminated Vested members are those with at least 5 years of Vesting Service who were neither in receipt of a pension or actively employed. Records without dates of birth are assumed to have the average birth date of other records in the same status.
Actuarial Valuation Method	Unit Credit cost method.
Asset Valuation Method	Recognition of gains and losses above or below the assumed rate of return over a 5-year period, adjusted, if necessary, to remain within a corridor of 80% to 120% of the market value of plan assets.
Changes since the Prior Valuation	The current liability interest rate was changed from 3.07% to 3.85%, in compliance with IRS regulations. Additionally, the RPA current liability mortality table was changed to the 2024 Static Mortality Table in accordance with IRS regulations.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2024 Form 5500 Schedule MB

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

(continued)

Rationale for Selection of Significant Actuarial Assumptions

Interest Rate	The interest rate assumption used for funding purposes is based on current and future market expectations, and professional judgment. In setting the long-term investment return assumption, the Plan's Investment Consultant provided future investment expectations based on the Plan's asset allocation.
Mortality	The mortality assumption is based on historical and current demographic data and professional judgment. Periodically, we perform experience studies where we compare actual to expected experience.
Retirement from Active and Terminated Vested Status	The retirement age decrements for active and terminated vested participants are based on observations of recent and historical retirements and in consideration of plan design, and the actuary's experience with plans of a similar size, workforce composition, and geography.
Withdrawal	The withdrawal table was selected by the prior actuary. Once KBA74 has adequate data to perform an experience study, the table will either be confirmed or substituted with a more appropriate table.
Plan Expenses	Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust, with consideration of PBGC premiums and other expenditures expected to be paid in this Plan Year.
Marital Status	The current assumption has been selected based on the actuary's experience with plans of a similar size, plan design, and workforce composition.
Disability	Because the Plan does not have enough data to do a fully credible experience analysis with respect to disability during active employment, the current assumption has been selected based on observations of recent disabilities, the actuary's experience with plans of a similar size, plan design, workforce composition and geography.

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2024 Form 5500 Schedule MB

Schedule MB, line 8b(1) - Schedule of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2024	$572,722	$1,889,717	$13,378,404	$15,840,843
2025	$1,076,709	$828,786	$13,021,923	$14,927,418
2026	$1,526,262	$1,122,692	$12,646,211	$15,295,165
2027	$1,917,028	$1,366,315	$12,251,037	$15,534,380
2028	$2,267,644	$1,632,920	$11,850,323	$15,750,887
2029	$2,457,967	$1,791,473	$11,436,533	$15,685,973
2030	$2,645,100	$1,981,059	$11,023,635	$15,649,794
2031	$2,809,532	$2,161,185	$10,602,313	$15,573,030
2032	$2,949,199	$2,351,062	$10,172,835	$15,473,096
2033	$3,080,600	$2,538,850	$9,735,638	$15,355,088
2034	$3,177,163	$2,686,168	$9,291,387	$15,154,718
2035	$3,246,104	$2,792,969	$8,840,984	$14,880,057
2036	$3,299,031	$2,882,773	$8,385,500	$14,567,304
2037	$3,333,893	$2,960,065	$7,926,160	$14,220,118
2038	$3,373,836	$3,029,663	$7,464,274	$13,867,773
2039	$3,389,329	$3,083,395	$7,001,245	$13,473,969
2040	$3,399,901	$3,136,117	$6,538,634	$13,074,652
2041	$3,423,442	$3,168,952	$6,078,175	$12,670,569
2042	$3,458,553	$3,196,020	$5,621,813	$12,276,386
2043	$3,432,952	$3,194,129	$5,171,711	$11,798,792
2044	$3,445,292	$3,184,238	$4,730,231	$11,359,761
2045	$3,448,236	$3,162,953	$4,299,890	$10,911,079
2046	$3,418,025	$3,128,623	$3,883,259	$10,429,907
2047	$3,333,468	$3,081,883	$3,482,885	$9,898,236
2048	$3,232,131	$3,024,497	$3,101,196	$9,357,824
2049	$3,140,292	$2,952,757	$2,740,398	$8,833,447
2050	$3,020,216	$2,871,160	$2,402,442	$8,293,818
2051	$2,927,246	$2,776,428	$2,088,968	$7,792,642
2052	$2,811,439	$2,667,125	$1,801,196	$7,279,760
2053	$2,688,138	$2,555,998	$1,539,896	$6,784,032
2054	$2,556,871	$2,436,063	$1,305,295	$6,298,229
2055	$2,416,117	$2,308,413	$1,097,024	$5,821,554
2056	$2,287,965	$2,176,275	$914,201	$5,378,441
2057	$2,155,723	$2,042,984	$755,485	$4,954,192
2058	$2,023,310	$1,911,744	$619,182	$4,554,236
2059	$1,898,388	$1,781,123	$503,378	$4,182,889
2060	$1,773,354	$1,650,174	$406,010	$3,829,538
2061	$1,648,775	$1,524,059	$324,979	$3,497,813
2062	$1,526,534	$1,402,496	$258,219	$3,187,249
2063	$1,412,108	$1,284,790	$203,757	$2,900,655

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2024 Form 5500 Schedule MB

Schedule MB, line 8b(1) - Schedule of Expected Benefit Payments (continued)

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2064	$1,300,213	$1,172,723	$159,753	$2,632,689
2065	$1,193,939	$1,065,993	$124,519	$2,384,451
2066	$1,092,142	$964,974	$96,537	$2,153,653
2067	$995,822	$869,710	$74,481	$1,940,013
2068	$903,962	$780,215	$57,204	$1,741,381
2069	$817,024	$696,318	$43,744	$1,557,086
2070	$734,860	$617,979	$33,312	$1,386,151
2071	$657,530	$545,082	$25,262	$1,227,874
2072	$585,001	$477,580	$19,072	$1,081,653
2073	$517,375	$415,422	$14,327	$947,124

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2024 Form 5500 Schedule MB

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	$3,955,410	$332,590	$4,288,000
2025	$3,883,410	$332,590	$4,216,000
2026	$3,790,410	$332,590	$4,123,000
2027	$3,724,410	$332,590	$4,057,000
2028	$3,667,410	$332,590	$4,000,000
2029	$3,617,410	$332,590	$3,950,000
2030	$3,574,410	$332,590	$3,907,000
2031	$3,540,410	$332,590	$3,873,000
2032	$3,506,410	$332,590	$3,839,000
2033	$3,473,410	$332,590	$3,806,000

Teamster Local 830 Pension Plan
EIN: 23-1990755 PN: 001
Attachment to the 2024 Form 5500 Schedule MB

Schedule MB, line 8e - Difference in Minimum Required Contribution due to Extension of Amortization Bases

CALCULATION OF MINIMUM REQUIRED CONTRIBUTION FOR PLAN YEAR ENDING SEPTEMBER 30, 2025

(with extension)

1.	Regular Minimum Contribution		
	a. Normal cost	$	2,210,145
	b. Net amortization charges		3,609,042
	c. Interest on (a) and (b)		436,439
	d. Total, but not less than zero	$	6,255,626
2.	Full funding limitation	$	64,694,058
3.	Minimum required contribution before recognition of credit balance if deposited on or after September 30, 2025: lesser of (1d) or (2)	$	6,255,626

CALCULATION OF MINIMUM REQUIRED CONTRIBUTION FOR PLAN YEAR ENDING SEPTEMBER 30, 2025

(without extension)

4.	Regular Minimum Contribution		
	a. Normal cost	$	2,210,145
	b. Net amortization charges		2,632,615
	c. Interest on (a) and (b)		363,207
	d. Total, but not less than zero	$	5,205,967
5.	Full funding limitation	$	64,694,058
6.	Minimum required contribution before recognition of credit balance if deposited on or after September 30, 2025: lesser of (1d) or (2)	$	5,205,967
7.	Difference in Minimum Required Contribution due to Extension of Amortization Bases: [3] - [6], not less than zero*	$	1,049,659

* This does not reflect the use of the Credit Balance. There was no Minimum Required Contribution when reflecting the Credit Balance [$26,310,488], regardless of whether the Amortization Base extensions were considered.

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 10/01/2024 and ending 09/30/2025

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

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
TEAMSTERS LOCAL 830 PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1963

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TEAMSTERS LOCAL 830 PENSION PLAN

12298 TOWNSEND ROAD

PHILADELPHIA PA 19154

2b Employer Identification Number (EIN) 23-1990755

2c Plan Sponsor's telephone number 215-969-1012

2d Business code (see instructions) 484110

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

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

SIGN HERE	X [signature]	X 7/16/26	DANIEL GRACE - UNION TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	X [signature]	X 7/18/26	DOMINIC ORIGLIO - EMPLOYER TRUSTEE
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	2,273
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	375
a (2) Total number of active participants at the end of the plan year	**6a(2)**	375
b Retired or separated participants receiving benefits	**6b**	1,037
c Other retired or separated participants entitled to future benefits	**6c**	521
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	1,933
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	314
f Total. Add lines **6d** and **6e**	**6f**	2,247
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	10

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

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 10/01/2024 and ending 09/30/2025

▶ **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 830 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
TEAMSTERS LOCAL 830 PENSION PLAN

D Employer Identification Number (EIN)
23-1990755

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 10 Day 01 Year 2024		
b	Assets		
	(1) Current value of assets	1b(1)	176,622,566
	(2) Actuarial value of assets for funding standard account	1b(2)	178,995,913
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	179,225,619
	(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)	179,225,619
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)	269,393,554
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2,750,966
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	15,856,367
	(3) Expected plan disbursements for the plan year	1d(3)	15,856,367

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 ANTHONY BERTOLOTTI AB — 7/6/2026

Signature of actuary — Date

ANTHONY BERTOLOTTI — 2608756

Type or print name of actuary — Most recent enrollment number

Keystone 74 Benefits and Admin — 215-587-0700

Firm name — Telephone number (including area code)

3031 Walton Road, Building B
Plymouth Meeting PA 19462

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**	176,622,566
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1,345	158,451,457
(2) For terminated vested participants		550	53,065,911
(3) For active participants:			
(a) Non-vested benefits			1,015,753
(b) Vested benefits			56,860,433
(c) Total active		380	57,876,186
(4) Total		2,275	269,393,554
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	65.56 %

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
04/01/2025	3,860,230	0			
04/01/2025	346,782	0			
10/01/2025	140,354	0			
			Totals ► 3(b)	4,347,366	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	346,782

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	99.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • 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**	

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**: 3.85 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.50 %	7.50 %
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)**	4.79 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	12.9 %
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)**	790,000
(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	3,700,677	389,990

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended — **8d(2)**: 5

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		**8e**	0
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	2,210,145
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)**	46,953,199	6,815,913
(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**	676,954
e Total charges. Add lines 9a through 9d		**9e**	9,703,012
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	26,310,488
g Employer contributions. Total from column (b) of line 3		**9g**	4,347,366
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	20,413,005	3,206,871
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	2,369,145
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	33,457,963	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	64,694,058	
(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**	36,233,870
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	26,530,858
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No