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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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
CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1955

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)
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

1055 SPRING STREET
WYOMISSING, PA 19610-1747

2b Employer Identification Number (EIN) 23-6262789

2c Plan Sponsor's telephone number 610-320-5500

2d Business code (see instructions) 484120

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.	09/15/2026	WILLIAM M. SHAPPELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	25602
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)**	5287
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5123
b	Retired or separated participants receiving benefits	**6b**	11629
c	Other retired or separated participants entitled to future benefits	**6c**	3791
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	20543
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4427
f	Total. Add lines **6d** and **6e**.	**6f**	24970
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**	74

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

1B

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

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

1a Enter the valuation date: Month 01 Day 01 Year 2025

b	Assets		
(1)	Current value of assets	**1b(1)**	1487406324
(2)	Actuarial value of assets for funding standard account	**1b(2)**	1525865213
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	1605103293
(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)**	1605103293
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)**	2357368990
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	90738711
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	134907731
(3)	Expected plan disbursements for the plan year	**1d(3)**	136755999

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: 08/21/2026

JOSEPH F. HICKS, JR. — Most recent enrollment number: 23-06117

Type or print name of actuary

KEYSTONE 74 BENEFITS AND ADMIN — Telephone number (including area code): 267-606-1280

Firm name

3031 WALTON RD, BLDG 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**	1487406324
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		16164	1423847615
(2) For terminated vested participants		4151	222996763
(3) For active participants:			
(a) Non-vested benefits			111479786
(b) Vested benefits			599044826
(c) Total active		5287	710524612
(4) Total		25602	2357368990
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	63.10 %

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
06/30/2025	88612863	0			
06/30/2025	687317	0			
01/15/2026	7801104	0			
			Totals ► **3(b)**	97101284	**3(c)** 0
(d) Total withdrawal liability amounts included in line 3(b) total					**3(d)** 687317

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	95.1 %
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**	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	9P
(2) Females	**6c(2)**	9FP	9FP
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.3 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	9.3 %	
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)**	4500000	
(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	40213005	4126329
4	58011516	5952666
3	211598	21712

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	
b Employer's normal cost for plan year as of valuation date	**9b**	50778600

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)**	765552927		103679051
(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**	10812036
e Total charges. Add lines 9a through 9d			**9e**	165269687
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	594512183
g Employer contributions. Total from column (b) of line 3			**9g**	97101284
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	91802664		17746400
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	45983607
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	816396895		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	679256360		
(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**	755343474
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	590073787
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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

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

ENTRUST PARTNERS OFFSHORE LP

90-0644478

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

NORTHERN TRUST CORPORATION

36-2723087

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

CORBIN CAPITAL PARTNERS, L.P

30-0299433

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

GOLDENTREE ASSET MANAGEMENT

13-4118850

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

SIGULER GUFF ADVISERS, LLC

13-3855629

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

SEI TRUST COMPANY

06-1271230

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

GROSVENOR CAPITAL MANAGEMENT, L.P.

20-3979494

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

MESIROW FINANCIAL PRIVATE EQUITY

84-3769930

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

CAUSEWAY CAPITAL MANAGEMENT LLC

95-4861680

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

FIDUCIARY TRUST INT'L OF THE SOUTH

65-0080824

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

FRANKLIN TEMPLETON INSTITUTIONAL LL

94-3411725

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

GLOUSTON CAPITAL PARTNERS

02-0571602

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

JMB INSURANCE AGENCY, INC.

36-2711359

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

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

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(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)

WASHINGTON CAPITAL MANAGEMENT, INC.

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	955265	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 51	NONE	589732	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGALL BRYANT & HAMILL

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	483125	Yes [X] No [ ]	Yes [X] No [ ]	0	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)

HAMILTON LANE ADVISORS, LLC

23-2962336

(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]	451069	Yes [ ] No [X]

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

INTERCONTINENTAL R/E CORPORATION

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 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	447730	Yes [ ] No [ ]

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

SIERRA INVESTMENT PARTNERS, INC.

68-0370668

(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	323222	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)

WESTFIELD CAPITAL MGMT CO.LP

80-0175963

(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	317929	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MORGAN, LEWIS, & BOCKIUS LLP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	317639	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KEYSTONE 74 BENEFITS & ADMIN. LLC

3031 WALTON ROAD
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 70	NONE	215312	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

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	213750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	170052	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHELLE L HOUCK

23-6262789

(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	120673	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)

WILLIG, WILLIAMS & DAVIDSON

23-2416488

(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	NONE	119763	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOSEPH J. SAMOLEWICZ

23-6262789

(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	116630	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 72 68	NONE	112723	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

ASHLEY BORTZ

23-6262789

(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	101243	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JUDITH A GUIDARA

23-6262789

(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	98929	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ESSEX TECHNOLOGY GROUP

22-3679815

(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	87327	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)

JAMES STRICKER

23-6262789

(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	83686	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEIDENHAMMER SYSTEMS CORP

23-2054990

(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	NONE	74641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUSTY KEMP

23-6262789

(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	67613	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)

KYLE WELLER

23-6262789

(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	67520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBRA PFENNIG

23-6262789

(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	63350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LISA MARDERNESS

23-6262789

(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	62697	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)

RICHARD PASTUSZEK

23-6262789

(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	60399	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	60076	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT GENSLINGER

23-6262789

(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	58836	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)

MARTIN L CULLEN

23-6262789

(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	58201	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PETER SHIFFER

23-6262789

(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	54461	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LORI KEMMERER

23-6262789

(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	52973	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)

ALLYNN SEIDEL

23-6262789

(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	52685	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAMIEN WILD

23-6262789

(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	50588	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEMERE PEARSON

23-6262789

(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	50481	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)

KRYSTAL CRUZ-GALO

23-6262789

(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	50048	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LV PRINT CENTER

93-1517255

(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?
36 50	NONE	49515	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMANDA PATTON

23-6262789

(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	48679	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)

CAILIN ADAMS

23-6262789

(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	45243	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY SNYDER

23-6262789

(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	43620	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIN KINGSTON

23-6262789

(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	42848	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)

LISA M MIECZKOWSKI

23-6262789

(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	41990	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLOTTE HOUSER

23-6262789

(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	41485	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JILL SCHMALE

23-6262789

(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	40497	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 RPS

31-1582098

(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?
70	NONE	35938	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRETT BIEBER

23-6262789

(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	31943	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FABRICANT & FABRICANT INC

13-1942233

(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?
22 53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	20477	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)

DOYLE PRINTING & OFFSET CO.

53-0191325

(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?
36 50	NONE	17992	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WORTING LAW LLC

6128 OVERLEA RD.
BETHESDA, MD 20816

(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	13990	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KENNETH A. ROSS

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	10808	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)

KEVIN M. BOLIG

23-6262789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	9486	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAGODA ELECTRICAL INC.

23-2790850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7531	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDWARD A. REIDER, INC.

23-1265199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5778	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
HAMILTON LANE ADVISORS, LLC	28 52	451069

(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.
HL SECONDARY FEEDER FD VA-LP 83-1798760	MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
INTERCONTINENTAL R/E CORPORATION	28 52	447730

(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.
US REAL ESTATE INVESTMENT FU 11-3786306	MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	69

(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.
AMGUARD INS. CO. 23-2240321	COMMISSION

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
FABRICANT & FABRICANT INC	22 53	228
(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.	
CONTINENTAL CASUALTY 36-2114545	COMMISSION	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	2316
(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.	
FAIR AMERICAN INS. CO. 46-1213970	COMMISSION	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	229
(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.	
FEDERAL INSURANCE CO. 13-1963496	COMMISSION	

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
FABRICANT & FABRICANT INC	22 53	4472

(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.
HUDSON INS. CO. 13-5150451	COMMISSION

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	7447

(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.
MARKEL AMERICAN INS CO. 54-1398877	COMMISSION

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	3252

(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.
RLI INS. CO. 37-0915434	COMMISSION

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
FABRICANT & FABRICANT INC	22 53	65
(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.	
ZURICH AMERICAN 36-4233459	COMMISSION	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	242
(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.	
ULLICO INSURANCE CO. 13-1423090	COMMISSION	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FABRICANT & FABRICANT INC	22 53	2157
(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.	
ACE AMERICAN 95-2371728	COMMISSION	

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

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: NT COLLECTIVE RUSSELL 1000 INDEX FU

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

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)
45-6138589-095	C	228930850

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE GOVERNMENT SHORT TERM

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

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)
45-6138589-068	C	11154824

a Name of MTIA, CCT, PSA, or 103-12 IE: CAUSEWAY COLLECTIVE INVESTMENT TRUS

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

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)
83-2723947-128	C	54849008

a Name of MTIA, CCT, PSA, or 103-12 IE: SIERRA FRANKLIN EAFE PLUS EQUITY TR

b Name of sponsor of entity listed in (a): FIDUCIARY TRUST INTERNATIONAL OF THE SOUTH

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)
90-6149946-001	C	48088740

a Name of MTIA, CCT, PSA, or 103-12 IE: MACKAY SHIELDS COLL INV TRUST

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

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)
47-1818241-076	C	87374463

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES HIGH YIELD CONSERVATI

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

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)
84-6391546-006	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAPITAL JOINT MASTER TRU

b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC.

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)
91-1163419-001	E	78596355

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDENTREE MULTI-SECTOR FUND OFFSHO

b Name of sponsor of entity listed in (a): GOLDENTREE ASSET MANAGEMENT

c EIN-PN 98-1018819-002	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80790972

a Name of MTIA, CCT, PSA, or 103-12 IE: WACAP O DIRECT LENDING FUND UNLEVER

b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC.

c EIN-PN 88-3122898-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24860046

a Name of MTIA, CCT, PSA, or 103-12 IE: WACAP SP INFRASTRUCTURE FUND IV FEE

b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC.

c EIN-PN 86-1680526-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42160757

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

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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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

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	3243198	2643142
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8042495	7801104
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	22104880	13514416
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	45446670	49537971
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	59483049	62438710
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	327340887	364403294
(5) Partnership/joint venture interests	1c(5)	359769819	422107907
(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)	428197166	430397885
(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)	206851352	226408130
(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)	38259974	41043569

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	174598	167081
1f Total assets (add all amounts in lines 1a through 1e)	1f	1498914088	1620463209
Liabilities			
1g Benefit claims payable	1g	53938	43585
1h Operating payables	1h	995541	788273
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	10512223	1510688
1k Total liabilities (add all amounts in lines 1g through1j)	1k	11561702	2342546
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1487352386	1618120663

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)	96413967	
(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)		96413967
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10225	
(B) U.S. Government securities	2b(1)(B)	1599070	
(C) Corporate debt instruments	2b(1)(C)	2596631	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	8448942	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12654868
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	14982	
(B) Common stock	2b(2)(B)	4516193	
(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)		4531175
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	201865124	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	199018325	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		2846799
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	54227086	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		54227086

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		72269670
(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)		13990854
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		769188
d Total income. Add all **income** amounts in column (b) and enter total	2d		257703607
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	128417825	
(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)		128417825
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)	1653016	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1796	
(4) IQPA audit fees	2i(4)	60076	
(5) Investment advisory and investment management fees	2i(5)	3077641	
(6) Bank or trust company trustee/custodial fees	2i(6)	92442	
(7) Actuarial fees	2i(7)	251250	
(8) Legal fees	2i(8)	455017	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	69047	
(11) Other expenses	2i(11)	1815183	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		7475468
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		135893293
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		121810314
l Transfers of assets:			
(1) To this plan	2l(1)		8957963
(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		1000000
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		459198846
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**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588431.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

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): 23-6262789

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer UNITED PARCEL SERVICE INC

b EIN 13-1426500 **c** Dollar amount contributed by employer 72425461

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

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

a Name of contributing employer ARKANSAS BEST FREIGHT SYS INC

b EIN 71-0249444 **c** Dollar amount contributed by employer 14634097

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 30 Year 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) _____
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer BRENNTAG NORTHEAST LLC

b EIN 74-2203689 **c** Dollar amount contributed by employer 792749

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 11 Day 30 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) 772.66
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer CENTRAL PENNSYLVANIA TEAMSTERS PENS

b EIN 23-6262789 **c** Dollar amount contributed by employer 759910

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 03 Day 31 Year 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) 2748.19
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer CENTRAL PENNSYLVANIA TEAMSTERS H&W

b EIN 23-6263170 **c** Dollar amount contributed by employer 406357

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 03 Day 31 Year 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) 2748.19
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer SINGER EQUIPMENT CO. INC.

b EIN 23-1674739 **c** Dollar amount contributed by employer 544700

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 08 Day 24 Year 2029

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) 640.59
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

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 D/B/A VALLEY FARMS DAIRY

b EIN 47-3728873 **c** Dollar amount contributed by employer 378785

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 31 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 355.00
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer CLOVER FARMS DAIRY LLC

b EIN 92-1062793 **c** Dollar amount contributed by employer 534600

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 02 Day 28 Year 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) 300.00
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer TEAMSTERS LOCAL UNION 776

b EIN 23-1147664 **c** Dollar amount contributed by employer 465572

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 03 Day 31 Year 2005

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) 1906.67
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer ABM INDUSTRY GROUPS LLC

b EIN 95-2495556 **c** Dollar amount contributed by employer 512481

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

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

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: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	18
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**	8
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**	613

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**	2.25
b The corresponding number for the second preceding plan year	**15b**	0.98

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**	1
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**	188571

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: 40.6 % Private Equity: 13.7 % Investment-Grade Debt and Interest Rate Hedging Assets: 14.7 %
High-Yield Debt: 8.5 % Real Assets: 21.8 % Cash or Cash Equivalents: 0.7 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
[ ] 0-5 years [X] 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 [X] 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 [X] 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_____.

CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2025 AND 2024

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Novak Francella LLC | CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Central Pennsylvania Teamsters
Defined Benefit Plan

Opinion

We have audited the financial statements of the Central Pennsylvania Teamsters Defined Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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 December 31, 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 Schedules of Administrative Expenses, Schedule of Assets Held at End of Year, and Schedule of Reportable Transactions, 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
September 15, 2026

Central Pennsylvania Teamsters Defined Benefit Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value		
Common stock	$ 356,282,173	$ 317,680,861
Short-term cash equivalents	-	9,224
Foreign stock	8,121,121	9,660,026
Common collective trust - STIF	11,154,824	42,522,182
United States Government and Government Agency obligations	49,537,971	45,446,670
Corporate obligations	60,488,438	56,327,933
Asset-backed securities	1,947,612	3,151,580
Non-government backed CMOs	2,660	3,536
Municipal obligations	3,952,630	3,854,684
Common collective trust - international equity	54,849,008	56,809,391
Common collective trust - equity	277,019,590	328,865,593
Common collective trust - fixed income	87,374,463	-
103-12 investment entities	226,408,130	206,851,352
Hedge fund of funds - global multi-strategy fund	105,157	192,335
Foreign hedged fund of funds	36,985,782	34,212,955
Limited partnership	81,197,261	76,115,061
Limited partnership - private equity	138,771,115	73,727,345
Limited partnership - real estate	202,139,531	209,927,413
Total investments	1,596,337,466	1,465,358,141
Receivables		
Employer contributions	7,801,104	8,042,495
Trustee to Trustee transfer from RIP 1987	257,119	729,529
Other receivable	599,663	466,997
Accrued interest and dividends	1,796,795	1,612,842
Due from broker for sales of securities	1,379,821	10,039,486
Total receivables	11,834,502	20,891,349

See accompanying notes to financial statements.

	2025	2024
OTHER ASSETS		
Prepaid expenses	$ 24,893	$ 42,241
Prepaid benefits	9,456,125	9,213,785
Total other assets	9,481,018	9,256,026
PROPERTY AND EQUIPMENT		
Office equipment and furniture	304,877	279,128
Leasehold improvements	385,090	372,084
	689,967	651,212
Less: accumulated depreciation and amortization	(522,886)	(476,614)
Net property and equipment	167,081	174,598
CASH	2,643,142	3,233,974
Total assets	1,620,463,209	1,498,914,088
LIABILITIES AND NET ASSETS		
LIABILITIES		
Due to related party	65,034	58,190
Accrued administrative expenses	788,273	995,541
Due to broker for purchases of securities	1,445,654	10,454,033
Total liabilities	2,298,961	11,507,764
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,618,164,248	$ 1,487,406,324

See accompanying notes to financial statements.

Central Pennsylvania Teamsters Defined Benefit Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 142,684,375	$ 112,472,334
Interest and dividends	12,800,988	11,743,529
Other investment income	5,035,089	6,111,256
	160,520,452	130,327,119
Less investment expenses	(2,952,048)	(3,281,464)
Investment income - net	157,568,404	127,045,655
Contributions		
Employer contributions	96,413,967	97,684,972
Trustee to Trustee transfer from RIP 1987	8,957,963	10,528,760
Withdrawal liability contributions	687,317	154,966
Total contributions	106,059,247	108,368,698
Other income	81,871	102,002
Total additions	263,709,522	235,516,355
Deductions		
Benefits paid to or for participants and beneficiaries	128,428,178	129,700,012
Administrative expenses	4,523,420	4,509,853
Total deductions	132,951,598	134,209,865
Net increase	130,757,924	101,306,490
Net assets available for benefits		
Beginning of year	1,487,406,324	1,386,099,834
End of year	$ 1,618,164,248	$ 1,487,406,324

See accompanying notes to financial statements.

CENTRAL PENNSYLVANIA TEAMSTERS
DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Central Pennsylvania Teamsters (CPT) Defined Benefit Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer pension plan. The Plan covers all eligible employees of participating employers who are covered by collective bargaining agreements, as well as certain other non-collectively bargained participants, usually local union employees, Plan employees, and employees of related plans. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and of the Multiemployer Pension Plan Amendments Act of 1980 (MPPAA), as amended.

Plan Administration

The Administration of the Plan is the responsibility of a Board of Trustees comprised of Union Trustees and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Plan are managed by investment managers and maintained by a separate custodian. The Trustees have engaged the services of an independent investment consultant to make recommendations with respect to the investment of the Plan's assets, and to assist them with monitoring the performance of the Plan's investment managers.

Contributions

Following the amendments effective January 1, 1987, all contributions to the Pension Fund were credited to the Central Pennsylvania Teamsters Retirement Income Plan 1987 (RIP 1987). Effective December 30, 1999, the Plan was amended to accept contributions. The amount of those contributions was equal to the forfeitures of the non-vested participants whose employers had formerly participated in this Plan but were then contributing to RIP 1987.

Effective March 1, 2002, the Plan and RIP 1987 were amended to provide that a portion of future employer contributions from contributing employers would be allocated to the Plan and a portion would be allocated to RIP 1987. The percentage of the employer contribution allocated to each plan was calculated on an individual participant basis, dependent upon the age and the number of years of service that each covered participant had in the Pension Fund.

Effective January 1, 2003, the Plan and RIP 1987 were amended to provide that all future employer contributions from the contributing employers would be allocated to the Plan.

NOTE 1. DESCRIPTION OF THE PLAN (continued)

Effective January 1, 2020, RIP 1987 was amended to allowed bargaining parties to allocate contributions to that plan under certain limited circumstances.

The Plan receives certain amounts due to payroll audits and withdrawal liability payments.

The Plan also receives Trustee to Trustee transfers from the Central Pennsylvania Teamsters RIP 1987 on behalf of certain eligible participants, the proceeds of which are used to provide additional annuity benefits paid to such participants from this Plan.

Pension Benefits

The participant's Past Service pension benefit will vary depending upon the benefit level at which his or her employer was contributing at the time RIP 1987 was established, or at the time of retirement if the participant chooses to roll over a portion of his or her balance from RIP 1987 in order to receive an actuarially determined enhanced benefit under this Plan. The Plan maintains various benefit levels A through I. Under the terms and conditions of each benefit level, participants are entitled to an annual benefit accrual which varies from a minimum of $4.00 per month per year of service under benefit level A to $35.00 per month per year of service under benefit level I. Benefit Levels C through I provide for an early, actuarially reduced pension at age 55 and the completion of 20 years of service. Benefit Level I also provides a future benefit of $5.00 per month for each year of service after January 1, 1984.

For this Past Service benefit, the normal retirement age is 57 and requires the completion of 5 years of service. The normal form of benefit for a single participant is a life annuity with three year certain. The normal form of benefit for a married participant is a 50% joint and survivor annuity.

Effective October 1, 2002, a new Combined Minimum Monthly Benefit was established.

To qualify for this benefit, the participant must be at least age 57 with 25 years of benefit service. The Combined Minimum Monthly Benefit cannot be less than the excess, if any, of:

> $3,100, prorated for contributions that are at less than "full" contribution level, minus the annuity equivalent of the RIP 1987 account balance as of the most recent valuation at the time of application based on the UP 1984 Mortality Table and a 7% discount rate.

Effective January 1, 2003, a Future Service benefit was established. For each Plan Year beginning on or after January 1, 2003, participants earn a monthly benefit equal to the lesser of:

1. 1.25% of the contributions made on their behalf or
2. $140.00 (for the years 2003-2005 and 2009-2011 and 2013-2017)
3. $160.00 (for the year 2006)
4. $170.00 (for the year 2007)
5. $180.00 (for the year 2008)
6. $165.00 (for the year 2012)
7. $180.00 (for the years 2018, 2019, 2020 and 2021 if the participant's employer contributes at a rate of at least $11 per hour or $1,906.67 per month)

NOTE 1. DESCRIPTION OF THE PLAN (continued)

8. $180.00 (for the years 2022 and 2023 if the participant's employer contributes at a rate of at least $10.395 per hour or $1,801.80 per month, but less than $11 per hour or $1,906.67 per month)
9. $200.00 (for the years 2022 and 2023 if the participant's employer contributes at a rate of at least $11 per hour or $1,906.67 per month)
10. $250.00 (for the years 2024 and 2025 if the participant's employer contributes at a rate of at least $11 per hour or $1,906.67 per month, but less than $13 per hour or $2,253.33 per month)
11. $300.00 (for the years 2024 and 2025 if the participant's employer contributes at a rate of at least $13 per hour or $2,253.33 per month)

The normal retirement age for this benefit is 65.

Payment of Benefits

Benefit payments to participants are recorded upon distribution. The Plan provides for the payment of a 13th check to retirees each year and is permitted to do so by the Plan document as long as the unfunded vested liability as calculated for purposes of the MPPAA as of the last day of the calendar year preceding distribution of the 13th check does not exceed $85 million. No 13th check was issued for the years ended December 31, 2025 and 2024.

Vesting

Participants are vested after 5 years of vesting service. A participant will be one hundred percent vested in his accrued benefit, regardless of his years of vesting service, provided he has attained normal retirement age while employed by an employer.

Disability and Death Benefits

Participants with 15 years of vesting service who become disabled and qualify for disability benefits under Social Security (provided the date the Social Security Administration treats as the onset of the disability is no more than 18 months from the date on which the participant was last credited with an Hour of Service under the Plan) are entitled to disability benefits. If a participant dies after his retirement benefit payments have begun, any benefit payable on account of his death will be determined by the form of benefit that he elected at retirement.

The Plan provides a pre-retirement survivor annuity to a participant's spouse in the event the participant is fully vested when he or she dies before retirement, either as a vested active participant or a vested former participant. The surviving spouse is entitled to receive a monthly benefit payable for life. The amount of the monthly pre-retirement survivor annuity is equal to the amount the spouse would have been entitled to receive under the Plan's qualified joint and 50% survivor annuity, computed as if the participant had:

- Terminated employment on the earlier of the date he or she was last employed in Covered Employment or the day of his or her death,

NOTE 1. DESCRIPTION OF THE PLAN (continued)

- Survived to his or her earliest retirement age with a qualified joint and 50% survivor annuity, and

- Died on the day after he or she reached his or her earliest retirement age.

In addition to the surviving spouse benefits described above, the Plan pays eligible vested participants a small lump sum death benefit based on the number of years of benefit service completed prior to the expiration date of the applicable collective bargaining agreement in 1987, 1988, or 1989.

See also Note 12 for Amendments to the Plan.

NOTE 2. 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, municipal obligations, asset-backed securities, non-government backed CMOs, and United States Government and Government Agency obligations are carried at fair value as provided by the custodian, which generally represents quoted market value as of the last business day of the year. The hedge fund of funds - global multi-strategy fund, and limited partnership are carried at estimated fair value as reported by management of the fund. The foreign hedged fund of funds, limited partnership - private equity and limited partnership - real estate are carried at estimated fair value as provided by the partnership. The common collective trust - international equity, common collective trust - equity, common collective trust - fixed income and common collective trust - STIF are valued at their market value on the last business day of the year, as established by the trusts. The 103-12 investment entities are carried at estimated fair value as provided by the sponsors of the investments. The foreign stock are carried at estimated fair value as provided by the custodian. The short-term cash equivalents are carried at cost, which approximates fair value.

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

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

Withdrawal Liability Receivable - The Plan records receivables for payments due and not paid prior to year end as withdrawal liability receivable. Allowance for credit losses is considered unnecessary and is not provided.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized, while replacements, maintenance, and repairs which do not improve or extend the useful lives of the respective assets are expensed currently. Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the related assets. Depreciation and amortization expense of the property and equipment held by the Plan totaled $46,272 and $61,846 during the years ended December 31, 2025 and 2024, respectively.

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.

Estimates - The presentation 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.

Funding Policy and Revenue Recognition - The Plan is funded by contributions from participating employers under the terms of the 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.

Foreign Currency - The Plan has non-invested cash that is held in various foreign currencies. For financial statement purposes, all assets are expressed in U.S. dollar equivalents.

Foreign currencies included in the Statements of Net Assets Available for Benefits are translated to United States dollars at the exchange rate in effect on the last day of the year. Unrealized increases decrease due to fluctuations in exchange rates are included in the Statements of Changes in Net Assets Available for 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 to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event the Plan terminates, 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 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.

NOTE 3. PRIORITIES UPON TERMINATION (continued)

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 for at all.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter dated November 4, 2015, 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 provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's Trustees and the Plan's legal 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 the 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.

No income taxes were paid on the Form 990-T as a result of investments in alternative investments by the Plan for the year ended December 31, 2025 and 2024.

NOTE 5. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of January 1, 2025. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants and beneficiaries currently receiving benefitf	$ 1,058,907,428
Other participants	481,295,236
Total	1,540,202,664
Nonvested benefits	61,900,629
Total actuarial present value of accumulated plan benefits	$ 1,602,103,293

NOTE 5. ACTUARIAL INFORMATION(continued)

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2024, were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 1,486,753,697
Increase (decrease) during the year attributable to	
Benefits paid	(129,700,012)
Interest due to decrease in discount period	106,642,777
Benefits accumulated and gains and losses	80,183,717
Due to plan amendmen t	211,598
Due to change of assumptions	58,011,516
Net increase	115,349,596
Actuarial present value of accumulated plan benefits at end of year	$ 1,602,103,293

The actuarial valuations as of January 1, 2025 were made using the Unit Credit Method for minimum funding and the Entry Age Normal Cost Method for funding policy.

Some of the more significant actuarial assumptions used in estimating the present value of accumulated plan benefits were:

Mortality for healthy lives - 115% of Pri-2012 Amount-Weighted Blue Collar mortality table rates, adjusted generationally from 2012 with mortality improvement table MP-2021.

Mortality for current liability - IRS 2025 Static Mortality, as prescribed.

Retirement age - Active participants: Graduated rates of retirement based on age and service. Terminated vested: Age 57.

Disability - Probability of becoming disabled according to Sarason's Advanced Pension Table with rates graduated from tabular at age 50 to zero at age 55.

Discount rate - 7.00%

Administrative expenses - $4,500,000

RPA current liability interest rate - 4.01%

The assumptions that changed for 2025 were mortality for current liability, administrative expenses, the funding interest rate, the form of payment assumption, the retirement age assumption and RPA current liability interest rate.

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.

NOTE 5. ACTUARIAL INFORMATION(continued)

Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under the Trust Agreement of the Plan and income from investments.

Since information on the actuarial present value of accumulated plan benefits at December 31, 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 December 31, 2025, and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2025. The complete financial status is presented as of December 31, 2024.

The actuary reported that the Plan met the minimum funding requirements of ERISA as of December 31, 2024.

As of January 1, 2025, the actuary reported that the Plan was not in Endangered, Critical or Critical and Declining Status as identified under the Pension Protection Act of 2006.

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 December 31, 2025			
	Total	Level 1	Level 2	Level 3
Common stock	$ 356,282,173	$ 356,282,173	$ -	$ -
Foreign stock	8,121,121	8,121,121	-	-
United States Government and Government Agency obligations	49,537,971	49,537,971	-	-
Corporate obligations	60,488,438	-	60,488,438	-
Municipal obligations	3,952,630	-	3,952,630	-
Common collective trust - STIF	11,154,824	11,154,824	-	-
Asset-backed securities	1,947,612	-	1,947,612	-
Non-government backed CMOs	2,660	-	2,660	-
Short-term cash equivalents	-	-	-	-
Total assets in the fair value hierarchy	491,487,429	$ 425,096,089	$ 66,391,340	$ -
Investments measured at NAV	1,104,850,037			
Total investments	$ 1,596,337,466			

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	$ 317,680,861	$ 317,680,861	$ -	$ -
Foreign stock	9,660,026	9,660,026	-	-
United States Government and Government Agency obligations	45,446,670	45,446,670	-	-
Corporate obligations	56,327,933	-	56,327,933	-
Municipal obligations	3,854,684	-	3,854,684	-
Common collective trust - STIF	42,522,182	42,522,182	-	-
Asset-backed securities	3,151,580	-	3,151,580	-
Non-government backed CMOs	3,536	-	3,536	-
Short-term cash equivalents	9,224	9,224	-	-
Total assets in the fair value hierarchy	478,656,696	$ 415,318,963	$ 63,337,733	$ -
Investments measured at NAV	986,701,445			
Total investments	$ 1,465,358,141			

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 this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement 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.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

For the years ended December 31, 2025 and 2024, there were no transfers in or out of levels 1, 2, or 3.

The unfunded commitments, redemption information, and redemption notice period are as follows at December 31, 2025:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust - international equity:				
CF Causeway International Value Equity	$ 54,849,008	$ -	Daily	#
Common collective trust - equity:				
CF Sierra Franklin EAFE Plus Equity Trust	48,088,740	-	Daily	2 days
MFB Northern Trust Collective Russell 1000 Growth Index Fund	228,930,850	-	Daily	&
Common collective trust - fixed income:				
Mackay Shields High Yield Bond CIT	87,374,463	-	Daily	5 days
Hedge fund of funds - global multi-strategy fund:				
EnTrust Capital Diversified Fund QP Ltd. Class X, Series 12/31/2016	105,157	-	Quarterly^	90 days^
103-12 investment entities:				
CF Goldentree Multi-Sector Fund Offshore ERISA, LTD	80,790,972	-	Quarterly	90 days
CF Wa Cap JMT Real Estate Equity Fund	78,596,355	-	(Y)	(Y)
Wacap SP Infrastructure Fund IV Feeder LLC	42,160,757	16,555,780	(Y)	(Y)
Wacap - O Direct Lending Fund Unlevered Feeder LLC	24,860,046	5,100,000	(Y)	(Y)
Foreign hedged fund of funds:				
GCM Grosvenor Opportunistic Credit Fund V, Ltd.	36,985,782	-	Quarterly	90 days
Limited partnership:				
Corbin ERISA Opportunity Fund, LP	81,197,261	-	Quarterly	65 days
Limited partnership - real estate:				
ARA Core Property Fund, LP	25,832,735	-	Quarterly	10 days
Boyd Watterson GSA Fund LP	80,987,071	-	Quarterly	60 days
Boyd Watterson State Government Fund, LP	42,226,193	-	Quarterly	60 days
U.S. Real Estate Investment Fund	53,093,532	-	Quarterly	90 days
Limited partnership - private equity:				
Blue Ocean Onshore Fund II	9,013,370	6,487,467	(X)	(X)
GCM Grosvenor Private Credit Fund, Ltd.	17,391,732	10,127,702	(X)	(X)
Glouston Private Equity Opportunities VII FTE L.P.	14,054,641	12,500,000	(X)	(X)
Siguler Guff Small Buyout Opportunities Fund IV, L.P.	5,109,282	573,403	(X)	(X)
Mesirow Financial Private Equity Fund VIII-A, LP	40,250,674	11,925,000	(X)	(X)
Mesirow Private Equity Fund IX, LP	5,372,805	20,625,000	(X)	(X)
Hamilton Lane Secondary Feeder Fund V-A LP	47,578,611	39,063,951	(X)	(X)
Foreign limited partnership - infrastructure:				
IFM Global Infrastructure Fund (Offshore), LP	-	15,000,000 *	Quarterly	90 days
Total	$ 1,104,850,037	$ 137,958,303		

* This investment has not yet been called but has a $15,000,000 commitment.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments, redemption information, and redemption notice period are as follows at December 31, 2024:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust - international equity:				
CF Causeway International Value Equity	$ 56,809,391	$ -	Daily	#
Common collective trust - equity:				
CF Sierra Franklin EAFE Plus Equity Trust	57,601,906	-	Daily	2 days
CF Loomis Sayles High Yield Conservative Trust	80,194,537	-	Daily	3 days
MFB Northern Trust Collective Russell 1000 Growth Index Fund	191,069,150	-	Daily	&
Hedge fund of funds - global multi-strategy fund:				
EnTrust Capital Diversified Fund QP Ltd. Class X, Series 12/31/2016	192,335	-	Quarterly^	90 days^
103-12 investment entities:				
CF Goldentree Multi-Sector Fund Offshore ERISA, LTD	74,843,971	-	Quarterly	90 days
CF Wa Cap JMT Real Estate Equity Fund	81,740,439	-	(Y)	(Y)
Wacap SP Infrastructure Fund IV Feeder LLC	33,583,210	19,147,753	(Y)	(Y)
Wacap - O Direct Lending Fund Unlevered Feeder LLC	16,683,732	13,500,000	(Y)	(Y)
Foreign hedged fund of funds:				
GCM Grosvenor Opportunistic Credit Fund V, Ltd.	34,212,955	-	Quarterly	90 days
Limited partnership:				
Corbin ERISA Opportunity Fund, LP	76,115,061	-	Quarterly	65 days
Limited partnership - real estate:				
Boyd Watterson GSA Fund LP	80,221,437	-	Quarterly	60 days
Boyd Watterson State Government Fund, LP	42,558,888	-	Quarterly	60 days
U.S. Real Estate Investment Fund	55,924,742	-	Quarterly	90 days
Limited partnership - private equity:				
Blue Ocean Onshore Fund II	2,137,498	12,904,009	(X)	(X)
GCM Grosvenor Private Credit Fund, Ltd.	4,335,239	21,142,372	(X)	(X)
Glouston Private Equity Opportunities VII FTE L.P.	9,320,645	17,500,000	(X)	(X)
Siguler Guff Small Buyout Opportunities Fund IV, L.P.	5,206,080	840,827	(X)	(X)
Mesirow Financial Private Equity Fund VIII-A, LP	31,222,346	16,650,000	(X)	(X)
Hamilton Lane Secondary Feeder Fund V-A LP	52,727,883	39,842,192	(X)	(X)
Total	$ 986,701,445	$ 141,527,153		

& - Request for withdrawals must be received by 9:30 a.m. Central time on the valuation date to be effective.

- If greater than 20% of the plan's balance, 5 business days' notice is required. Otherwise, trades can be accepted by 4:00 p.m. Eastern time on trade date.

(X) - The Fund is a closed-end fund and redemptions are not permitted.

(Y) - The Fund acknowledges and understands that they shall not be entitled to make any withdrawals from the Fund. Investment Manager shall distribute cash received from the Underlying Fund less any amounts used by the Fund for payment of fees and expenses.

^ - Shareholders shall have the right to redeem Shares having a value of up to a maximum of 50% of the net asset value of their Shares, as of the close of business on the last business day of any calendar quarter, or any other date determined by the Board in its sole discretion ("Redemption Date") after the expiration of an initial 12-month lock-up period (the "Lock-Up Period"), provided, however, that the Board of Directors shall permit a shareholder to withdraw capital on a Redemption Date during the Lock-Up Period subject to a withdrawal charge equal to 3% of the amount sought to be withdrawn. Withdrawal charges will be payable to the Fund and may be waived by the Board of Directors in its sole discretion. The shareholder shall be required to provide not less than 90 days' prior written notice and the Redemption Date shall be the last business day of the first quarter following the expiration of the notice period. If the Shares being redeemed represent more than half of the Shares held by the shareholder, one half of the Shares to be redeemed by the shareholder shall be redeemed on the first Redemption Date following the expiration of the 90-day notice. The remaining Shares for which the shareholder has made a redemption request shall be redeemed on the next quarterly Redemption Date. No redemption penalty shall be charged for a redemption on a regular Redemption Date.

The objective of the Causeway International Value Equity CIT is to seek long-term growth of capital income. The Fund seeks to achieve its investment objective by investing primarily in stocks of companies in developed countries located outside the U.S. There is no guarantee that the Fund will meet this investment objective. The primary performance benchmark for the Fund is the MSCI EAFE Index.

The Sierra Franklin EAFE Plus Equity Trust seeks to achieve long-term capital appreciation through investment in equity securities of companies located outside of the U.S. Under normal market conditions, the Fund will invest predominantly in equity securities of mid- and large-capitalization companies located outside of the U.S., including developing and emerging market countries.

The Loomis Sayles High Yield Conservative Trust investment objective is to achieve total return and to outperform the Bloomberg Barclays Capital U.S. Corporate High Yield Index.

The Mackay Shields High Yield Bond CIT investment objective is to seek maximum current income through investment in a diversified portfolio of high-yield debt securities. The benchmark index for the Fund is the BofA Merrill Lynch U.S. High Yield Master II Index. There is no assurance that the Fund will achieve its investment objective.

The objective of the Northern Trust Collective Russell 1000 Growth Index Fund Non-Lending is to approximate the risk and return characteristics of the Russell 1000 Growth Index. The Index is commonly used to represent the large cap segment of the U.S. equity market with a focus on the growth style of investing.

The objective of the investment in the EnTrust Capital Diversified Fund QP Ltd. Class Y, Series 12/31/2017 is to seek attractive risk-adjusted return from the Peruvian Sovereign bonds that comprise this investment.

The Goldentree Multi-Sector Fund Offshore ERISA, is a Cayman Islands exempted limited company incorporated on August 22, 2008 and commenced operations on May 1, 2010 to operate as a private investment fund for the benefit of certain tax-exempt U.S. investors that are subject to ERISA. The LTD principal investment objective 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 6. FAIR VALUE MEASUREMENTS (continued)

The objective of the Real Estate Equity Fund (the Fund) of the Washington Capital Joint Master Trust (the Trust) is to earn investment income and/or to realize real estate price appreciation through investments in a diversified portfolio of real estate. The Fund invests primarily in income-producing commercial real estate, either through direct ownership, partnership interests, or corporate shares or memberships with developers and/or other investors, or through participating equity oriented debt. The strategy of the Fund includes a focus in development opportunities.

The Washington Capital SP Infrastructure Fund IV Feeder LLC primary objective is to provide risk-adjusted returns without subjecting principal to undue risk of loss through investments in infrastructure assets and businesses, including assets and businesses which may include but are not limited to power, utilities, transportation and logistics, communications infrastructure, midstream infrastructure, water infrastructure, as well as other assets and businesses that exhibit infrastructure characteristics.

The Washington Capital - O Direct Lending Fund Unlevered Feeder LLC primary objective is to invest all assets in Oaktree Direct Lending Fund Unlevered. The overall investment objective of the Underlying Fund is to generate current income and achieve long-term capital appreciation without subjecting principal to undue risk by acquiring, holding, financing, refinancing, transferring and disposing of, directly or indirectly through one or more intermediate entities, a diversified portfolio of lending opportunities to medium-sized companies across industries, including bespoke, highly negotiated loans and private equity-related financings such as those backing leveraged buyouts through their investments, including to enhance overall returns, pursuing attractive, publicly-traded credits, including opportunistically investing in discounted, high-quality investments that may result from broad market dislocations or specific situational challenges. The Underlying Fund may also invest, inter alia, in options and warrants.

GCM Grosvenor Opportunistic Credit Fund V, Ltd. (the "Fund") was established as a Cayman Islands exempted company pursuant to the Companies Act (2013 Revision) of the Cayman Islands under the Memorandum and Articles of Association dated July 5, 2016. The Fund is registered under the Cayman Islands Mutual Funds Act. The Fund commenced operations on November 1, 2016. The Bank of New York Mellon acts as administrator (the "Administrator") to the Fund. Grosvenor Capital Management, L.P. (the "Investment Advisor" or "GCM Grosvenor") sponsored the formation of the Fund. The Investment Advisor is registered with the Securities and Exchange Commission as an investment adviser under the Investment Advisers Act of 1940. Substantially all of the assets of the Fund that are available for investment have been and shall be invested in GCM Grosvenor Opportunistic Credit Master Fund V, L.P. (the "Master Fund"), a Cayman Islands exempted limited partnership that has the same investment objective as the Fund. The performance of the Fund is directly affected by the performance of the Master Fund. The Investment Advisor is also the sponsor of the Master Fund and manages its portfolio, on a fully discretionary basis, through investing in "Portfolio Funds" and securities (as defined in the Master Fund's financial statements), which generally implement "non-traditional" or "alternative" investment strategies. The investment in the Master Fund is recorded at fair value and equals the Fund's pro rata interest in the partners' capital of the Master Fund.

The objective of Corbin ERISA Opportunity Fund, LP is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations, though at times, the Fund may have exposure to other assets, instruments and markets.

The objective of the Boyd Watterson GSA LP and the Boyd Watterson State Government Fund, LP is to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The Boyd Watterson GSA LP and the Boyd Watterson State Government Fund, LP were formed to operate as perpetual life, open-end, commingled collective investment funds and intend to invest in real estate primarily leased to government agencies.

The objective of Mesirow Financial Private Equity Fund VIII-A, L.P. (the "Partnership"), a Delaware limited partnership, invests funds in private equity limited partnerships. Mesirow Financial Private Equity VIII GP, L.P., controlled by Mesirow Financial Holdings, Inc., is the General Partner of the Partnership. The Partnership held its first close on April 13, 2020 and commenced operations on September 14, 2020 ("Inception"), the initial drawdown date. Pursuant to the Amended and Restated Limited Partnership Agreement ("LPA") dated April 13, 2020, the Partnership is scheduled to terminate on September 16, 2033, the twelfth anniversary of the Commencement Date (September 16, 2022) as defined in the LPA. However, provisions in the LPA allow for up to three one-year extensions of the initial term. The financial statements of the Partnership are prepared on the accrual basis in conformity with U.S. Generally Accepted Accounting Principles ("US GAAP"). The Partnership is an exempt investment company and follows the accounting and reporting guidance in Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") FASB ASC Subtopic 946-10. Investments are recorded at fair value with the change in unrealized gains and losses reflected in the statement of operations. Realized gains and losses and distributions from investments are recorded based on information received from the private equity limited partnerships at the time of the transactions.

The objective of the Mesirow Private Equity Fund IX, LP (the "Partnership"), is to seek to generate significant returns for its Partners, principally through long-term capital appreciation, by acquiring, making, holding, funding and disposing of privately negotiated equity and equity-related investments, through the purchase and funding of interests in (i) private equity funds, including venture capital, buyout, mezzanine, restructuring, distressed company assets and special situation funds, and other privately-held entities ("Partnership Investments") and (ii) equity and equity-related securities as well as private investment vehicles set up for the purpose of making investments in such equity and equity-related securities ("Co-Investments" and together with the Partnership Investments and Secondary Investments, "Portfolio Investments") and all activity related thereto. Partnership Investments may be acquired by the Partnership: (1) through a direct subscription for an interest in a private investment fund, (2) through privately-negotiated purchases of interests in private investment funds or portfolios of securities in privately-held entities in the secondary market or through private investment vehicles set up for the purpose of acquiring investments in the secondary market (each, a "Secondary Investment"), and (3) through other privately-negotiated purchases of equity securities of privately held entities. Subject to the provisions of this Agreement, the Partnership may engage in any activity that is lawful for, and shall have all of the powers available to, a limited partnership formed under the Delaware Act.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The Intercontinental U.S. Real Estate Investment Fund is a limited liability company. The Fund's investment 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 investment and, to a lesser extent, on value-added investments. The Fund is an open-end, commingled real estate investment fund and is intended to have an indefinite term. The real estate investments of the Fund are stated at estimated fair value and are reviewed and adjusted quarterly. At least annually, an independent appraisal of the underlying real estate is performed and includes a complete property and market inspection. All appraisal reports are completed in accordance with currently published Uniform Standards of Professional Appraisal Practice, as promulgated by the Appraisal Foundation. In the quarters in which an investment is not independently appraised, the fair value is updated as appropriate by management for changes in prior cash flow estimates and market assumptions.

The Blue Ocean Onshore Fund II L.P. is a limited partnership organized under the laws of the State of Delaware. It commenced operations on February 10, 2023. The Blue Ocean Onshore Fund II LP seeks to generate attractive risk-adjusted returns by targeting direct lending opportunities to vessel owners and other operators in the maritime sector by originating, structuring and restricting asset based financings secured by high-quality maritime assets. In seeking to achieve its investment objective, the Blue Ocean Onshore Fund II LP will be primarily engaged in lending to and investing in shipping companies, non-U.S. oil services companies and other maritime businesses, assets and operations related directly thereto. This may be accomplished by loan originations and by the acquisition of secondary loans and loan leases portfolios.

The GCM Grosvenor Private Credit Fund, Ltd. was established as a Cayman Island exempted limited partnership pursuant to the Agreement of Exempted Limited Partnership ("Partnership Agreement") dated April 25, 2024, and amended September 30, 2024. The Fund is registered under the Cayman Islands Mutual Funds Act. The Fund commenced operations on October 30, 2024. SS&C Technologies, Inc. and SS&C Fund Services (Cayman) Ltd. act as administrator (the "Administrator") to the Fund. GCM Investments GP, LLC is the general partner of the Fund (the "General Partner"). Grosvenor Capital Management, L.P., (the "Manager" or "GCM Grosvenor") sponsored the formation of the Fund, and manages its portfolio, on a fully discretionary basis, through investing in Portfolio Funds (as defined in the Significant Accounting Policies note) which generally implement "non-traditional" or "alternative" investment strategies. The Fund serves as a master fund investment vehicle for a feeder fund, GCM Grosvenor Private Credit Fund, Ltd. (the "Feeder Fund").

The Glouston Private Equity Opportunities VII FTE, L.P. (the Partnership) is a Cayman Islands exempted limited partnership, which commenced operations on March 30, 2022. The Partnership is an investment company in accordance with Accounting Standards Codification 946. The sole purpose of the partnership is to hold an investment in Glouston Private Equity Opportunities VII, L.P. (the Fund), as a master-feeder structure. The General Partner of the Partnership is GPEO VII, LLC (the General Partner), a Delaware limited liability company, which has been formed for the purpose of serving as the General Partner of the Partnership and the Fund. The Partnership shall continue, unless sooner terminated in accordance with the provisions of the Amended and Restated Agreement of Limited Partnership (the Agreement) dated as of March 25, 2022, until the expiration of the Fund.

The Siguler Guff Small Buyout Opportunities Fund IV, LP primarily focuses on buyout, recapitalization, and growth equity transactions.

The investment objective of the Hamilton Lane Secondary Feeder Fund V-A LP, primarily through its interest in the Main Fund, is to acquire and hold a diversified portfolio of private equity investment funds, which may include venture capital, buyout, mezzanine, industry-focused and other private equity investment funds, acquired through secondary market transactions. The Fund, either directly or indirectly through its investment in the Main Fund, may make investments in newly formed private equity funds if deemed appropriate or necessary in connection with the Fund's secondary investment activities and may also acquire secondary direct investments.

The ARA Core Property Fund, LP 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 industrial, residential, office, and retail properties that are substantially leased and have minimal deferred maintenance or functional obsolescence. The Fund is an open-end core real estate commingled fund with the goal of generating strong long-term returns in a risk-controlled environment through a diversified portfolio of assets located throughout the United States. The Fund's mission is to provide broad-based exposure and attractive risk-adjusted returns through the investment in commercial properties with durable and growing income, the ability to preserve capital, and provide appreciation upside potential while making intentional data-driven allocation, investment selection and risk decisions with a view toward benchmark outperformance.

IFM Global Infrastructure Fund (Offshore), LP is an exempted limited partnership registered under the Mutual Funds Act of the Cayman Islands. This investment operates as a feeder in a master-feeder structure, investing substantially all of its assets in the IFM Global Infrastructure Fund (the "Master Fund"), a Cayman Islands unit trust registered under the Mutual Funds Act of the Cayman Islands. IFM Investors (US) Advisor, LLC (the "Advisor"), a Delaware limited liability company, serves as the investment advisor to the Partnership. IFM Global Infrastructure (US) GP, LLC (the "General Partner"), also a Delaware limited liability company, serves as the General Partner of the Partnership. The investment objective is to acquire and maintain a diversified portfolio of global infrastructure investments (with strong market positions, predictable regulatory environments, high barriers to entry, limited demand elasticity and long lives) that realizes a target portfolio return of 10% per annum (net of advisory fees, any performance fees, allocable expenses, and investment-level taxes) over the long term (10+ years), which will range between 8%-12% per annum depending on the stage of the market cycle.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Boyd Watterson GSA Fund LP, Boyd Watterson State Government Fund, LP, U.S. RE Investment Fund, CF Goldentree Multi-Sector Fund Offshore ERISA LTD, Washington Capital SP infrastructure Fund IV Feeder LC, Wacap - O Direct Lending Fund Unlevered Feeder LLC, GCM Grosvenor Opportunistic Credit Fund V, LP, Mesirow Financial Private Equity Fund VIII-A, LP, Siguler Guff Small Buyout Opportunities Fund IV, LP, Hamilton Lane Secondary Feeder Fund V-A, LP, Mesirow Private Equity Fund IX, LP, Corbin ERISA Opportunity Fund, LP, CF Sierra Franklin EAFE Plus Equity Trust, CF Causeway International Value Equity, CF Loomis Sayles High Yield Conservative Trust, Mackay Shields High Yield Bond CIT, CF Washington Capital JMT Real Estate Equity Fund, MFB Northern Trust Collective Russell 1000 Growth Index Fund, CF Goldentree Multi-Sector Fund Offshore ERISA, LTD, EnTrust Capital Diversified Fund QP Ltd. Class Y, Series 12/31/2017, Blue Ocean Onshore Fund II L.P., GCM Grosvenor Private Credit Fund Ltd., ARA Core Property Fund, LP and Glouston Private Equity Opportunities VII FTE L.P. are measured at fair value, without adjustment by the Plan, based on the net asset value (NAV) or NAV equivalent, as of December 31, 2025 and 2024, respectively.

NOTE 7. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS

Employees of the Central Pennsylvania Teamsters Health and Welfare Fund (the Health Fund), the Central Pennsylvania Teamsters Defined Benefit Plan (the Defined Benefit Plan), and the Central Pennsylvania Teamsters Retirement Income Plan 1987 (RIP 1987), together referred to as (the Benefit Funds) participate in two multiemployer defined benefit pension plans under the terms of participation agreements that cover its union-represented and non-collectively bargained employees.

RIP 1987 remits the contributions to these multiemployer defined benefit pension plans for the shared employees on behalf of the Benefit Funds. The Health Fund and the Defined Benefit Plan reimburse RIP 1987 for their share of the contributions based on a cost allocation study. The Health Fund also remits contributions to these multiemployer defined benefit pension plans for the Benefit Fund employees who work entirely for the Health Fund. The risks of participating in these multiemployer defined benefit pension plans are different from single-employer plans 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 Benefit Funds choose to stop participating in any of its multiemployer defined benefit pension plans, the Benefit Funds 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.

NOTE 7. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

The Benefit Funds' participation in these multiemployer defined benefit pension plans for the annual periods ended December 31, 2025 and 2024 is outlined in the table below. The zone status is based on information that the Benefit Funds received from each multiemployer defined benefit pension plan and is certified by each 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				Expiration
Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	Date of Collective Bargaining Agreement
Central Pennsylvania Teamsters Defined Benefit Plan	23-6262789	001	Green as of 01/01/25	No	Green as of 01/01/24	No	*
Teamsters Pension Trust Fund of Philadelphia and Vicinity	23-1511735	001	Green as of 01/01/25	No	Green as of 01/01/24	No	**

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

** The employees of the Benefit Funds participate in the Teamsters Pension Trust Fund of Philadelphia and Vicinity through a participation agreement between the Benefit Funds and the Teamsters Pension Trust Fund of Philadelphia and Vicinity. The participation agreement does not have an expiration date.

	Contributions paid by Defined Benefit Plan directly to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan Contributions		Employer Contribution Rates of the Pension Plans		Number of Employees Covered by the Pension Plans for which the Defined Benefit Plan contributes directly to the Pension Plans	
Legal Name of Pension Plan	12/31/2025	12/31/2024	(Plan year ending)		12/31/2025	12/31/2024	12/31/2025	12/31/2024
Central Pennsylvania Teamsters Defined Benefit Plan	$ -	$ -	No, Plan year ending 12/31/25.	No, Plan year ending 12/31/24.	$2,774 per month	$2,748 per month	0	0
Teamsters Pension Trust Fund of Philadelphia and Vicinity	-	-	No, Plan year ending 12/31/25.	No, Plan year ending 12/31/24.	15% of gross wages	15% of gross wages	0	0
Total contributions to Pension Plans	$ -	$ -						

The Defined Benefit Plan reimbursed RIP 1987 $329,348 and $290,896 during the years ended December 31, 2025 and 2024, respectively, for the Defined Benefit Plan's allocated share of the pension contributions for shared employees participating in the Central Pennsylvania Teamsters Defined Benefit Plan.

NOTE 7. MULTIEMPLOYER DEFINED BENEFIT PENSION PLANS (continued)

The Defined Benefit Plan reimbursed RIP 1987 $125,684 and $110,217 during the years ended December 31, 2025 and 2024, respectively, for the Defined Benefit Plan's allocated share of the pension contributions for shared employees participating in the Teamsters Pension Trust Fund of Philadelphia and Vicinity.

Legal Name of Pension Plans	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge Paid to Pension Plan by the Benefit Funds?	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
Central Pennsylvania Teamsters Defined Benefit Plan	N/A, Green status as of 01/01/25	No	No	N/A
Teamsters Pension Trust Fund of Philadelphia and Vicinity	N/A, Green status as of 01/01/25	No	No	N/A

NOTE 8. MULTIEMPLOYER PLANS THAT PROVIDE POSTRETIREMENT BENEFITS OTHER THAN PENSIONS

The Benefit Funds contribute to two multiemployer defined benefit health and welfare plans that provide postretirement benefits for its union-represented and non-collectively bargained employees during the years ended December 31, 2025 and 2024. Information about these health and welfare plans is below:

Legal Name of Pension Plans providing post retirement benefits other than pension	Contributions paid by Defined Benefit Plan directly to the Pension Plan		Employer contribution rates of the Plans		Number of employees covered by Plans for which the Defined Benefit Plan contributes directly to the Plans	
	12/31/2025	12/31/2024	12/31/2025	12/31/2024	12/31/2025	12/31/2024
Central Pennsylvania Teamsters Health and Welfare Fund *	$ -	$ -	$1,062 to $3,003 per month	$1,033 to $2,916 per month	0	0
Teamsters Joint Council No. 53 Retiree Health and Welfate Fund **	-	-	9% of gross wages	9% of gross wages	0	0
Total contributions to Welfare Plans that provide post-retirement benefits	$ -	$ -				

The Defined Benefit Plan reimbursed RIP 1987 $255,848 and $227,430 during the years ended December 31, 2025 and 2024, respectively, for the Defined Benefit Plan's allocated share of the welfare contributions for shared employees participating in the Central Pennsylvania Teamsters Health and Welfare Fund.

The Defined Benefit Plan reimbursed RIP 1987 $75,411 and $66,130 during the years ended December 31, 2025 and 2024, respectively, for the Defined Benefit Plan's allocated share of the welfare contributions for shared employees participating in the Teamsters Joint Council No. 53 Retiree Health and Welfare Fund.

NOTE 8. MULTIEMPLOYER PLANS THAT PROVIDE POSTRETIREMENT BENEFITS OTHER THAN PENSIONS (continued)

*The Plan provides both active and postretirement health benefits (medical, hospital, surgical, major medical, organ transplant, vision, and prescription drug), disability, death benefits, and accidental death and dismemberment benefits for eligible participants and their spouses, beneficiaries, and covered dependents.

** The Plan provides postretirement medical, hospital, surgical, prescription, dental, and vision benefits for eligible participants and their spouses. Eligible participants must be receiving a pension and have reached age 55 with 10 years of service.

NOTE 9. RELATED PARTY TRANSACTIONS AND LEASE COMMITMENTS

The Plan has three related parties which include the Central Pennsylvania Teamsters Retirement Income Plan 1987 (RIP 1987), Central Pennsylvania Teamsters Health and Welfare Fund (the Health and Welfare Fund) and Teamsters Local Union No. 429 (the Union). The Plan has common Trustees and staff with these related entities. The Chairman of the Plan is also the President of the Union.

RIP 1987 is the common paymaster of payroll related expenses and benefits for the Plan and Health and Welfare Fund. The Plan also shares the services of certain employees as well as certain equipment with RIP 1987 and the Health and Welfare Fund. Total reimbursements to RIP 1987 were $1,761,343 and $1,632,285 for the years ended December 31, 2025 and 2024, respectively.

As of December 31, 2025 and 2024, the Plan owed RIP 1987 $65,034 and $58,717 for common expenses paid by RIP 1987, respectively. These amounts were reimbursed subsequent to year end.

The Plan leases office space from the Union. The original lease agreement expired in July 2006. In accordance with the lease agreement, the term of the lease was extended for an additional five years through July 2011. In July 2012, the lease was extended for an additional five years with an option to extend for an additional five years. In July 2017, the lease was extended for an additional 5 years. At the end of that five-year period, the lease was set to continue to roll over every twelve months absent any changes or termination. In July 2025, a new lease was signed with a term of five years through June 30, 2030, with a renewal period of an additional five years. The lease calls for annual increases equal to the percentage increase of the Consumer Price Index issued by the Bureau of Labor Statistics. The monthly rent from January 1 through June 30, 2024 was $5,307 and from July 1, 2024 to December 31, 2024 was $5,497. The monthly rent from January 1, 2025 through June 30, 2025 was $6,213 and from July 1, 2025 to December 31, 2025 was $6,404. The annual rent paid by the Plan was $75,702 and $64,819 for the years ended December 31, 2025 and 2024, respectively. The Plan also reimburses the Union for maintenance expenses and a portion of real estate taxes.

Certain plan investments are shares of mutual funds managed by Northern Trust. Northern Trust is a Trustee, 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 above transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 10. DUE TO/FROM BROKER FOR THE PURCHASE/SALE OF SECURITIES

This represents the amounts due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year-end and settlement dates after year end.

NOTE 11. TRUSTEE TO TRUSTEE TRANSFER FROM RIP 1987

Participants in the Plan and RIP 1987, who are eligible for the Combined Minimum Monthly Benefit, can elect to transfer their account balance from RIP 1987 into the Plan in order to obtain a higher monthly benefit from the Plan. During the year ended December 31, 2025, RIP 1987 transferred $8,957,963 into the Plan. During the year ended December 31, 2024, RIP 1987 transferred $10,528,760 into the Plan.

As of December 31, 2025 and 2024, RIP 1987 owed the Plan $257,119 and $729,529, respectively, for the account balances that were not transferred at year end.

NOTE 12. PLAN AMENDMENTS

Effective January 1, 2026, Amendment No. 9 to the Defined Benefit Plan amends Section 3.1(c) to the Plan. Notwithstanding the preceding, for calendar year 2026, for any Participant whose employer contributes at an hourly rate equal to or greater than $11.00 per hour (or $1,906.67 monthly) but less than $13.00 per hour (or $2,253.33 monthly) as of December 31, 2025, the amount of $250 shall be substituted for the amount of $220. Similarly, for calendar year 2026, for any Participant whose employer contributes at an hourly rate equal to or greater than $13.00 per hour (or $2,253.33 monthly) as of December 31, 2025, the amount of $300 shall be substituted for the amount of $265.

Effective January 1, 2025, Amendment No. 5 to the Defined Benefit Plan amends Section 3.1(b) to the Plan. Notwithstanding the preceding, for calendar year 2025, for any Participant whose employer contributes at an hourly rate equal to or greater than $11.00 per hour (or $1,906.67 monthly) but less than $13.00 per hour (or $2,253.33 monthly) as of December 31, 2024, the amount of $250 shall be substituted for the amount of $140. Similarly, for calendar year 2025, for any Participant whose employer contributes at an hourly rate equal to or greater than $13.00 per hour (or $2,253.33 monthly) as of December 31, 2024, the amount of $300 shall be substituted for the amount of $140.

Effective January 1, 2025, Amendment No. 6 to the Defined Benefit Plan amends Section 3.1 to the Plan. For Plan Years beginning on or after January 1, 2026, a Participant's monthly Future Service Benefits calculated in accordance with Section 3.1(a) should not exceed (i) $140 for any Participant whose employer contributes at an hourly rate less than $11.00 per hour (or $1,906.67 monthly); (ii) $220 for any Participant whose employer contributes at an hourly rate equal to or greater than $11.00 per hour (or $1,906.67 monthly) but less than $13.00 per hour (or $2,253.33 monthly); or (iii) $265 for any Participant whose employer contributes at an hourly rate equal to or greater than $13.00 per hour (or $2,253.33 monthly).

NOTE 12. PLAN AMENDMENTS (continued)

Effective January 1, 2025, Amendment No. 7 to the Defined Benefit Plan amends Section 3.7 of the Plan. Effective for Participant deaths occurring on or after January 1, 2025, the Plan shall pay a Death Benefit in an amount of $10,000 to the Beneficiary of a Participant if the Participant, at the time of the Participant's death, was (i) actively employed in Covered Employment, (ii) unmarried, (iii) vested in an accrued benefit under the Plan and (iv) not in the past the recipient of benefits under the Plan. For purposes of this paragraph, the Participant is "actively employed in Covered Employment" if at least 1,000 hours of Employer Contributions are made on the Participant's behalf in either the Plan Year of the Participant's death or the Plan Year preceding the Participant's death.

On November 18, 2025, effective retroactively to January 1, 2023, for any application submitted for a Disability Retirement Pension on or after such date, Amendment No. 8 to the Defined Benefit Plan amends Section 3.6 to the Plan by deleting subsection (b) in its entirety and replacing it with the following: (b) In order to qualify for a Disability Retirement Benefit, a Participant must be disabled and must satisfy the following requirements:

(1) The Participant must be Disabled as defined under Section 1.16 of the Plan; and
(2) The Participant must be credited with at least fifteen (15) Years of Vesting Service; and
(3) The Participant must not be actively working at any job or occupation for gain at the time the Participant submits an application for benefits or at the time of the benefit distribution; and
(4) The date the Social Security Administration treats as the onset date for the specific Disability entitling the Participant to Social Security disability benefits in the SSA Award is a date which is not more than eighteen (18) months after the last date for which the Participant was credited with an Hour of Service under the Plan; and
(5) The Participant must comply with the Plan Administrator's rules regarding eligibility for a Disability Retirement Benefit and must submit to the Plan Administrator the SSA Award, together with a completed application for a Disability Retirement Benefit under this Plan. In addition, the Participant may be required to submit such additional information from time to time as the Plan Administrator deems necessary or appropriate to substantiate that the Participant is or remains eligible for a Disability Retirement Benefit.

Effective March 12, 2024, Amendment No. 3 to the Defined Benefit Plan amends Section 1.6 to the Plan. Beneficiary means the person or persons designated in a writing, filed with the Plan Administrator, by a Participant to receive benefits in the event of the death of such Participant. If no designation is made, no estate has been raised, and the interest of the deceased Participant does not exceed the amount provided under 20 Pa. C. S. § 3101, then such amount shall be paid to the following classes of recipients, each class to take at the exclusion of all subsequent classes, and all members of each class to share equally, as set forth below:

(a) The Participant's surviving spouse,
(b) The Participant's surviving children (including stepchildren and adopted persons),
(c) The Participant's surviving grandchildren,
(d) The Participant's surviving parents,
(e) The Participant's surviving brothers and sisters, and

NOTE 12. PLAN AMENDMENTS (continued)

(f) In the Board of Trustees' sole discretion, to such individual(s) who provide documentation acceptable to the Board of Trustees that the individual(s) paid the Participant's funeral-related expenses, or expenses associated with the Participant's last illness, or living expenses during the last year of the Participant's life, or any combination of the foregoing in the amounts that the Board of Trustees determine, and such payments shall be a total release of the Board of Trustees from the claims of any person.

Effective January 1, 2024, Amendment No. 4 to the Defined Benefit Plan amends Section 3.1(b) to the Plan. Notwithstanding the preceding, for calendar year 2024, for any Participant whose employer contributes at an hourly rate equal to or greater than $11.00 per hour (or $1,906.67 monthly) but less than $13.00 per hour (or $2,253.33 monthly) as of December 31, 2023, the amount of $250 shall be substituted for the amount of $140. Similarly, for calendar year 2024, for any Participant whose employer contributes at an hourly rate equal to or greater than $13.00 per hour (or $2,253.33 monthly) as of December 31, 2023, the amount of $300 shall be substituted for the amount of $140.

Effective January 1, 2024, a new section 13.7 shall be added to Article XIII as follows: In the event that a Participant applies for a Service Pension Benefit under Section 3.4 of the Plan in the form of a Partial Pension under Article XIII of the Plan, and a Related Fund refuses to participate in a Partial Pension because the Participant earned less than the required minimum years of benefit service that would be Related Benefit Service if recognized under the Related Fund's governing plan document ("Related Fund Rules"), the Participant shall be deemed to be eligible for a Partial Pension under the Plan so long as the Participant meets the following conditions:

(a) the Participant applies for a Service Pension Benefit under Section 3.4 of the Plan after January 1, 2024;

(b) the Participant had at least one (1) year of benefit service that would be Related Benefit Service if recognized under the Related Fund Rules;

(c) the Participant failed to meet the minimum years of Related Benefit Service under the Related Fund Rules to qualify for a Partial Pension from the Related Fund by an amount of less than one (1) year;

(d) the Participant has appealed the denial of a Partial Pension by the Related Plan, the Related Plan has denied that appeal, and documentation of that denial has been submitted to the Fund Office; and

(e) the Participant's Combined Benefit Service under the Plan would equal or exceed thirty (30) years.

If all of the above conditions are met, the Participant shall be entitled to a Service Pension Benefit under Section 3.4 of the Plan in an amount calculated in accordance with Section 13.3(b) of the Plan. In no event, however, shall the Plan ever pay (i) a Partial Pension that exceeds the amount of the Partial Pension that would have been payable to the Participant by the Plan had the Related Fund agreed to participate in the Partial Pension, or (ii) any portion of the Partial Pension that would have been payable to the Participant by the Related Fund had the Related Fund agreed to participate in the Partial Pension.

NOTE 13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as reported on the financial statements as of December 31, 2025 and 2024, to the balances as reported on Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 1,618,164,248	$ 1,487,406,324
Less: amounts allocated to withdrawing participants	(43,585)	(53,938)
Net assets available for benefits per Form 5500	$ 1,618,120,663	$ 1,487,352,386

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500:

	Year Ended December 31, 2025
Benefits paid per the financial statements	$ 128,428,178
Less: amounts allocated to withdrawing participants at December 31, 2024	(53,938)
Add: amounts allocated to withdrawing participants at December 31, 2025	43,585
Benefits paid to participants per Form 5500	$ 128,417,825

Amounts allocated to withdrawing participants are recorded on Form 5500 for benefits claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date.

NOTE 14. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market, and sector 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 Statements 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.

NOTE 15. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 15, 2026, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

NOTE 16. YRCW COMPANIES

On July 9, 2009, YRC Freight, USF Holland, Inc., and New Penn Motor Express, Inc. (the YRCW Companies) reached an agreement with the Teamsters National Freight Industry Negotiating Committee of the International Brotherhood of Teamsters on a Memorandum of Understanding (MOU) concerning modifications to certain terms in the National Master Freight Agreement, as ratified by the affected employees.

The amended and restated MOU provides for YRCW Companies to cease making contributions to the Plan effective July 1, 2009, through May 31, 2011. The obligation of YRCW Companies to contribute to the Plan resumed effective June 1, 2011. In addition, the contribution rate for YRCW Companies would be at 25% of the rate that YRCW Companies paid in 2009.

The Plan suspended future benefit accruals for employees of YRCW Companies, effective June 1, 2009.

Because this is not a permanent cessation of the YRCW Companies obligation to contribute, the Trustees have not assessed YRCW Companies for withdrawal liability as of December 31, 2017.

To date in 2023, of the original $9,070,097 principal balance owed to the Plan, pursuant to the CDA, the Plan has recovered $9,070,097 and is paid off. Due to financial constraints, the YRCW Companies owed delinquent contributions to the Plan as of December 31, 2022, and to reflect these delinquencies, a gross receivable of $3,649,059, respectively, has been recorded in the Statements of Net Assets Available for Benefits. Prior to the recording of this receivable, the Trustees investigated and deliberated the most prudent course of action for collecting these delinquent contributions that both complied with the law and best served the interests of the Plan's participants and beneficiaries. To this end, the Trustees decided against initiating litigation to collect these delinquencies on the ground that the YRCW Companies did not have sufficient assets to pay the amounts owed to the Plan and other creditors.

In addition, all available evidence indicated that commencing litigation to collect the delinquencies at that time would have forced the YRCW Companies into bankruptcy liquidation proceedings from which the Plan could have expected little or no recovery. Therefore, the Trustees determined that such litigation would not constitute a cost-effective expenditure of Plan assets. The Trustees ultimately concluded that the most prudent course of action available to the Plan was to sign a Contribution Deferral Agreement ("CDA") between and among the YRCW Companies and various other multiemployer plans to which the YRCW Companies owed delinquent contributions. The CDA: (1) provided that the YRCW Companies would pay the delinquent contributions over time with interest, and (2) granted the various plans party to the CDA security for the delinquent contributions. The CDA determined this security on a pro rata basis. The Trustees will continue to monitor this matter closely and will take appropriate action as circumstances warrant.

NOTE 16. YRCW COMPANIES (continued)

In January 2014, the CDA was amended to extend the maturity date of the repayments from March 2015 to December 2019 and to allow the debts to be bifurcated into secured and unsecured notes totaling $124 million, with the second portion backed by the existing collateral, estimated to be worth $40 million.

In December 2017, YRCW proposed an extension of the CDA, whereby the deferral would be extended through December 31, 2023. The Trustees, along with those of the other Pension funds who are parties to the CDA, agreed to the extension. The proposal also called for a $25,000,000 initial lump sum payment toward the delinquency (this Plan received $1,380,361 as its prorata share in late December 2017).

The above extension also provided for four annual installment payments of 2% of the outstanding balance starting in 2018. Accordingly, the Plan received payments in the amount of $76,070 in December 2020 and $75,166 in December 2021.

During May 2020, it was noted that YRCW was delinquent on their March 2020 contributions and that they would be unable to pay contributions for work performed in April and May when due. This was noted to be because of the effects of the COVID-19 virus. YRCW paid the delinquent contributions in July 2020, and subsequently paid the interest they were assessed.

Effective April 1, 2019 to March 31, 2024, the YRCW Companies have a new Collective Bargaining Agreement requiring them to contribute $2.124 per hour to the Plan for their regular full-time employees, and $1.804 per hour for casual employees.

The Plan received a payment in the amount of $34,088 in December 2022.

On January 3, 2023, YRCW paid their delinquent balance of $3,649,059 in full, along with interest in the amount of $15,671 for a final payment of $3,664,730.

On June 14, 2024, the Fund received a payment of $34,368,408 for YRCW - New Penn Withdrawal liability.

SUPPLEMENTAL INFORMATION

Central Pennsylvania Teamsters Defined Benefit Plan

Schedules of Administrative Expenses

Years Ended December 31, 2025 and 2024

	2025	2024
Professional fees	$ 1,000,378	$ 1,311,940
Pension Benefit Guaranty Corporation	998,478	970,177
Payroll wages	866,093	754,332
CPT Pension benefits	329,980	291,528
CPT Health and Welfare benefits	255,848	227,430
Trustee, fiduciary bond and insurance expense	198,199	199,979
Office expenses	143,751	112,283
Other Pension and Health and Welfare benefits	201,095	176,347
Data processing expenses	185,515	134,858
Postage	67,330	60,171
Rent	75,702	64,819
Payroll taxes	67,234	59,385
Repairs and maintenance	15,357	14,231
Meetings, conferences and seminars	53,047	44,273
Telephone	12,254	18,995
Depreciation expense	46,272	61,846
Payroll audit expenses	1,796	2,518
Utilities	5,091	4,741
Total	$ 4,523,420	$ 4,509,853

CENTRAL PENNSYLVANIA TEAMSTERS
DEFINED BENEFIT PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2025

Form 5500 Schedule H, Item 4I

EIN: 23-626789
Plan No. 001

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
			Foreign stock:				
	ADR Abivax Spon ADS		7,310			$ 718,237	$ 985,790
	ADR Ascendis Pharma A/S Sponsored		16,510			2,089,609	3,520,592
	ADR Bicycle Therapeutics PLC		9,040			229,448	64,003
	ADR Legend Biotech Corp		22,960			1,115,114	499,150
	Descartes Sys Group Inc		21,409			1,889,587	1,876,713
	Gildan Activewear Inc		18,810			726,014	1,174,873
			Total foreign stock			6,768,009	8,121,121
			Common stock:				
	#Reorg/Qiagen Exchange Qiagen 2H19Al5		10,316			512,774	463,910
	1St Indl Rlty Tr Inc Com		13,996			729,174	801,551
	5Th 3Rd Bancorp Com		15,070			724,591	705,423
	Abbott Lab Com		38,089			4,484,618	4,772,171
	Abbvie Inc Com		10,890			1,634,777	2,488,256
	Aci Worldwide Inc Com Stk		17,558			896,169	839,448
	Adaptive Biotechnologies Corp Com		29,270			472,522	475,345
	Adma Biologics Inc Com		44,290			689,258	807,850
	Advanced Energy Inds Inc Com		6,407			727,488	1,341,434
	Affirm Hldgs Inc Cl A		11,990			815,584	892,416
	Agilysys Inc Com Stk		10,609			864,588	1,260,774
	Alkami Technology Inc Com		21,040			472,796	485,393
	Allegiant Travel Co Com		4,517			840,521	385,164
	Alphabet Inc Capital Stock Cl A		26,521			4,074,395	8,301,073
	Amazon Com Inc Com		26,843			5,913,480	6,195,901
	American Express Co		7,793			1,387,882	2,883,020
	American Tower Corp		11,183			2,165,305	1,963,399
	Ameris Bancorp Com		17,055			954,374	1,266,675
	Amgen Inc Com		6,096			1,624,029	1,995,282
	Api Group Corporation Com		18,470			685,718	706,662
	Applied Indl Technologies Inc Com		3,778			981,715	970,077
	Aptargroup Inc Com		3,255			473,149	396,980
	Astera Labs Inc Com		2,810			520,116	467,472
	Axon Enterprise Inc Com		1,780			365,433	1,010,915
	Azenta Inc Com		22,078			861,575	734,314
	Balchem Corp Com		5,716			815,284	876,606
	Bank Of America Corp		90,028			3,828,798	4,951,540
	Bath & Body Works Inc Com		11,978			393,228	240,518
	Becton Dickinson & Co Com		10,945			2,764,378	2,124,096
	Berkshire Hathaway Inc Com Class B		8,298			2,782,659	4,170,990
	Bio-Techne Corp Com		30,009			2,171,239	1,764,829
	Blackline Inc Com		7,657			406,338	423,356
	Blackrock Inc New Com		4,070			3,900,200	4,356,284
	Bloom Energy Corp Cl A		7,300			343,896	634,297
	Blue Owl Cap Inc Com Cl A		63,580			1,032,570	949,885
	Boeing Co Com		12,286			2,703,849	2,667,536
	Boston Scientific Corp Com		40,450			1,997,960	3,856,908
	Broadcom Inc Com		7,717			766,028	2,670,854
	Builders Firstsource Inc Com Stk		6,840			918,570	703,768
	C H Robinson Worldwide Inc Com		15,859			1,832,954	2,549,493

(a) Issuer, Borrower	(b) Type	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value: Shares/ Principal	Interest Rate	Maturity Date	(d) Cost	(e) Current Value
		Common stock (continued):				
Caci Intl Inc Cl A		1,677			$ 542,214	$ 893,522
Capri Holdings Ltd Com Npv		10,510			268,745	256,444
Carlisle Companies Inc Com		1,377			364,865	440,447
Carrier Global Corporation Com		37,568			2,071,137	1,985,093
Casella Waste Sys Inc Cl A Com Stk		17,136			1,640,462	1,678,300
Caseys Gen Stores Inc Com		1,523			337,330	841,777
Celsius Hldgs Inc Com New		21,750			971,434	994,845
Cencora Inc		8,698			1,733,980	2,937,750
Chord Energy Corporation Com		5,949			827,854	551,472
Churchill Downs Inc Com		7,058			797,388	803,059
Cisco Systems Inc		61,383			3,170,119	4,728,332
Clean Hbrs Inc Com		3,550			808,817	832,404
Coherent Corp Com		6,916			778,842	1,276,486
Comcast Corp New-Cl A		53,810			2,666,498	1,608,381
Comfort Sys Usa Inc Com		3,500			778,724	3,266,515
Commvault Sys Inc Com Stk		6,660			925,179	834,898
Conocophillips Com		27,571			3,138,661	2,580,921
Core Scientific Inc New Com		20,100			247,047	292,656
Crane Co New Com		6,256			417,029	1,153,794
Crane Nxt Co Com		12,640			593,134	594,965
Csx Corp Com Stk		86,993			2,821,306	3,153,496
Darden Restaurants Inc Com		12,246			2,122,882	2,253,509
Delta Air Lines Inc Del Com		48,132			2,248,709	3,340,361
Duke Energy Corp New Com		22,143			2,092,822	2,595,381
Dupont De Nemours Inc Common Stock		25,248			760,501	1,014,970
Dutch Bros Inc Cl A		15,110			967,344	925,034
Dynatrace Inc Com		21,960			1,103,159	951,746
Eagle Matls Inc Com		4,070			751,417	841,188
Element Solution Inc Com		49,591			1,114,632	1,239,279
Emcor Group Inc Com		748			189,155	457,619
Encompass Health Corp Com		5,833			404,414	619,115
Enpro Inc		6,767			744,997	1,449,018
Ensign Group Inc Com Stk		8,439			864,801	1,470,074
Eog Resources Inc Com		17,856			2,265,668	1,875,059
Eqty Lifestyle Pptys Inc Reit		17,396			1,238,097	1,054,372
Expand Energy Corp		14,384			1,459,735	1,587,418
Exxon Mobil Corp Com		38,476			4,109,915	4,630,202
F5 Inc Com Stk Npv		3,730			971,796	952,120
Flowserve Corp Com		18,401			962,490	1,276,661
Fox Corp Cl A		43,406			1,534,627	3,171,676
Freeport-Mcmoran Inc		46,975			1,703,359	2,385,860
Ftai Aviation Ltd Com		13,690			1,662,123	2,694,877
Ge Vernova Llc Com		2,733			797,572	1,786,207
Gen Mtrs Co Com		36,994			1,490,306	3,008,352
Genedx Holdings Corp Cl A New		4,820			636,013	626,889
Gentherm Inc Com Npv		18,778			592,714	682,956
Gilead Sciences Inc		28,181			2,371,591	3,458,936
Glacier Bancorp Inc New Com		22,656			1,103,914	997,997
Globant Sa		3,578			561,427	233,894
Globe Life Inc Com		8,280			1,168,203	1,158,041
Globus Med Inc Cl A New Com Stk		12,658			929,178	1,105,170
Goldman Sachs Group Inc Com		4,254			2,524,597	3,739,266
Griffon Corp Com		7,086			461,457	521,884
Guidewire Software Inc Com		3,064			395,633	615,895
Halozyme Therapeutics Inc Com		10,058			499,720	676,903
Hancock Whitney Corp		16,017			801,621	1,019,962
Healthequity Inc Com		13,420			1,320,794	1,229,406
Heico Corp New Cl A		5,680			1,410,377	1,433,802
Hub Group Inc Cl A		15,764			675,399	671,704
Hubspot Inc Com		1,916			866,056	768,891

(a) Issuer, Borrower	(b) Type	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value: Shares/ Principal	Interest Rate	Maturity Date	(d) Cost	(e) Current Value
		Common stock (continued):				
Hyatt Hotels Corp Com Cl A		6,869			$ 875,030	$ 1,101,238
Idex Corp Com		5,800			1,123,671	1,032,052
Insmed Inc Com Par $.01		6,220			435,528	1,082,529
Insulet Corp Com Stk		4,356			1,139,841	1,238,149
Intercontinental Exchange Inc Com		21,240			2,696,112	3,440,030
Ionq Inc Com		8,510			496,102	381,844
Irhythm Holdings Inc		4,108			473,809	728,924
Itt Inc Com		6,542			620,186	1,135,102
Jabil Inc Com		4,740			1,047,397	1,080,815
Jacobs Solutions Inc Com		5,358			665,547	709,721
James Hardie Industries Plc Com		14,924			413,620	309,673
Jpmorgan Chase & Co Com		30,618			5,113,718	9,865,732
Kbr Inc Com		11,878			511,804	477,496
Keycorp New Com		52,330			832,668	1,080,091
Kratos Defense & Security Solutions Inc		6,430			522,310	488,101
Lattice Semiconductor Corp Com		13,076			706,006	962,132
Lincoln Elec Hldgs Inc Com		4,870			788,244	1,167,047
Linde Plc		10,278			4,278,535	4,382,436
Littelfuse Inc Com		3,758			995,610	950,473
Lowes Cos Inc Com		14,870			3,408,418	3,586,049
Lpl Finl Hldgs Inc Com		4,900			1,081,080	1,750,133
Macom Technology Solutions Holdings Inc Com Stk		8,270			972,463	1,416,486
Madden Steven Ltd Com		16,988			567,903	707,380
Manhattan Assocs Inc Com		6,697			1,376,660	1,160,657
Martin Marietta Matls Inc Com		4,772			2,272,319	2,971,333
Masimo Corp Com Stk		8,130			1,216,784	1,057,388
Matador Res Co Com		21,442			1,196,053	909,998
Materion Corp Com		7,844			798,153	975,166
Merck & Co Inc New Com		35,730			2,871,732	3,760,940
Meta Platforms Inc Com Cl A		4,258			1,072,910	2,810,663
Micron Tech Inc Com		15,502			1,091,833	4,424,426
Microsoft Corp Com		5,937			2,081,709	2,871,252
Mks Inc		6,790			837,222	1,085,042
Modine Mfg Co Com Stk		4,052			285,301	540,983
Mondelez Intl Inc Com		45,043			3,185,014	2,424,665
Moog Inc Cl A		4,759			1,005,927	1,159,054
Morningstar Inc Com Stk		1,692			444,232	367,689
Motorola Solutions Inc		6,280			1,943,944	2,407,250
Natera Inc Com		4,630			739,382	1,060,687
Neurocrine Biosciences Inc Com		3,856			514,622	546,896
Nextera Energy Inc Com		34,024			2,548,166	2,731,447
Nordson Corp Com		4,572			1,080,002	1,099,246
On Semiconductor Corp Com		15,741			1,461,057	852,375
Onto Innovation Inc		2,827			362,388	446,270
Option Care Health Inc Com		18,410			512,735	586,543
Oracle Corp Com		3,837			464,022	747,870
Otis Worldwide Corp Com		30,065			2,712,412	2,626,178
Owens Corning New Com Stk		13,663			1,810,863	1,529,026
Packaging Corp Amer Com		4,030			820,007	831,107
Par Technology Corp Com		14,424			856,681	523,303
Parker-Hannifin Corp Com		5,804			2,447,386	5,101,484
Paypal Hldgs Inc Com		15,246			1,115,745	890,061
Pepsico Inc Com		21,125			3,655,426	3,031,860
Permian Res Corp Cl A		49,130			686,012	689,294
Primoris Svcs Corp Com		2,990			356,947	371,179
Procore Technologies Inc Com		7,193			532,660	523,219
Procter & Gamble Com Npv		16,238			2,575,792	2,327,068
Prologis Inc Com		18,096			2,269,964	2,310,135
Prudential Finl Inc Com		10,182			1,114,625	1,149,344
Pub Storage Com		7,201			2,123,837	1,868,660

(a) Issuer, Borrower	(b) Type	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value: Shares/ Principal	Interest Rate	Maturity Date	(d) Cost	(e) Current Value
		Common stock (continued):				
Pure Storage Inc Cl A		13,580			$ 742,752	$ 909,996
Q2 Hldgs Inc Com		8,465			486,089	610,834
Qnity Electronics Inc Com		12,624			1,089,758	1,030,750
Quanta Svcs Inc Com		6,502			1,364,205	2,744,234
Rbc Bearings Inc Com		3,985			1,225,061	1,786,993
Red Rock Resorts Inc Cl A		16,800			781,187	1,040,760
Regal Rexnord Corporation Com Stk		6,180			908,521	867,178
Repligen Corp Com Stk		5,907			880,479	967,921
Revolution Medicines Inc Com		19,140			736,125	1,524,501
Rhythm Pharmaceuticals Inc Com		9,310			591,018	996,542
Rocket Lab Corp Com		25,560			1,032,474	1,783,066
Rockwell Automation		8,531			2,484,215	3,319,156
Roku Inc Com Cl A		15,820			935,692	1,716,312
Rtx Corporation Comstk		29,040			2,873,701	5,325,936
Rush Enterprises Inc Cl A		10,284			504,730	554,719
Ryan Specialty Holdings Inc Cl A		11,930			761,632	615,946
S&P Global Inc Com		4,725			2,041,656	2,469,238
Samsara Inc Cl A		26,320			858,557	933,044
Seacoast Bkg Corp Fla Com		28,496			921,417	895,344
Semtech Corp Com		12,320			508,782	907,861
Sharkninja Com		11,470			1,130,454	1,283,493
Silgan Hldgs Inc Com		19,611			857,116	791,696
Silicon Laboratories Inc Com		7,510			1,026,173	981,557
Simpson Mfg Inc Com		3,879			693,999	626,342
Slb Limited Com		63,290			2,396,701	2,429,070
Southstate Bk Corp Com		14,143			1,453,335	1,330,998
Stag Indl Inc Com		20,936			768,013	769,607
Standex Intl Corp Com		3,072			630,113	667,484
State Str Corp Com		11,098			823,818	1,431,753
Talen Energy Corp New Com		1,800			341,007	674,712
Tapestry Inc Com		16,110			791,665	2,058,375
Technipfmc Plc Com		16,960			483,627	755,738
Texas Roadhouse Inc Common Stock		5,384			455,737	893,744
Textron Inc Com		25,363			1,742,516	2,210,893
The Hartford Insurance Group Inc Com		28,047			2,230,556	3,864,877
Thermo Fisher Scientific Inc Com		5,568			3,149,245	3,226,378
Tjx Cos Inc Com New		20,120			2,447,991	3,090,633
Toast Inc Com Class A		17,860			643,302	634,209
Transunion Com		23,462			2,039,073	2,011,866
Travelers Cos Inc Com Stk		11,332			2,108,363	3,286,960
Trimble Inc Com		17,239			1,155,310	1,350,676
Truist Finl Corp Com		18,594			635,684	915,011
Unitedhealth Group Inc Com		9,000			4,197,623	2,970,990
Universal Display Corp Com		7,041			1,010,247	822,248
Us Foods Hldg Corp Com		9,211			639,449	693,772
Valmont Inds Inc Com		3,736			1,043,683	1,503,067
Vaxcyte Inc Com		24,740			1,309,084	1,141,504
Veracyte Inc Com		20,585			706,933	866,629
Verizon Communications Com		44,820			1,570,806	1,825,519
Walt Disney Co		38,232			5,181,609	4,349,655
Waste Connections Inc Com		3,488			427,759	611,656
Wells Fargo & Co New Com Stk		54,063			2,646,253	5,038,672
Wynn Resorts Ltd Com		8,450			1,090,570	1,016,788
Xenon Pharmaceuticals Inc Common Stock		9,060			363,081	406,069
Xpo Inc Com		8,290			1,043,521	1,126,694
		Total common stock			287,478,555	356,282,173

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		United States Government and Government Agency obligations:					
	Fed Home Ln Mtg		805,000	2.920 %	06/25/32	$ 725,970	$ 746,241
	Fed Home Ln Mtg		292,890	6.000	10/01/38	302,225	304,258
	Federal Home Ln Mtg Corp Multiclass Ser K063		305,000	VAR	01/25/27	304,857	303,610
	Federal Home Ln Mtg Corp Pool #G03941		6,692	6.000	02/01/38	7,373	7,086
	Federal Home Ln Mtg Corp Pool #G03992		477	6.000	03/01/38	493	502
	Federal Home Ln Mtg Corp Pool #G18527		24,757	3.000	10/01/29	25,674	24,428
	Federal Home Ln Mtg Corp Pool #G18578		41,838	3.000	12/01/30	43,557	41,113
	Federal Home Ln Mtg Corp Pool #G18611		122,534	2.500	09/01/31	128,162	118,950
	Federal Home Ln Mtg Corp Pool #G18614		81,423	2.500	10/01/31	85,023	78,946
	Federal Home Ln Mtg Corp Pool #J37814		135,247	3.000	10/01/32	143,066	132,210
	Federal Home Ln Mtg Corp Pool #Sb8186		601,210	4.500	09/01/37	598,880	602,300
	Federal Home Ln Mtg Corp Pool #Sb8191		857,298	4.500	10/01/37	855,863	859,611
	Federal Home Ln Mtg Corp Pool #Sb8217		575,714	5.000	03/01/38	577,130	584,122
	Federal Home Loan Mortgage Corp		464,686	2.500	04/01/37	430,488	441,791
	Federal Home Loan Mortgage Corp		620,088	4.000	10/01/37	611,537	612,684
	Federal Home Loan Mortgage Corp		641,287	5.500	02/01/38	639,052	658,321
	Federal Home Loan Mortgage Corp		80,141	5.500	09/01/38	80,592	82,270
	Federal Home Loan Mortgage Corp		355,190	5.000	04/01/39	352,759	360,200
	Federal Home Loan Mortgage Corp		727,625	5.500	10/01/39	741,040	750,969
	Federal Home Loan Mortgage Corp		454,624	5.000	12/01/39	458,388	460,852
	Federal Home Loan Mortgage Corp		319,016	5.000	05/01/40	321,010	323,289
	Federal Home Loan Mortgage Corp		1,034,022	4.500	06/01/40	1,033,003	1,035,548
	Federal Natl Mtg Assn Gtd Mtg Pool #Aj1413		25,263	4.500	09/01/41	27,162	25,450
	Federal Natl Mtg Assn Gtd Mtg Pool #Al9418		14,665	3.500	08/01/31	15,391	14,567
	Fhlmc Gold G67702		50,568	4.000	01/01/47	52,022	49,140
	Fhlmc Mtn		855,000	6.250	07/15/32	984,201	967,892
	Fhlmc Multiclass Ser 4097 Cl Dc		8,540	1.500	06/15/41	8,209	8,269
	Fhlmc Multiclass Tranche 2.673		268,721	2.673	03/25/26	264,816	267,704
	Fhlmc Pool #G15144		23,966	2.500	07/01/29	24,280	23,593
	Fhlmc Pool #Sb8216		94,355	4.500	03/01/38	92,689	94,610
	Fhlmc Pool #Sb8243		472,405	5.000	07/01/38	476,834	479,304
	Fhlmc Super 15Y Fixed		816,071	5.000	05/01/39	821,647	826,991
	Fnma		1,460,000	0.870	08/05/30	1,287,182	1,289,159
	Fnma Dtd 11/03/2000		825,000	6.625	11/15/30	988,672	930,935
	Fnma Pool #256116		15	6.000	02/01/26	15	15
	Fnma Pool #256749		2,535	6.000	05/01/37	2,669	2,682
	Fnma Pool #257238		800	5.000	06/01/28	785	806
	Fnma Pool #735141		28,805	5.500	01/01/35	31,103	29,685
	Fnma Pool #831927		3,923	6.000	12/01/36	4,292	4,150
	Fnma Pool #890234		5,082	6.000	10/01/38	5,535	5,376
	Fnma Pool #890790		158,172	3.000	08/01/32	154,719	154,513
	Fnma Pool #899743		1,846	6.000	07/01/37	1,905	1,953
	Fnma Pool #930768		1,147	4.000	03/01/29	1,152	1,144
	Fnma Pool #995879		1,075	6.000	04/01/39	1,123	1,137
	Fnma Pool #Ae8748		26,162	4.000	12/01/40	26,362	25,786
	Fnma Pool #Ap7363		55,121	4.000	10/01/42	57,672	53,973
	Fnma Pool #Ma2964		34,184	3.000	04/01/32	36,107	33,401
	Fnma Pool #Ma4667		190,687	3.500	07/01/37	191,983	185,590
	Fnma Pool #Ma4713		913,098	4.000	07/01/37	895,405	903,025
	Fnma Pool #Ma4797		326,324	4.000	11/01/37	319,337	322,723
	Fnma Pool #Ma4825		171,396	5.000	10/01/37	172,507	173,717
	Fnma Pool #Ma4991		497,156	5.500	04/01/38	500,723	510,361
	Fnma Pool #Ma5013		240,649	4.500	05/01/38	239,333	241,298
	Fnma Pool #Ma5014		508,084	5.000	05/01/38	507,083	515,445
	Fnma Pool #Ma5145		729,841	6.000	09/01/38	737,253	758,167
	Fnma Pool #Ma5149		240,881	5.500	09/01/38	244,570	247,059
	Fnma Pool #Ma5588		500,179	4.000	01/01/40	492,833	494,206
	Fnma Pool #Ma5589		653,453	4.500	01/01/40	645,132	654,416
	Freddie Mac Fr Sb8346		1,256,629	4.000	12/01/39	1,222,438	1,241,623

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		United States Government and Government Agency obligations (continued):					
	Freddie Mac Fr Sb8347		220,129	4.000 %	01/01/40	$ 215,529	$ 217,500
	Gnma Pool #783403		57,835	3.500	09/15/41	59,952	54,117
	United States Treas		1,400,000	2.750	02/15/28	1,469,398	1,379,109
	United States Treas Bds		1,205,000	1.500	08/15/26	1,221,915	1,189,780
	United States Treas Bond		625,000	3.125	11/15/28	606,909	618,237
	United States Treas Notes		2,555,000	0.625	08/15/30	2,280,174	2,225,245
	United States Treas Notes		1,560,000	4.125	07/31/31	1,603,901	1,587,178
	United States Treas Notes		2,040,000	4.125	11/15/32	2,080,524	2,066,456
	United States Treas Notes		3,355,000	4.000	02/15/34	3,296,246	3,350,675
	United States Treas Notes		2,655,000	4.625	02/15/35	2,738,841	2,761,511
	United States Treas Nts		1,400,000	2.000	11/15/26	1,438,990	1,381,516
	United States Treas Nts		1,580,000	4.375	11/30/30	1,605,664	1,627,030
	United States Treas Nts		2,170,000	2.750	08/15/32	1,973,438	2,025,814
	United Sts Treas Nts		850,000	1.125	05/15/31	766,830	749,162
	Us Treasury N/B		1,620,000	2.375	05/15/29	1,635,563	1,558,364
	Us Treasury N/B		1,620,000	1.500	05/15/30	1,531,704	1,489,071
	Us Treasury N/B		3,000,000	1.250	08/15/31	2,631,519	2,616,914
	Us Treasury N/B		2,670,000	3.375	05/15/33	2,563,962	2,571,126
		Total United States Government and Government Agency obligations				49,722,342	49,537,971
		Municipal obligations:					
	Charleston Cnty S C Arpt Dist Arpt Sys		250,000	4.337	07/01/31	250,000	251,274
	Charleston Cnty S C Arpt Dist Arpt Sys		200,000	4.527	07/01/32	200,000	201,804
	Colorado HSG & Fin		475,000	4.645	11/01/28	475,000	485,202
	Colorado HSG & Fin		330,000	6.000	11/01/26	340,029	336,244
	Columbia S C Wtrwrks & SWR SYS Rev		70,000	2.318	02/01/27	70,000	69,039
	Dallas Fort Worth Tex INTL ARPT		160,000	4.671	11/01/27	160,000	162,672
	Gwinnett Cnty GA Dev Auth Rev		400,000	3.560	09/01/29	378,148	397,139
	Metro Wastewtr Reclamation Dist Colo Swrrev		225,000	2.363	04/01/27	209,855	221,539
	Metro Wastewtr Reclamation Dist Colo Swrrev		155,000	2.713	04/01/31	155,000	145,476
	Municipal Elec Auth Ga		400,000	1.581	01/01/26	400,000	400,000
	Nebraska Invt Fin Auth Single Family Hsgrev		345,000	4.358	03/01/27	345,000	347,860
	New York St Urban Dev Corp Rev		145,000	3.270	03/15/28	141,859	143,725
	Prince Georges Cnty MD		45,000	1.186	09/15/26	45,000	44,246
	Texas St Univ Sys Fing Rev		350,000	2.351	03/15/26	370,430	349,074
	University Mich Univ Revs		140,000	1.372	04/01/27	137,506	136,171
	Virginia St Res Auth Infrastructure Rev		270,000	2.530	11/01/28	270,000	261,165
		Total municipal obligations				3,947,827	3,952,630
		Corporate obligations:					
	Abbott Labs		980,000	3.750	11/30/26	1,051,747	980,045
	Abbvie Inc		443,000	4.950	03/15/31	444,710	458,517
	Air Prods & Chems Inc		779,000	4.850	02/08/34	781,812	793,318
	Alphabet Inc		582,000	4.100	11/15/30	582,408	584,442
	Amazon Com Inc		587,000	3.150	08/22/27	596,411	582,306
	Amazon Com Inc		497,000	3.900	11/20/28	497,916	498,742
	American Airlines Inc.		363,179	3.575	07/15/29	350,694	359,371
	American Water Capital Corp		567,000	5.250	03/01/35	566,657	585,480
	Amern Express Co Fltg Rt		838,000	5.016	04/25/31	843,658	864,309
	Amphenol Corp		825,000	4.125	11/15/30	820,011	821,492
	Amphenol Corp New		175,000	4.750	03/30/26	174,568	175,323
	Anheuser-Busch Inbev Worldwide Inc		845,000	4.750	07/15/28	927,841	862,540
	Apple Inc		1,013,000	4.500	05/12/32	1,011,740	1,037,125
	Applied Materials Inc		515,000	4.800	06/15/29	517,792	528,285
	At&T Inc		895,000	2.300	06/01/27	850,565	874,660
	Automatic Data Processing Inc		637,000	4.450	09/09/34	633,193	636,143
	Avery Dennison		935,000	4.875	12/06/28	1,023,652	955,203
	Bank Amer Corp		705,000	3.824	01/20/28	722,573	703,383

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		Corporate obligations (continued):					
	Brown Forman Corp		535,000	4.750 %	04/15/33	$ 536,521	$ 543,268
	Cap 1 Multi-Asset		365,000	2.060	08/15/28	357,572	361,087
	Caterpillar Financial Services Ltd		351,000	4.350	05/15/26	348,141	351,633
	Caterpillar Finl Svcs Corp		685,000	4.700	11/15/29	703,758	703,263
	Cboe Global Mkts Inc Sr Nt		1,092,000	1.625	12/15/30	977,368	969,422
	Cdn Natl Ry Co		805,000	6.900	07/15/28	992,928	863,732
	Cdn Pac Ry Co New		923,000	4.000	06/01/28	910,873	923,568
	Chevron U S A Inc		833,000	4.475	02/26/28	834,574	846,160
	Cintas Corp No 2		1,085,000	3.700	04/01/27	1,149,934	1,083,001
	Comcast Corp New		705,000	4.250	10/15/30	688,059	705,778
	Conocophillips Company		904,000	4.700	01/15/30	906,518	921,657
	Consumers Energy Co		851,000	4.900	02/15/29	862,250	873,165
	Cummins Inc		640,000	5.150	02/20/34	651,026	663,620
	Darden Restaurants		880,000	3.850	05/01/27	865,427	877,800
	Disney Walt Co Sr Nt		365,000	7.300	04/30/28	392,952	389,786
	Dominion Energy South Carolina Inc		504,000	5.300	01/15/35	507,307	522,504
	Dte Energy Co		464,000	5.050	10/01/35	463,258	464,116
	Duke Energy Carolinas Llc		574,000	4.850	01/15/34	569,861	581,964
	Eaton Corp Ohio		711,000	4.150	03/15/33	678,800	700,692
	Ecolab Inc		347,000	4.300	06/15/28	347,722	350,765
	Ecolab Inc Nt		665,000	5.250	01/15/28	674,669	682,957
	Emerson Elec Co Fixed		615,000	1.800	10/15/27	596,820	595,149
	Eog Res Inc		729,000	5.000	07/15/32	733,280	747,809
	Exxon Mobil Corp		397,000	2.440	08/16/29	382,100	379,309
	Florida Power & Light Company		1,020,000	5.050	04/01/28	1,024,568	1,046,132
	General Mtrs Finl Co Inc		885,000	5.400	05/08/27	895,138	899,588
	Georgia Pac Corp		933,000	7.750	11/15/29	1,052,000	1,053,202
	Georgia Pwr Co		950,000	4.650	05/16/28	952,167	965,140
	Grainger W W Inc		352,000	4.450	09/15/34	350,649	349,486
	Hershey Company		566,000	4.750	02/24/30	581,794	581,754
	Home Depot Canada Inc		777,000	3.250	04/15/32	733,496	732,573
	Home Depot Inc		228,000	5.150	06/25/26	227,960	229,548
	Host Hotels & Resorts L P		342,000	5.700	06/15/32	338,129	357,557
	Il Tool Wks Inc		1,025,000	2.650	11/15/26	1,048,348	1,015,645
	Intel Corp Fixed		342,000	3.750	08/05/27	337,014	340,080
	Jacobs Engr Group Inc		325,000	6.350	08/18/28	329,674	342,018
	Jpmorgan Chase & Co		828,000	5.103	04/22/31	841,762	855,629
	Kimberly Clark Corp		1,000,000	3.950	11/01/28	1,065,982	1,002,610
	Lockheed Martin Corp		800,000	4.500	05/15/29	799,207	812,973
	Lowes Cos Inc		740,000	4.250	03/15/31	738,375	737,666
	Martin Marietta		619,000	2.400	07/15/31	549,376	559,024
	Mastercard Inc Fixed		457,000	4.875	05/09/34	468,769	469,271
	McDonald's Corp		949,000	4.600	05/15/30	949,220	966,097
	Molson Coors		816,000	3.000	07/15/26	791,458	811,528
	Mondelez International Inc		475,000	2.625	03/17/27	446,165	467,786
	National Rural Utils Coop Fin Corp		730,000	2.400	03/15/30	687,186	682,002
	Northern Tr Corp		586,000	4.150	11/19/30	585,581	587,142
	O Reilly		940,000	3.900	06/01/29	901,994	932,437
	Oge Energy Corp		485,000	5.450	05/15/27	490,185	502,699
	Pac Gas & Elec Co Fixed		270,000	5.900	06/15/32	276,785	283,096
	Paccar Financial Corp		230,000	4.000	08/08/28	229,952	231,502
	Paccar Financial Corp		509,000	4.000	11/07/28	509,559	511,610
	Pepsico Inc Fixed		836,000	2.750	03/19/30	813,789	794,198
	Pg&E Recovery Fdg Llc		390,465	1.460	07/15/31	383,663	364,290
	Progressive Corp Oh		940,000	3.000	03/15/32	840,143	869,653
	Public Storage		693,000	5.100	08/01/33	700,590	718,767
	Public Svc Elec		620,000	5.200	03/01/34	624,899	639,775
	Quanta Svcs Inc		695,000	4.750	08/09/27	694,728	703,547
	Republic Svcs Inc		995,000	3.950	05/15/28	953,942	997,000
	Roper Technologies Inc		344,000	4.750	02/15/32	344,925	348,251

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Cost	Current Value
		Corporate obligations (continued):				
	Texas Instrs Inc Fixed		442,000	4.600 % 02/08/27	$ 441,886	$ 445,808
	Transcont Gas Pipe Line		785,000	4.000 03/15/28	803,422	784,578
	Travelers Cos Inc		541,000	5.050 07/25/35	546,495	550,450
	Un Pac Rr Co		892,000	3.227 05/14/26	911,343	889,674
	United Parcel Service Inc		785,000	4.875 03/03/33	794,862	809,991
	Ventas Rlty Ltd Partnership		585,000	4.000 03/01/28	572,536	584,399
	Vulcan Materials Co		671,000	4.950 12/01/29	677,959	688,900
	Waste Management Inc		1,048,000	4.150 04/15/32	1,031,468	1,040,093
	Wells Fargo & Co		229,000	3.000 04/22/26	217,802	228,371
	Wf Card Issuance Tr Sr 24-A2 Cl A		620,000	4.290 10/15/29	625,570	626,079
	Wisconsin Elec Pwr Co		686,000	5.000 05/15/29	689,285	707,519
	Wisconsin Electric Power Co		325,000	4.600 10/01/34	326,293	322,721
	Xylem Inc Fixed		711,000	2.250 01/30/31	612,054	645,690
		Total corporate obligations			60,339,813	60,488,438
		Asset-backed securities:				
	Bk Of Amer Cr Card Fixed		686,000	4.980 11/15/28	696,087	693,128
	Capital One Multi-Asset Execution Tr Ser25-1 Cl A		375,000	3.820 09/16/30	374,929	375,334
	Daimler Trucks Retail Tr 2023-1 Ser 23-1 Cl A3		186,312	5.900 03/15/27	186,309	187,194
	John Deere Owner Tr 2023-B Ser 23-B Cl A3		47,224	5.180 03/15/28	47,293	47,515
	John Deere Owner Tr Sr 24-A Cl A3		165,000	4.960 11/15/28	164,991	166,447
	Pvtpl Cwabs 2004-R 2-A Del Tr 2009-1E		10,118	VAR 08/22/39	10,118	10,118
	Verizon Master Tr		465,000	4.170 08/20/30	464,879	467,876
		Total asset-backed securities			1,944,606	1,947,612
		Non-government backed CMOs:				
	Cmo Citigroup Mtg Ln Tr 2006-Ar1 Cl I-A1			7.141 10/25/2035	964	902
	Cmo Citigroup Mtg Ln Tr 2006-Ar1 Cl Ii-A1			5.246 03/25/2036	1,695	1,710
	Cmo Gmacm Mtg Ln Tr 2005-Ar6 Cl 4-A-1			VAR 11/19/2035	48	48
		Total non-government backed CMOs			2,707	2,660
		Common collective trust - international equity:				
	CF Causeway International Value Equity		2,559,450		31,375,573	54,849,008
		Common collective trust - equity				
	CF Sierra Franklin EAFE Plus Equity Trust		1,760,847		57,434,412	48,088,740
*	MFB Northern Trust Collective Russell 1000		87,632		119,543,746	228,930,850
		Total common collective trust - equity			176,978,158	277,019,590
		Limited partnership - real estate:				
	ARA Core Property Fund, LP		25,381,525		25,381,525	25,832,735
	Boyd Waterson GSA Fund LP		92,967,415		92,967,415	80,987,071
	Boyd Watterson State Government Fund		48,255,685		48,255,685	42,226,193
	U.S. Real Estate Investment Fund		61,351,296		61,351,296	53,093,532
		Total limited partnership - real estate			227,955,921	202,139,531
		Limited partnership - private equity:				
	Blue Ocean Onshore Fund II		8,695,638		8,695,638	9,013,370
	GCM Grosvenor Private Credit Fund, Ltd		16,798,911		16,798,911	17,391,732
	Glouston Private Equity Opportunities VII FTE LP		11,326,334		11,326,334	14,054,641
	Hamilton Lane Secondary Feeder Fund V-A LP		41,234,622		41,234,622	47,578,611
	Mesirow Financial Private Equity Fund VIII-A, LP		33,566,993		33,566,993	40,250,674
	Mesirow Private Equity Fund IX, LP		4,375,000		4,375,000	5,372,805
	Siguler Guff Small Buyout Opportunities Fund IV, LP		4,029,298		4,029,298	5,109,282
		Total limited partnership - private equity			120,026,796	138,771,115
		Foreign hedged fund of funds:				
	GCM Grosvenor Opportunistic Credit Fund V, Ltd.		29,267,481		29,267,481	36,985,782

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
			Limited partnership:				
	Corbin ERISA Opportunity Fund LP		65,000,000			$ 65,000,000	$ 81,197,261
			Hedge fund of funds - global multi-strategy fund:				
	CF Entrust Capital Diversified Fund, Ltd.		6,898			869,981	105,157
			Common collective trust - fixed income:				
	Mackay Shields High Yield Bond CIT		5,491,795			84,987,311	87,374,463
			Common collective trust - STIF:				
*	NT Collective Govt Short-term Invt Fund		11,154,824			11,154,824	11,154,824
			103-12 investment entities:				
	CF Goldentree Multi-Sector Fund Offshore ERISA, LTD		32,226			63,516,077	80,790,972
	CF WA CAP JMT Real Estate Equity Fund		833,912			67,020,887	78,596,355
	Wacap - O Direct Lending Fund Unlevered Feeders LLC		22,216,909			22,216,909	24,860,046
	Wacap SP Infrastructure Fund IV Feeder LLC		31,737,178			31,737,178	42,160,757
			Total 103-12 investment entities			184,491,051	226,408,130
				Total investments		$ 1,342,310,955	$ 1,596,337,466

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

Central Pennsylvania Teamsters Defined Benefit Plan

Schedule of Reportable Transactions

Year Ended December 31, 2025

Form 5500 Schedule H, Item 4j

EIN: 23-6262789
Plan No. 001

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset	(g) Net Gain on Transaction
*	NTGI Collective Government Short Term Investment Fund	$ 265,145,926	N/A	$ 265,145,926	$ 265,145,926	N/A
*	NTGI Collective Government Short Term Investment Fund	N/A	$ 296,513,284	296,513,284	296,513,284	$ -
	Mackay Shields High Yield Bond CIT	84,987,311	N/A	84,987,311	84,987,311	N/A
	Loomis Sayles High Yield	N/A	75,093,349	75,093,349	75,093,349	-

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

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

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

Interest Rates

Funding — 7.00% per year, compounded annually, net of investment expenses.

Current Liability — The highest interest rate within the permissible range prescribed under IRC Section 431(c)(6)(E); valued at 4.01% as of January 1, 2025.

Mortality

Healthy Participants — 115% of Pri-2012 Amount-Weighted Blue Collar mortality table rates, adjusted generationally from 2012 with mortality improvement table MP-2021.

Survivors of Deceased Participants — 115% of Pri-2012 Amount-Weighted Blue Collar Survivor mortality table rates, adjusted generationally from 2012 with mortality improvement table MP-2021.

Disabled Lives — 115% of Pri-2012 Amount-Weighted Disabled mortality table rates, adjusted generationally from 2012 with mortality improvement table MP-2021.

Current Liability — IRS 2025 Static Mortality, as prescribed

Retirement — Active rates of retirement are based on age and service, as shown below. Participants with under 15 years of service are assumed to retire at the 65+ rates below, with no retirements prior to age 65.

	Rate of Retirement	
Attained Age	15-24	25+
55	0.01	0.04
56	0.01	0.04
57	0.05	0.24
58	0.05	0.14
59	0.05	0.14
60	0.05	0.14
61	0.07	0.14
62	0.16	0.35

	Rate of Retirement	
Attained Age	15-24	25+
63	0.16	0.25
64	0.16	0.25
65	0.25	0.25
66	0.25	0.25
67	0.25	0.25
68	0.25	0.25
69	0.25	0.25
70	1.00	1.00

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

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

(continued)

Retirement (continued)

Vested terminated participants are assumed to retire at the following rates:

Attained Age	Rate of Retirement
57	0.10
58	0.05
59	0.05
60	0.05
61	0.05

Attained Age	Rate of Retirement
62	0.15
63	0.15
64	0.15
65+	1.00

Withdrawal

Participants are assumed to terminate employment for reasons other than death, disability, or retirement according to Scale T-2 from the Actuary's Pension Handbook, with rates graduated from tabular at age 40 to zero at age 50.

Disability

Probability of becoming disabled according to Sarason's Advanced Pension Table pages XXXIX, with rates graduated from tabular at age 50 to zero at age 55.

Expenses

An amount equal to the actual expenses (excluding investment expenses) paid in the preceding Plan Year, rounded to the nearest $100,000, added to the Normal Cost. For the plan year beginning January 1, 2025, this amount is assumed to be $4,500,000.

Marital Status

80% of participants who have not yet commenced receipt of benefit are assumed to be married. Wives are assumed to be three years younger than their husbands.

Form of Payment

Future retirees are assumed to elect forms of annuity at the following rates:

Three-year Certain and Continuous annuity	55%
50% Joint and Survivor annuity	15%
100% Joint and Survivor annuity	30%

Reciprocity Allowance

$3 million has been added to the accrued liability to account for reciprocity benefits.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

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

(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 no greater than 120% of market value, nor less than 80% of market value. As allowed by the Pension Relief Act of 2010, the loss from the 2008 plan year is being recognized over a 10-year period.

Actuarial Cost Methods

The Unit Credit Cost Method (used for minimum funding)

Normal Cost - For each active participant, the present value of the benefit expected to be earned during the year.

Actuarial Accrued Liability - For each active participant, the present value of the benefit accrued as of the valuation date. For each terminated participant, the present value at the valuation date of his pension entitlement.

Data Methodology

Participant data is provided by the Plan Administrator. Data is classified as follows:

Retired:	Reported as in payment.
Active:	Reported with hours in the preceding year, with an accrued benefit, and not retired.
Terminated vested:	Vested with an accrued benefit, and neither retired nor active. Benefits are actuarially increased for retirements past normal retirement, up to age 70.

Changes since the Prior Valuation

The funding interest rate was decreased from 7.50% to 7.00%.

The retirement age assumption for vested terminated participants was changed from age 57 to the rates shown above.

The form of payment assumption was changed from Three-year Certain and Continuous to the election percentages shown above.

The current liability interest rate was updated from 3.29% to 4.01% to reflect the change in IRS mandated rates.

The mortality table used to calculate the RPA current liability was updated from 2024 to 2025.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 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 historical data, both 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, adjusted to reflect estimated future experience, and professional judgment. Experience studies wherein actual experience is compared to expected experience are performed periodically.
Retirement	The retirement decrements for active and vested terminated participants are based on studies of Plan experience.
Withdrawal	A standard withdrawal table has been selected which results in a similar level of aggregate annual withdrawal as the Plan has experienced over recent years.
Disability	Because the Fund 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, geography, and discussions with the Plan Sponsor.
Form of Payment	The form of payment assumption is based on Plan experience during 2018 through 2022.
Plan Expenses	Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for 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.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

Introduction	There are two pieces to the benefit. The first piece is the accrued benefit as of 12/31/1986 (Pre-RIP Benefit) and the second piece is the benefit accrued based on all service after 01/01/2003 (Future Service Date).

Payment of the Pre-RIP Benefit is generally based on the provisions of the plan at that time. Following is a summary of those provisions.

Vesting Service	Each year during which the participant works at least 1,000 hours.
Benefit Service	Prior to 1987: Each year during which the participant works at least 1,800 hours in covered employment. A partial year of benefit service is earned for a year in which less than 1,800 hours but more than 1,000 hours are worked.
Normal Retirement Date	The later of age 57 or the fifth anniversary of participation.
Normal Retirement Pension	The monthly amount varies by benefit level and was frozen as of 12/31/1986.
Early Retirement Date	Separation from covered employment on or after age 55 with five or more years of vesting service.
Early Retirement Pension	The Normal Retirement Pension, actuarially reduced for commencement prior to age 57.
Disability Pension	An active participant with at least 15 years of benefit service who has been awarded disability benefits by the Social Security Administration and is not eligible for a Normal Retirement Pension may be eligible for a disability benefit. The monthly benefit is payable as of the Social Security Entitlement date with no reduction for early commencement.
Single Sum Death Benefit	The beneficiary of an active participant who dies will receive a lump sum death benefit. The amount of benefit is based on the number of years of Pre-RIP benefit service completed prior to death.
Termination Benefit	Participants are 100% vested in their accrued pension after five years of vesting service, with benefits payable at age 57, or a reduced pension payable as early as age 55, if eligible.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

(continued)

Pre-Retirement Spouse's Death Benefit	If a vested participant or vested former participant dies before his pension begins, his surviving spouse will be entitled to a lifetime pension. The amount of such pension will be the same as the spouse would have received if the participant had (i) separated from covered employment on the date of death, (ii) survived until the later of the earliest retirement date or date of death, (iii) retired having elected a Qualified Joint and Survivor Annuity, and (iv) died on the next day.
Normal Form of Payment	For single participants: Three-year Certain and Continuous annuity. For married participants: 50% Joint and Survivor annuity.

Payment of the Future Service Benefit is based on the following summary of provisions.

Vesting Service	Each plan year during which the participant works at least 1,000 hours.
Benefit Service	Prior to 1987: Each plan year during which the participant works at least 1,800 hours in covered employment. A partial year of benefit service is earned for a plan year in which less than 1,800 hours but more than 1,000 hours are worked. 1987-2001: Each plan year during which the participant works at least 1,000 hours in covered employment. 2002: 1,500 hours in covered employment. A partial year of benefit service is earned for a plan year in which less than 1,500 hours but more than 1,000 hours are worked. 2003 and later: Each plan year during which the participant works at least 1,800 hours in covered employment. A partial year of benefit service is earned for a plan year in which less than 1,800 hours but more than 1,000 hours are worked.
Normal Retirement Date	The later of age 65 and the completion of five years of vesting service.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

(continued)

Normal Retirement Pension	From Future Service Date: For each year of Benefit Service, the monthly benefit accrual is equal to the lesser of (i) 1.25% of Employer Contributions made on behalf of the member, or (ii) $140 ($160 for 2006, $170 for 2007, $180 for 2008 and $165 for 2012). In addition to the above, a monthly benefit accrual equal to 1.25% of the aggregate Employer Contributions from August 1, 2014 through July 31, 2016 generated by a contribution rate greater than $10.145 per hour. For calendar years 2018-2021, the monthly benefit accrual cap in (ii) above is $180 for participants whose employer contributes at a rate of at least $11.00 per hour (or $1,906.67 per month) as of the December 31 immediately preceding. For calendar year 2022, the monthly benefit accrual cap in (ii) above is $180 for participants whose employer contributes at a rate of at least $10.395 per hour (or $1,801.80 per month) but less than $11.00 per hour (or $1,906.67 per month) as of 12/31/2021; and is $200 for participants whose employer contributes at a rate of at least $11.00 per hour (or $1,906.67 per month) as of 12/31/2021. For calendar year 2023, the monthly benefit accrual cap in (ii) above is $180 for participants whose employer contributes at a rate of at least $10.395 per hour (or $1,801.80 per month) but less than $11.00 per hour (or $1,906.67 per month) as of 12/31/2022; and is $200 for participants whose employer contributes at a rate of at least $11.00 per hour (or $1,906.67 per month) as of 12/31/2022. For calendar years 2024 and 2025, the monthly benefit accrual cap in (ii) above is $250 for participants whose employer contributes at a rate of at least $11.00 per hour (or $1,906.67 per month) but less than $13.00 per hour (or $2,253.33 per month) as of the last day of the previous year; and is $300 for participants whose employer contributes at a rate of at least $13.00 per hour (or $2,253.33 per month) as of the last day of the previous year.
Early Retirement Pension Eligibility	Separation from covered employment at any age with less than 15 years of Benefit Service, or separation from covered employment before the attainment of age 57 with 15-29 years of Benefit Service.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

(continued)

Special Early Retirement Eligibility	Separation from covered employment on or after the attainment of age 57 with 15-29 years of Benefit Service.
Special Early Retirement Pension Amount	The Normal Retirement Pension, reduced 0.25% for each month by which the actual benefit commencement date precedes age 65.
Service Pension Eligibility	Separation from covered employment on or after the attainment of age 50 with 30 or more years of Benefit Service.
Service Pension Amount	The Normal Retirement Pension, reduced 0.5% for each month by which the actual benefit commencement date precedes age 57.
Combined Minimum Retirement Benefit Eligibility	Separation from covered employment on or after age 57 with 25 or more years of Benefit Service. In addition, a member must be eligible under the "2-Year" and "45-Day" rules described in the Plan document in order to be eligible for this benefit, and must not have previously withdrawn any part of his/her RIP balance or commenced a DB benefit. To be eligible for the highest level of the Combined Benefit Minimum, a member must have at least 20 years of Benefit Service at the UPS or Freight contribution rate, or 15 years of Benefit Service at the UPS or Freight contribution rate, including the last 10 consecutive years before retirement.
Combined Minimum Retirement Benefit	The sum of the Pre-1987 and Future Service retirement benefit cannot be less than the excess, if any, of (a) over (b): a) $3,100, prorated for contributions that are at less than the "full" contribution level. b) The annuity equivalent of the RIP Account Balance as of the date of benefit commencement, based on the UP 1984 Mortality Table and a 7.0% discount rate.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

(continued)

Rule of 82-85 Retirement Benefit Eligibility

Separation from covered employment on or after attainment of 26 or more years of Benefit Service, with age plus years of Benefit Service at least 82.

In addition, a member must be eligible under the "2-Year" and "45-Day" rules described in the Plan document in order to be eligible for this benefit, and must not have previously withdrawn any part of his/her RIP balance or commenced a DB benefit.

To be eligible for the highest level of the Combined Benefit Minimum, a member must have at least 20 years of Benefit Service at the UPS or Freight contribution rate, or 15 years of Benefit Service at the UPS or Freight contribution rate, including the last 10 consecutive years before retirement.

Rule of 82-85 Retirement Benefit

The sum of the Pre-1987 and Future Service retirement benefit cannot be less than the excess, if any, of (a) over (b):

a) The benefit below, prorated for contributions that are at less than the "full" contribution level.

Age + Years of Benefit Service	Benefit
82	$2,250
83	$2,350
84	$2,450
85+	$2,550

b) The annuity equivalent of the RIP Account Balance as of the date of benefit commencement, based on the UP 1984 Mortality Table and a 7.0% discount rate.

Disability Pension

An active participant with at least 15 years of vesting service who has been awarded disability benefits by the Social Security Administration and is not eligible for a Normal Retirement Pension may be eligible for a disability benefit. The monthly benefit is payable as of the Social Security Entitlement date with no reduction for early commencement.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

(continued)

Single Sum Death Benefit	Effective January 1, 2025, the beneficiary of an unmarried vested participant who dies while in active employment shall receive a single sum death benefit of $10,000.
Pre-Retirement Spouse's Death Benefit	If a vested active or former participant dies before his pension begins, his surviving spouse will be entitled to a lifetime pension. The amount of such pension will be the same as the spouse would have received if the participant had (i) separated from covered employment on the date of death, (ii) survived until the later of the earliest retirement date or date of death, (iii) retired having elected a Qualified Joint and Survivor Annuity, and (iv) died on the next day. For purposes of calculating the amount of pre-retirement spouse's death benefit, vested active participants who have 15-29 years of Benefit Service at their date of death will be considered to have been eligible for the Plan's Special Early Retirement Pension (beginning at age 57), regardless of their age at death.
Termination Benefit	Participants are 100% vested in their accrued pension after five years of vesting service, with benefits payable at age 65, or a reduced pension payable as early as age 57.
UPS Pension Plan Reciprocity	Effective January 1, 2018, participants receive 0.5 years of service for benefit eligibility for each 1.0 years of service earned in the UPS Pension Plan. This additional eligibility does not apply for the Combined Minimum Monthly Benefit or the Rule of 82-85 Benefit.
Normal Form of Payment	<u>For single participants</u>: Three-year Certain and Continuous annuity. <u>For married participants</u>: 50% Joint and Survivor annuity.
Changes since the Prior Valuation	For calendar year 2025, the monthly benefit accrual cap is $250 for participants whose employer contributes at a rate of at least $11.00 per hour (or $1,906.67 per month) but less than $13.00 per hour (or $2,253.33 per month) as of 12/31/2024; and is $300 for participants whose employer contributes at a rate of at least $13.00 per hour (or $2,253.33 per month) as of 12/31/2024. Effective January 1, 2025, the beneficiary of an unmarried vested participant who dies while in active employment shall receive a single sum death benefit of $10,000.

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

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

	Years of Credited Service | Average Accrued Monthly Benefit																			
	Under 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40 & Over	
Age	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit
<25	78	$71	123	$335	3	N/A	0	-	0	-	0	-	0	-	0	-	0	-	0	-
25-29	67	$78	277	$543	52	$842	5	N/A	0	-	0	-	0	-	0	-	0	-	0	-
30-34	62	$92	333	$620	150	$1,156	45	$1,316	0	-	0	-	0	-	0	-	0	-	0	-
35-39	48	$66	315	$591	200	$1,194	61	$1,739	13	N/A	1	N/A	0	-	0	-	0	-	0	-
40-44	35	$97	248	$597	169	$1,248	77	$1,780	70	$2,618	18	N/A	3	N/A	0	-	0	-	0	-
45-49	44	$67	201	$611	145	$1,149	71	$1,711	101	$2,653	61	$2,369	18	N/A	2	N/A	0	-	0	-
50-54	35	$79	134	$607	121	$1,098	78	$1,683	94	$2,518	124	$3,082	82	$2,668	26	$2,582	3	N/A	0	-
55-59	19	N/A	118	$467	120	$1,081	81	$1,448	77	$2,088	110	$2,771	116	$2,892	77	$2,572	48	$2,102	1	N/A
60-64	11	N/A	64	$506	81	$993	54	$1,492	62	$2,428	60	$2,142	71	$2,334	59	$2,190	63	$2,570	22	$1,965
65-69	4	N/A	18	N/A	20	$819	21	$1,135	22	$1,748	16	N/A	11	N/A	12	N/A	16	N/A	14	N/A
70 & Up	1	N/A	2	N/A	0	-	3	N/A	2	N/A	2	N/A	6	N/A	2	N/A	3	N/A	5	N/A

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
2/3/2025	$ 121,921.68	$ -	$ 121,921.68
3/7/2025	$ -	$ 188,571.00	$ 188,571.00
3/28/2025	$ -	$ 158,949.05	$ 158,949.05
3/31/2025	$ 4,468.75	$ -	$ 4,468.75
6/7/2025	$ 4,468.75	$ -	$ 4,468.75
9/9/2025	$ 4,468.75	$ -	$ 4,468.75
12/9/2025	$ 4,468.75	$ -	$ 4,468.75
12/12/2025	$ 200,000.00	$ -	$ 200,000.00

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 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. Method Change	1/1/1997	$ 1,482,948	N/A	$ 231,998	2.000	$ 119,922
2. Assumption Change	1/1/1999	14,849,370	30	4,311,005	4.000	1,189,467
3. Assumption Change	1/1/2001	39,167,309	30	15,859,366	6.000	3,109,559
4. Plan Amendment	1/1/2003	294,195,961	30	148,208,876	8.000	23,196,457
5. Assumption Change	1/1/2006	24,185,822	30	15,155,227	11.000	1,888,836
6. Plan Amendment	1/1/2007	4,253,016	30	2,814,390	12.000	331,156
7. PRA Investment Loss	1/1/2009	180,067,557	29	126,134,776	13.000	14,104,797
8. PRA Investment Loss	1/1/2010	34,482,290	28	24,388,941	13.000	2,727,250
9. PRA Investment Loss	1/1/2011	45,284,465	27	32,368,714	13.000	3,619,574
10. Actuarial Loss	1/1/2012	22,931,120	15	4,702,453	2.000	2,430,737
11. PRA Investment Loss	1/1/2012	79,197,933	26	57,265,169	13.000	6,403,576
12. Actuarial Loss	1/1/2014	10,428,501	15	3,975,591	4.000	1,096,922
13. Actuarial Loss	1/1/2015	19,844,040	15	9,123,523	5.000	2,079,572
14. Actuarial Loss	1/1/2016	47,746,698	15	25,427,927	6.000	4,985,675
15. Plan Amendment	1/1/2016	649,644	15	345,974	6.000	67,835
16. Plan Amendment	1/1/2017	1,723,263	15	1,034,022	7.000	179,314
17. Actuarial Loss	1/1/2017	38,065,035	15	22,840,441	7.000	3,960,857
18. Assumption Change	1/1/2017	4,730,695	15	2,838,593	7.000	492,252
19. Actuarial Loss	1/1/2018	34,116,798	15	22,638,464	8.000	3,543,190
20. Plan Amendment	1/1/2019	6,489,088	15	4,689,316	9.000	672,660
21. Actuarial Loss	1/1/2019	44,519,353	15	32,171,755	9.000	4,614,887
22. Actuarial Loss	1/1/2020	25,783,683	15	20,049,721	10.000	2,667,878
23. Assumption Change	1/1/2023	61,675,558	15	56,775,680	13.000	6,348,840
24. Actuarial Loss	1/1/2023	30,420,740	15	28,003,934	13.000	3,131,490
25. Actuarial Loss	1/1/2024	5,990,304	15	5,760,952	14.000	615,641
26. Assumption Change	1/1/2025	58,011,516	15	58,011,516	15.000	5,952,666
27. Actuarial Loss	1/1/2025	40,213,005	15	40,213,005	15.000	4,126,329
28. Plan Amendment	1/1/2025	211,598	15	211,598	15.000	21,712
Total				$ 765,552,927		$ 103,679,051

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 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. Assumption Change	1/1/2003	$ 1,370,682	30	$ 690,520	8.000	$ 108,075
2. PRA Asset Relief	1/1/2010	52,800,851	30	39,731,730	15.000	4,076,944
3. Actuarial Gain	1/1/2011	62,571,446	15	6,659,464	1.000	6,659,464
4. Actuarial Gain	1/1/2013	22,157,652	15	6,569,515	3.000	2,339,556
5. Actuarial Gain	1/1/2021	12,687,205	15	10,514,447	11.000	1,310,443
6. Actuarial Gain	1/1/2022	31,537,973	15	27,636,988	12.000	3,251,918
Total				$ 91,802,664		$ 17,746,400
C. Net (A - B)				$ 673,750,263		$ 85,932,651
D. Balance Test						
1. Credit balance / (funding deficiency)				$ 594,512,183		
2. Balance test: [C - D(1)]				$ 79,238,080		
3. Unfunded accrued liability				$ 79,238,080		

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

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

The assumed retirement age for terminated vested participants was changed from age 57 the following decrements:

Attained Age	Rate of Retirement
57	0.10
58	0.05
59	0.05
60	0.05
61	0.05
62	0.15
63	0.15
64	0.15
65+	1.00

The assumed form of payment for new retirees was changed from 100% 3-Year Certain & Continuous to the following:

3-Year Certain & Continuous	55%
50% Joint & Survivor	15%
100% Joint & Survivor	30%

Both of these assumption changes were based on Plan experience from the years 2018 through 2022.

The funding interest rate was lowered from 7.50% to 7.00% based on the asset allocation and the future expectations of the Plan's investment consultant.

The current liability interest rate was updated from 3.29% to 4.01% to reflect the change in IRS mandated rates.

The mortality table used to calculate the RPA current liability was updated from 2024 to 2025, as mandated by law.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

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

Interest Rates

Funding — 7.00% per year, compounded annually, net of investment expenses.

Current Liability — The highest interest rate within the permissible range prescribed under IRC Section 431(c)(6)(E); valued at 4.01% as of January 1, 2025.

Mortality

Healthy Participants — 115% of Pri-2012 Amount-Weighted Blue Collar mortality table rates, adjusted generationally from 2012 with mortality improvement table MP-2021.

Survivors of Deceased Participants — 115% of Pri-2012 Amount-Weighted Blue Collar Survivor mortality table rates, adjusted generationally from 2012 with mortality improvement table MP-2021.

Disabled Lives — 115% of Pri-2012 Amount-Weighted Disabled mortality table rates, adjusted generationally from 2012 with mortality improvement table MP-2021.

Current Liability — IRS 2025 Static Mortality, as prescribed

Retirement — Active rates of retirement are based on age and service, as shown below. Participants with under 15 years of service are assumed to retire at the 65+ rates below, with no retirements prior to age 65.

	Rate of Retirement	
Attained Age	15-24	25+
55	0.01	0.04
56	0.01	0.04
57	0.05	0.24
58	0.05	0.14
59	0.05	0.14
60	0.05	0.14
61	0.07	0.14
62	0.16	0.35

	Rate of Retirement	
Attained Age	15-24	25+
63	0.16	0.25
64	0.16	0.25
65	0.25	0.25
66	0.25	0.25
67	0.25	0.25
68	0.25	0.25
69	0.25	0.25
70	1.00	1.00

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

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

(continued)

Retirement (continued)

Vested terminated participants are assumed to retire at the following rates:

Attained Age	Rate of Retirement
57	0.10
58	0.05
59	0.05
60	0.05
61	0.05

Attained Age	Rate of Retirement
62	0.15
63	0.15
64	0.15
65+	1.00

Withdrawal

Participants are assumed to terminate employment for reasons other than death, disability, or retirement according to Scale T-2 from the Actuary's Pension Handbook, with rates graduated from tabular at age 40 to zero at age 50.

Disability

Probability of becoming disabled according to Sarason's Advanced Pension Table pages XXXIX, with rates graduated from tabular at age 50 to zero at age 55.

Expenses

An amount equal to the actual expenses (excluding investment expenses) paid in the preceding Plan Year, rounded to the nearest $100,000, added to the Normal Cost. For the plan year beginning January 1, 2025, this amount is assumed to be $4,500,000.

Marital Status

80% of participants who have not yet commenced receipt of benefit are assumed to be married. Wives are assumed to be three years younger than their husbands.

Form of Payment

Future retirees are assumed to elect forms of annuity at the following rates:

Three-year Certain and Continuous annuity	55%
50% Joint and Survivor annuity	15%
100% Joint and Survivor annuity	30%

Reciprocity Allowance

$3 million has been added to the accrued liability to account for reciprocity benefits.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

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

(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 no greater than 120% of market value, nor less than 80% of market value. As allowed by the Pension Relief Act of 2010, the loss from the 2008 plan year is being recognized over a 10-year period.

Actuarial Cost Methods

The Unit Credit Cost Method (used for minimum funding)

Normal Cost - For each active participant, the present value of the benefit expected to be earned during the year.

Actuarial Accrued Liability - For each active participant, the present value of the benefit accrued as of the valuation date. For each terminated participant, the present value at the valuation date of his pension entitlement.

Data Methodology

Participant data is provided by the Plan Administrator. Data is classified as follows:

Retired:	Reported as in payment.
Active:	Reported with hours in the preceding year, with an accrued benefit, and not retired.
Terminated vested:	Vested with an accrued benefit, and neither retired nor active. Benefits are actuarially increased for retirements past normal retirement, up to age 70.

Changes since the Prior Valuation

The funding interest rate was decreased from 7.50% to 7.00%.

The retirement age assumption for vested terminated participants was changed from age 57 to the rates shown above.

The form of payment assumption was changed from Three-year Certain and Continuous to the election percentages shown above.

The current liability interest rate was updated from 3.29% to 4.01% to reflect the change in IRS mandated rates.

The mortality table used to calculate the RPA current liability was updated from 2024 to 2025.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 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 historical data, both 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, adjusted to reflect estimated future experience, and professional judgment. Experience studies wherein actual experience is compared to expected experience are performed periodically.
Retirement	The retirement decrements for active and vested terminated participants are based on studies of Plan experience.
Withdrawal	A standard withdrawal table has been selected which results in a similar level of aggregate annual withdrawal as the Plan has experienced over recent years.
Disability	Because the Fund 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, geography, and discussions with the Plan Sponsor.
Form of Payment	The form of payment assumption is based on Plan experience during 2018 through 2022.
Plan Expenses	Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for 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.

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

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

The portion of the vested benefits that is matched by the Plan's assets is valued using current annuity market interest rates as represented by the Pension Benefit Guaranty Corporation's plan close-out rates as of the determination date. Each vested benefit is treated as covered by assets to the same extent as other vested benefits. The portion of the vested benefits that exceed Plan assets (as determined on the above basis) are valued using the same interest rates that apply for plan funding (7.00%).

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

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

Plan Year	Active	Term Vested	Retired	Total
2025	$ 4,227,516	$ 3,584,633	$ 123,979,996	$ 131,792,145
2026	$ 7,916,977	$ 4,616,607	$ 120,073,835	$ 132,607,419
2027	$ 11,555,929	$ 5,660,884	$ 115,939,606	$ 133,156,419
2028	$ 15,084,175	$ 6,583,555	$ 111,676,241	$ 133,343,972
2029	$ 18,344,089	$ 7,650,911	$ 107,359,072	$ 133,354,073
2030	$ 21,626,165	$ 8,548,709	$ 102,941,793	$ 133,116,666
2031	$ 24,645,125	$ 9,377,345	$ 98,435,875	$ 132,458,345
2032	$ 27,433,513	$ 10,280,137	$ 93,854,132	$ 131,567,782
2033	$ 29,976,204	$ 11,122,559	$ 89,211,316	$ 130,310,079
2034	$ 32,237,637	$ 11,858,089	$ 84,524,287	$ 128,620,012
2035	$ 34,291,252	$ 12,418,931	$ 79,811,737	$ 126,521,919
2036	$ 36,180,833	$ 12,940,874	$ 75,093,592	$ 124,215,299
2037	$ 37,872,189	$ 13,341,542	$ 70,390,370	$ 121,604,101
2038	$ 39,337,811	$ 13,570,248	$ 65,722,498	$ 118,630,557
2039	$ 40,664,360	$ 13,793,150	$ 61,110,083	$ 115,567,593
2040	$ 41,869,875	$ 13,954,066	$ 56,573,070	$ 112,397,011
2041	$ 42,871,640	$ 14,069,905	$ 52,130,802	$ 109,072,348
2042	$ 43,725,479	$ 14,088,696	$ 47,801,873	$ 105,616,048
2043	$ 44,405,683	$ 14,050,462	$ 43,604,000	$ 102,060,145
2044	$ 44,933,915	$ 13,964,409	$ 39,554,004	$ 98,452,328
2045	$ 45,337,020	$ 13,850,361	$ 35,668,024	$ 94,855,405
2046	$ 45,570,368	$ 13,692,316	$ 31,961,284	$ 91,223,968
2047	$ 45,696,112	$ 13,487,702	$ 28,447,828	$ 87,631,641
2048	$ 45,677,842	$ 13,204,456	$ 25,140,267	$ 84,022,565
2049	$ 45,438,230	$ 12,837,420	$ 22,049,525	$ 80,325,175
2050	$ 45,051,743	$ 12,419,021	$ 19,184,338	$ 76,655,102
2051	$ 44,501,879	$ 11,981,681	$ 16,550,896	$ 73,034,456
2052	$ 43,787,780	$ 11,523,295	$ 14,152,651	$ 69,463,726
2053	$ 42,947,008	$ 11,017,516	$ 11,989,996	$ 65,954,519
2054	$ 41,948,878	$ 10,500,219	$ 10,059,996	$ 62,509,092
2055	$ 40,857,375	$ 9,956,042	$ 8,356,404	$ 59,169,821
2056	$ 39,641,251	$ 9,398,353	$ 6,869,924	$ 55,909,528
2057	$ 38,286,208	$ 8,825,897	$ 5,588,423	$ 52,700,528
2058	$ 36,842,811	$ 8,256,302	$ 4,497,355	$ 49,596,468
2059	$ 35,318,458	$ 7,682,100	$ 3,580,293	$ 46,580,851
2060	$ 33,732,525	$ 7,114,027	$ 2,819,523	$ 43,666,075
2061	$ 32,085,402	$ 6,555,629	$ 2,196,752	$ 40,837,783
2062	$ 30,409,564	$ 6,010,526	$ 1,693,714	$ 38,113,804
2063	$ 28,747,993	$ 5,486,569	$ 1,292,756	$ 35,527,318
2064	$ 27,065,593	$ 4,983,382	$ 977,340	$ 33,026,315
2065	$ 25,399,606	$ 4,508,579	$ 732,411	$ 30,640,596
2066	$ 23,776,685	$ 4,062,073	$ 544,587	$ 28,383,346
2067	$ 22,185,386	$ 3,645,536	$ 402,272	$ 26,233,194
2068	$ 20,654,011	$ 3,259,097	$ 295,643	$ 24,208,751
2069	$ 19,178,101	$ 2,902,472	$ 216,558	$ 22,297,130
2070	$ 17,765,487	$ 2,574,921	$ 158,420	$ 20,498,828
2071	$ 16,417,802	$ 2,275,423	$ 115,997	$ 18,809,222
2072	$ 15,136,343	$ 2,002,731	$ 85,205	$ 17,224,279
2073	$ 13,920,628	$ 1,755,456	$ 62,929	$ 15,739,014
2074	$ 12,768,717	$ 1,532,157	$ 46,833	$ 14,347,707

Central Pennsylvania Teamsters Defined Benefit Plan
EIN: 23-6262789 Plan: 001
Attachment to the 2025 Form 5500 Schedule MB

Schedule MB, line 8b(3) - Projections of Employer Contributions & Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	$104,192,872	$0	$104,192,872
2026	$103,860,288	$0	$103,860,288
2027	$103,523,456	$0	$103,523,456
2028	$103,191,856	$0	$103,191,856
2029	$102,901,549	$0	$102,901,549
2030	$102,634,493	$0	$102,634,493
2031	$102,350,616	$0	$102,350,616
2032	$102,096,354	$0	$102,096,354
2033	$101,835,865	$0	$101,835,865
2034	$101,732,972	$0	$101,732,972

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
CENTRAL PENNSYLVANIA TEAMSTERS DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND, TRUSTEES

D Employer Identification Number (EIN)
23-6262789

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

1a	Enter the valuation date: Month 01 Day 01 Year 2025		
b	Assets		
	(1) Current value of assets	1b(1)	1,487,406,324
	(2) Actuarial value of assets for funding standard account	1b(2)	1,525,865,213
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	1,605,103,293
	(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)	1,605,103,293
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)	2,357,368,990
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	90,738,711
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	134,907,731
	(3) Expected plan disbursements for the plan year	1d(3)	136,755,999

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 — 8/21/2026

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**	1,487,406,324
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		16,164	1,423,847,615
(2) For terminated vested participants		4,151	222,996,763
(3) For active participants:			
(a) Non-vested benefits			111,479,786
(b) Vested benefits			599,044,826
(c) Total active		5,287	710,524,612
(4) Total		25,602	2,357,368,990
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	63.09 %

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
06/30/2025	88,612,863	0			
06/30/2025	687,317	0			
01/15/2026	7,801,104	0			

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** 4.01 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	9P
(2) Females	**6c(2)**	9FP	9FP
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	9.3 %
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)**	4,500,000
(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	40,213,005	4,126,329
4	58,011,516	5,952,666
3	211,598	21,712

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	50,778,600
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)**	765,552,927	103,679,051
(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**	10,812,036
e Total charges. Add lines 9a through 9d		**9e**	165,269,687
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	594,512,183
g Employer contributions. Total from column (b) of line 3		**9g**	97,101,284
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	91,802,664	17,746,400
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	45,983,607
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	816,396,895	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	679,256,360	
(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**	755,343,474
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	590,073,787
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