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
SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/15/1955

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)
TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND

1171 COMMERCE DRIVE, UNIT 1
WEST CHICAGO, IL 60185

2b Employer Identification Number (EIN) 36-6155778

2c Plan Sponsor's telephone number 630-293-0390

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.	08/20/2026	DOMINIC ROMANAZZI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/20/2026	WILLIAM BRACH
	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**	10032
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)**	2965
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3011
b	Retired or separated participants receiving benefits	**6b**	3776
c	Other retired or separated participants entitled to future benefits	**6c**	2438
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	9225
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	861
f	Total. Add lines **6d** and **6e**.	**6f**	10086
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**	448

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)	[X] Insurance	**(1)**	[X] 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)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND

D Employer Identification Number (EIN)
36-6155778

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

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	623,8096,990623	10086	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	70678972
5	Current value of plan's interest under this contract in separate accounts at year end	5	361618725

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year			7b	71345761
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	3227558		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	3227558
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	74573319
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3708806		
	(2) Administration charge made by carrier	7e(2)	185541		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	3894347
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	70678972

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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
SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND

D Employer Identification Number (EIN)
36-6155778

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)**	921238348
(2)	Actuarial value of assets for funding standard account	**1b(2)**	922909125
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	969519361
(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)**	969519361
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)**	1408626865
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	40177081
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	69042370
(3)	Expected plan disbursements for the plan year	**1d(3)**	72658105

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	10/08/2026 Date
MICHAEL J. NOBLE	26-06711
Type or print name of actuary	Most recent enrollment number
CHEIRON, INC.	703-893-1456
Firm name	Telephone number (including area code)
230 W. MONROE ST., SUITE 650 CHICAGO, IL 60606	
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**	921238348
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		4746	739749219
(2) For terminated vested participants		2490	241289605
(3) For active participants:			
(a) Non-vested benefits			29210406
(b) Vested benefits			398377635
(c) Total active		2965	427588041
(4) Total		10201	1408626865
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	65.40 %

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
01/15/2025			06/15/2025	5554594	
02/15/2025	1718620		07/15/2025	4818242	
03/15/2025	2135821		08/15/2025	4733044	
04/15/2025	3771392		09/15/2025	6300456	
05/15/2025	4060302		10/15/2025	5394075	
			Totals ► **3(b)**	52306897	**3(c)**

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	95.2 %
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**	

2 Operational information as of beginning of this plan year:

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

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
11/15/2025	5119885				
12/15/2025	5745067				
01/15/2026	2955399				
			Totals ► **3(b)**		**3(c)**
(d) Total withdrawal liability amounts included in line 3(b) total					**3(d)**

4 Information on plan status:

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

c 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)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	5.5 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	10.6 %	
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)**	2100000	
(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	15475377	1587956
4	22607979	2319845

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**	23985157

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)**	238411842		36261233
(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**	4217247
e Total charges. Add lines 9a through 9d			**9e**	64463637
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	113146894
g Employer contributions. Total from column (b) of line 3			**9g**	52306897
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	78654712		16725161
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	10437597
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	198391978		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	379226378		
(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**	192616549
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	128152912
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
SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND

D Employer Identification Number (EIN)
36-6155778

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

JENNISON ASSOCIATES LLC

13-2631108

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

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

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

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

PGIM QUANTITATIVE SOLUTIONS LLC

33-1077887

(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 72	NONE	2186849	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

PRUDENTIAL INSURANCE CO.

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 19 21 25 28 51 72	NONE	1125363	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

JOSE COLIN

36-6155778

(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?
14 30	EMPLOYEE	171332	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)

LEGACY PROFESSIONALS LLP

32-0043599

(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 15	NONE	130655	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TAYLOR RISCH

36-6155778

(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	EMPLOYEE	100027	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARNOLD & KADJAN LLP

36-2498571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	97263	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 SOWINSKI

36-6155778

(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	EMPLOYEE	95035	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHEIRON, INC.

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	92603	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASHER, GITTLER & D'ALBA

36-2786883

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	91675	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)

CHERIE FRANKLIN

36-6155778

(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	EMPLOYEE	85251	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MELISSA BLAIR

36-6155778

(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	EMPLOYEE	80121	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	70000	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)

HEATHER MONTALBANO

36-6155778

(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	EMPLOYEE	64185	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASHLEY MUELLER

36-6155778

(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	EMPLOYEE	63546	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49	NONE	57945	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)

CJBS, LLC

36-3524803

(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 15	NONE	51326	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GUADALUPE MARTINEZ

36-6155778

(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	EMPLOYEE	26985	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JESSICA VABALES

36-6155778

(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	EMPLOYEE	26800	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)

PAMELA KAUTZ

36-6155778

(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	EMPLOYEE	25909	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UNITED GRAPHICS MAILING GROUP

36-1896730

(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	NONE	18185	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LASALLE CONSULTING PARTNERS

36-4030449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 49	NONE	9942	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)

AUTOMATIC DATA PROCESSING

13-3036745

(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	9660	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEBERT LANDSCAPE

1550 W. BARLETT ROAD
BARLETT, IL 60103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9091	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TCMS

32-0112720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9061	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)

DOMINIC ROMANAZZI

36-6155778

(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	TRUSTEE	5349	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

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
SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND

D Employer Identification Number (EIN)
36-6155778

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

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL CORE BOND FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL 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)
23-6994310-125	C	174184470

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QS INTL CORE EQUITY FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL 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)
23-6994310-235	C	97502904

a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON U.S. SMALL CAP EQUITY FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL 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)
23-6994310-046	C	51202626

a Name of MTIA, CCT, PSA, or 103-12 IE: QS MARKET PARTICIPATION STRATEGY

b Name of sponsor of entity listed in (a): PRUDENTIAL 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)
23-6994310-184	C	57072767

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL CORE CONSERVATIVE FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL 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)
23-6994310-126	C	87222420

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL HIGH YIELD FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST 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)
23-6994310-127	C	10354385

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL INFLATION PROT. SECURITY

b Name of sponsor of entity listed in (a): PRUDENTIAL 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)
23-6994310-121	C	17750395

a Name of MTIA, CCT, PSA, or 103-12 IE: QS EMERGING MARKETS CORE EQUITY FD

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

c EIN-PN 23-6994310-119	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 530413

a Name of MTIA, CCT, PSA, or 103-12 IE: QUANT. SOLUTIONS US CORE EQUITY

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-004	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154620883

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

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-038	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68793325

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QUANT. SOLUTIONS S&P 500 INDEX

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-011	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81859093

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QS MIDCAP CORE EQUITY

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-010	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48429742

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPORARY INVESTMENT ACCOUNT (TIA)

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-044	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31248144

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QUANT. SOLUTIONS VALUE EQUITY

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-009	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21929776

a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON STOCK ACCOUNT VCA-25

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-006	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23625134

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

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-039	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10408420

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

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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

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
SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND

D Employer Identification Number (EIN)
36-6155778

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	218294	126356
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3647745	2909177
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	158176	126601
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	164491	141797
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	452310113	495820380
(10) Value of interest in pooled separate accounts	1c(10)	392594682	440914517
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	71345761	70678972
(15) Other	1c(15)		

		(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	1102770	1087406
1f Total assets (add all amounts in lines 1a through 1e)	1f	921542032	1011805206
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	273810	293468
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	273810	293468
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	921268222	1011511738

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)	52306897	
(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)		52306897
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	185	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3231641	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3231826
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		99543
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		59095266
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		52358457
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		87368
d Total income. Add all **income** amounts in column (b) and enter total	2d		167179357
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	71447926	
(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)		71447926
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)	764904	
(2) Contract administrator fees	2i(2)	170892	
(3) Recordkeeping fees	2i(3)	139141	
(4) IQPA audit fees	2i(4)	52500	
(5) Investment advisory and investment management fees	2i(5)	3211320	
(6) Bank or trust company trustee/custodial fees	2i(6)	182	
(7) Actuarial fees	2i(7)	92603	
(8) Legal fees	2i(8)	188938	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2786	
(11) Other expenses	2i(11)	864649	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		5487915
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		76935841
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		90243516
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LEGACY PROFESSIONALS LLP **(2)** EIN: 32-0043599

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		4000000
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		79201745
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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 589595.

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
SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND

D Employer Identification Number (EIN)
36-6155778

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

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 WASTE MANAGEMENT

b EIN 36-2660859 **c** Dollar amount contributed by employer 4268278

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 [X] Weekly [ ] Unit of production [ ] Other (specify):

a Name of contributing employer OZINGA ILLINOIS RMC, INC.

b EIN 26-3757838 **c** Dollar amount contributed by employer 3675354

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 [X] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer GROOT INDUSTRIES, INC.

b EIN 36-3527116 **c** Dollar amount contributed by employer 3140914

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 [X] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer VCNA PRAIRIE ILLINOIS, INC.

b EIN 26-1320351 **c** Dollar amount contributed by employer 2239147

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 [X] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer ROADSAFE TRAFFIC SYSTEMS

b EIN 26-1084418 **c** Dollar amount contributed by employer 1486992

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 [X] Weekly [ ] Unit of production [ ] Other (specify): _____

a Name of contributing employer K. HOVING RECYCLING & DISPOSAL

b EIN 36-4311126 **c** Dollar amount contributed by employer 1532657

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 [X] Weekly [ ] Unit of production [ ] Other (specify): _____

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer GRUNDY REDI-MIX

b EIN 36-3398145 **c** Dollar amount contributed by employer 1427260

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 04 Day 30 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) 578.80
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer H2 CARTAGE, LLC

b EIN 82-4914138 **c** Dollar amount contributed by employer 1529083

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 NARVICK BROS READY MIX

b EIN 36-2465072 **c** Dollar amount contributed by employer 1187593

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 TKT, INC.

b EIN 20-5140673 **c** Dollar amount contributed by employer 1411626

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 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) 572.40
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify): ____

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	154
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**	268
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**	47

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	1.00
b The corresponding number for the second preceding plan year	**15b**	1.01

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**	2
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**	63165

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: 46.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 30.0 %
High-Yield Debt: 3.0 % Real Assets: 8.0 % Cash or Cash Equivalents: 0.0 % Other: 13.0 %

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_____.

Suburban Teamsters of Northern Illinois Pension Fund

Financial Statements

December 31, 2025

Suburban Teamsters of Northern Illinois Pension Fund

Financial Statements with Supplementary Information

December 31, 2025 and 2024

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LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

Report of Independent Auditors

To the Participants and Trustees of
Suburban Teamsters of Northern Illinois Pension Fund

Opinion

We have audited the financial statements of Suburban Teamsters of Northern Illinois Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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 Suburban Teamsters of Northern Illinois Pension Fund as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

Legacy Professionals LLP

Westchester, Illinois

August 13, 2026

Suburban Teamsters of Northern Illinois Pension Fund

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value		
Common and collective trusts	$ 495,820,380	$ 452,310,113
Pooled separate accounts	440,914,517	392,594,682
Insurance company general account	70,678,972	71,345,761
Total investments	1,007,413,869	916,250,556
Receivables		
Employer contributions (net allowance of $1,625,603 for 2025 and $628,248 for 2024)	2,909,177	3,647,745
Employer withdrawal liability assessments	29,874	29,874
Due from related organization	15,642	70,541
Total receivables	2,954,693	3,748,160
Property and equipment		
Land, building and improvements	1,035,000	1,035,000
Furniture and equipment	301,817	296,552
	1,336,817	1,331,552
Less accumulated depreciation	(249,411)	(228,782)
Net property and equipment	1,087,406	1,102,770
Cash	268,153	382,785
Prepaid expenses	81,085	57,761
Total assets	1,011,805,206	921,542,032
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	293,468	273,810
Net assets available for benefits	$ 1,011,511,738	$ 921,268,222

See accompanying notes to financial statements.

Suburban Teamsters of Northern Illinois Pension Fund

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	$ 85,526,896	$ 65,743,337
Interest and dividends	29,158,653	27,332,831
	114,685,549	93,076,168
Less investment expenses	(3,211,320)	(4,417,992)
Investment income - net	111,474,229	88,658,176
Employer contributions	52,306,897	50,060,040
Employer withdrawal liability assessments	-	29,874
Rental income	99,543	99,543
Other income	2,100	20
Total additions	163,882,769	138,847,653
Deductions		
Pension benefits	70,120,007	62,880,951
Death benefits	1,327,919	1,268,976
Administrative expenses	2,116,391	1,958,037
Building expenses - net	74,936	74,807
Total deductions	73,639,253	66,182,771
Net increase	90,243,516	72,664,882
Net assets available for benefits		
Beginning of year	921,268,222	848,603,340
End of year	$ 1,011,511,738	$ 921,268,222

See accompanying notes to financial statements.

Suburban Teamsters of Northern Illinois Pension Fund

Notes to Financial Statements

December 31, 2025 and 2024

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements of Suburban Teamsters of Northern Illinois Pension Fund (the Plan) have been prepared using the accrual basis of accounting.

Investments - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Promissory notes due from employers for uncollected deficiencies as well as uncollected employer contribution deficiencies established through payroll compliance audits are recorded net of amounts deemed uncollectible. Employer contributions receivable are shown net of an allowance for uncollectible accounts (estimated credit losses) of $1,625,603 and $628,248 at December 31, 2025 and 2024, respectively, which are based on the likelihood of future collections, as determined by a review of historical losses and the aging of receivables, adjusted for management's assessment of current conditions, and reasonable and supportable forecasts regarding future events.

Withdrawal Liability Assessments - The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. As set forth in the Employee Retirement Income Security Act of 1974 (ERISA), as amended, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the years before withdrawal compared with total employers' contributions during the same period. The Plan recognizes withdrawal liability assessment income when entitlement has been determined, net of amounts deemed uncollectible. Allowances for doubtful accounts are based on the likelihood of future collections, as determined by a review of historical losses and the aging of receivables, adjusted for management's assessment of current conditions, and reasonable and supportable forecasts regarding future events, and totaled $0 and $29,874 at December 31, 2025 and 2024, respectively.

Note 1. 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 lives of the respective assets are expensed currently. Depreciation is computed by the straight-line method over the following estimated useful lives of the related assets:

Building and improvements	40 years
Furniture and equipment	5 years

Depreciation expense was $20,629 and $19,682 for 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 employers 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.

Employer Contribution Income - Employer contributions are recognized in the period in which covered work is performed, based on the number of hours or weeks worked in covered employment and the contribution rates set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within the transportation industry in a jurisdiction primarily located in northern Illinois.

Benefit Payments - Benefit payments to participants are recorded upon distribution.

Leases - Arrangements for shared office space with related parties are described in Note 7. Due to the immaterial nature of the amounts owed pursuant to the leasing agreement, the Plan has not adopted the provisions of accounting guidance for leases required by generally accepted accounting principles.

Expenses - Certain investment related expenses are included in net appreciation in fair value of investments.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles 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.

Subsequent Events - Subsequent events have been evaluated through August 13, 2026 which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

The Plan was established during 1955 as a result of collective bargaining agreements. The purpose of the Plan is to provide retirement and death benefits for eligible participants. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of ERISA.

Under current provisions, a participant enters the Plan upon the completion of 10 weeks, or 435 hours for hourly employees, of covered employment. However, if a participant's first covered hour is on the day the employer is first obligated to contribute, then the participant enters the Plan on that day.

A year of vesting credit is earned for each Plan year in which the participant has at least 20 weeks, or 870 hours for hourly employees, of covered employment. A future benefit credit is earned based on the number of weeks or hours of covered employment.

For benefits earned on or after January 1, 2008, a participant becomes eligible for a normal retirement benefit after attaining age 62, or the fifth anniversary of the date the participant entered the Plan, or the accumulation of five vesting credits. For benefits earned prior to January 1, 2008, a participant becomes eligible for a normal retirement benefit after attaining age 60, or the fifth anniversary of the date the participant entered the Plan, or the accumulation of five vesting credits.

Beneficiaries of retired or disabled participants who have reached age 55 and retired prior to May 1, 2010, are eligible for a death benefit. The Plan offers a lump-sum death benefit ranging from $1,000 to $30,800 depending on the retirement date and applicable contribution rate at the time of retirement.

Participants should refer to the summary plan description for more complete information.

Note 3. Priorities upon Termination

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

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

Note 4. Tax Status

The Plan's latest determination letter is dated December 30, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in continued 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 administrator 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 and, therefore, believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan 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 tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5. Actuarial Information

An actuarial valuation of the Plan was made by Cheiron as of December 31, 2024. Information in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 581,855,850
Other participants	398,451,382
Total vested benefits	980,307,232
Nonvested benefits	19,267,229
Total actuarial present value of accumulated plan benefits	$ 999,574,461

Note 5. Actuarial Information (continued)

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

Actuarial present value of accumulated plan benefits at beginning of year		$ 953,114,750
Increase (decrease) during the year attributable to:		
Benefits accumulated	$ 20,822,855	
Interest	68,261,303	
Benefits paid	(64,149,927)	
Administrative expenses paid	(2,032,844)	
Change in assumptions	22,607,979	
Experience losses	950,345	
Net increase		46,459,711
Actuarial present value of accumulated plan benefits at end of year		$ 999,574,461

The actuarial valuation was made using the unit credit cost method.

Some of the more significant actuarial assumptions used in the valuation were as follows:

- Investment rate of return - 7.00% per annum
- Mortality:

  Non-annuitants - RP-2014 Blue Collar Employee Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

  Healthy annuitants - 115%, males only, of the RP-2014 Blue Collar Healthy Annuitant Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

  Disabled annuitants - RP-2014 Disabled Retiree Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

- Retirement (less than 25 benefit credits) - Participants are assumed to retire at a rate of 0% prior to age 55, 5% at ages 55 to 60, 10% at age 61, 20% at ages 62 to 64, 35% at ages 65 to 69, and 100% at age 70 or greater.
- Retirement (25 or more benefit credits) - Participants are assumed to retire at a rate of 5% prior to age 55, 10% at ages 55 to 59, 30% at age 60, 25% at ages 61 to 64, 35% at ages 65 to 69, and 100% at age 70 or greater.

Note 5. Actuarial Information (continued)

The change in the investment rate of return assumption from 7.25% to 7.00% increased the accumulated plan benefits by $22,607,979.

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

Because information on the accumulated plan benefits at December 31, 2025 and the changes therein for the year then ended are not included, 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.

Prior to January 1, 2019, the Plan's actuary certified that the Plan was in endangered status ("yellow zone") within the meaning of the Pension Protection Act of 2006 (PPA), as amended. The Plan was considered to be in the yellow zone because the funded percentage was below 80%. The PPA requires that a plan in the yellow zone adopt a Funding Improvement Plan (FIP) that will enable the plan to improve its funded position to meet statutory funding requirements by the end of the ten year funding improvement period, which began on January 1, 2018 and will end on December 31, 2027. To comply with the PPA, the Plan adopted the FIP on November 16, 2015, which went into effect as of January 1, 2016. The FIP resulted in the adoption of four schedules of benefits: Default, Standard, Preferred and Preferred Plus. The Default Schedule, as required by law, required no increase in an employer's previous contribution rate for either 2025 or 2024. The Standard and Preferred schedules of benefits were eliminated effective January 1, 2022. The remaining schedule of benefits, the Preferred Plus schedule, required a minimum percentage increase of the previous total contribution rate in 2025 and 2024.

The Plan's actuary has certified as of January 1, 2026, that the Plan is in neither critical nor endangered status ("green zone") within the meaning of the PPA.

Note 6. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described on the following page:

Note 6. Fair Value Measurements (continued)

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The common and collective trusts and pooled separate accounts are direct filing entities (DFEs) that file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments.

For two of the pooled separate accounts with a combined fair value of $79,201,745 and $75,690,139 as of December 31, 2025 and 2024 respectively, redemptions are permitted on a quarterly basis with a 90-day notice requirement. There are no redemption restrictions on any of the other investments and no notice period prior to redemption is required.

Note 7. Related Organizations

The Plan is related to several entities which include a welfare plan and three affiliated local unions.

The Plan shares facilities, equipment and staff with the welfare plan. Expenses associated with the shared staff and building are initially paid by the Plan and reimbursed based on an allocation using estimates of time spent and space used, and totaled $1,052,995 and $1,030,784 for the years ended December 31, 2025 and 2024, respectively. At December 31, 2025 and 2024, the welfare plan owed the Plan $15,642 and $70,541 respectively, for shared expenses.

Note 7. Related Organizations (continued)

Effective January 1, 2024, the Plan began leasing office space to the welfare plan under an agreement which expires on December 31, 2028. Rent is based on the total square footage occupied by the welfare plan at a rate of $16 per square foot. Monthly rent as of January 1, 2024 is $8,295 for the term of the lease. In addition, the welfare plan is responsible for a pro rata share of real estate taxes and operating expenses, including utilities and maintenance, which are netted in total against building expenses. Building expenses reimbursed by the welfare plan totaled $85,268 and $117,749 for the years ended December 31, 2025 and 2024, respectively. Future minimum lease receipts under the lease are as follows:

Year ending December 31,	
2026	$ 99,543
2027	99,543
2028	99,543
Total	$ 298,629

Note 8. Participation in Multiemployer Plans

Defined Benefit Pension Plan

All of the Plan's full-time employees are covered by a multiemployer defined benefit pension plan. The risk of participating in multiemployer defined benefit pension plans is different from single employer plans. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

The Plan's participation in the multiemployer defined benefit pension plan for the years ended December 31, 2025 and 2024 is outlined in the following table. Plans that are considered to be significant are required to be identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates whether a funding improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented. The last column specifics the year end date of the plan to which the annual report (Form 5500) relates.

Note 8. Participation in Multiemployer Plans (continued)

Defined Benefit Pension Plan (continued)

Pension Plan	EIN/PN	Pension Protection Act Zone Status 2025	Pension Protection Act Zone Status 2024	FIP/RP Status Pending/ Implementation	Contributions 2025	Contributions 2024	Most Recently Available Annual Report (Form 5500)
Suburban Teamsters of Northern Illinois Pension Fund	36-6155778/001	Green as of 1/1/26	Green as of 1/1/25	Implemented	$ 125,939	$ 100,858	12/31/2024

Contributions are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan's contributions do not represent more than 5% of total contributions to this plan as indicated in the plan's most recently available annual report. The increase is due to an increase in covered employees.

Welfare Plan that Provides Postretirement Benefits

All full-time employees are also covered by a multiemployer welfare plan that provides health benefits to retirees and to eligible employees working under collective bargaining agreements, and their dependents. Contributions to this plan for the years ended December 31, 2025 and 2024 totaled $149,353 and $131,267 respectively.

Note 9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Due to inherent uncertainties involved in the valuations of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

The Plan holds several alternative investments in which the general partner or investment manager is generally required to value the Plan's underlying investments at estimated fair values using various subjective techniques. In addition, the Plan has ownership interest in real estate investment funds. The estimated fair values of these funds, as determined by the investment manager, may vary significantly from the prices at which the real estate investments within the fund would sell, and the amounts could be material.

Note 9. Risks and Uncertainties (continued)

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

Note 10. Funding Policy

The participating employers contribute such amounts as specified in the collective bargaining agreements. Weekly contribution rates for the years ended December 31, 2025 and 2024 ranged from $36.07 to $738.27 and from $34.68 to $709.88 respectively. Hourly contribution rates for the years ended December 31, 2025 and 2024 ranged from $10.28 to $16.42 and from $9.81 to $15.77 respectively.

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of January 1, 2025.

Note 11. Withdrawal Liability Assessments

Under federal law, employers who partially or completely withdraw from a multiemployer pension plan are assessed a withdrawal liability for their proportionate share of the Plan's unfunded vested liabilities as of the beginning of the year in which they withdraw. Withdrawal liability is typically paid in quarterly installments as determined by a statutory formula and under most circumstances, is limited to 20 years of payments. At December 31, 2025 and 2024, the Plan recognized net receivables of $29,874 and $29,874 respectively, representing the present value of future quarterly payments being made through June 2027 by one employer who has withdrawn from the Plan. The Trustees at times approve settlements and payment plan arrangements for assessment amounts owed to the Plan. The receivables were calculated using a present value discount rate of 7.25% and was evaluated for collectability, as described in Note 1. Withdrawal liability assessments received, excluding interest, during the years ended December 31, 2025 and 2024 totaled approximately $0 and $0 respectively.

Note 12. Party-in-Interest Transactions

The Plan incurs expenses and receives reimbursements under several arrangements with service providers and affiliated entities, and receives contributions from contractors under the terms of collective bargaining agreements. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

Report of Independent Auditors on Supplemental Schedules

To the Participants and Trustees of
Suburban Teamsters of Northern Illinois Pension Fund

We have audited the financial statements of Suburban Teamsters of' Northern Illinois Pension Fund (the Plan) as of and for the years ended December 31, 2025 and 2024, and our report thereon dated August 13, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

August 13, 2026

Schedule MB Attachment (Form 5500) — 2025 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 6 — Summary of Plan Provisions

1. Effective date of plan
December 15, 1955

On November 16, 2015, the Trustees adopted a Funding Improvement Plan (FIP). The FIP contains four schedules (Default Schedule, Standard Schedule, Preferred Schedule, and Preferred Plus Schedule. The Preferred Plus schedule, which has an increase over the previous benefit level, was approved by the IRS in 2017. The schedule is selected during collective bargaining and varies by employer. In the case where a plan benefit differs between schedules, each benefit will be listed.

2. Participation
An employee becomes a participant on the day they complete ten weeks of covered employment. However, if an employee's first covered hour is on the day their employer is first obligated to contribute on their behalf, they become a participant on that day.

3. Plan year
Calendar year

4. Vesting credits
A year of vesting credit is earned for each plan year in which the participant has at least 20 weeks of employment.

5. Benefit credits

a. **Future**

Weeks of Employment	Benefit Credits
40-52	1.0
36-39	.9
32-35	.8
28-31	.7
24-27	.6
20-23	.5
16-19	.4
12-15	.3
8-11	.2
4-7	.1
Less than 4	none

b. **Past**
One tenth of a credit for each 100 hours of contiguous employment in a year prior to the employer's obligation to contribute. No more than five past credits or more than the future service benefit credits will be granted.

Schedule MB, line 6 — Summary of Plan Provisions (Continued)

c. **Maximum**
No maximum number of benefit credits.

6. **Period of benefit accrual**
Each distinct period during which an active participant earns benefit credit beginning on the first day first covered hour (not included in a previous period of benefit accrual) and ending on the day when he becomes inactive (a year with less than ten weeks of employment).

7. **Accrued benefit during a period of benefit accrual**
Benefit credits for the period of benefit accrual multiplied by the benefit level factor for that period.

Benefit accrual formulas have changed effective January 1, 2022, as shown below.

8. **Accrued benefit**
The total of the accrued benefits earned for each period of benefit accrual. Effective January 1, 2004, the accrued benefit for a participant is equal to:

a. The accrued benefit as of December 31, 2003, plus

b. The sum of the benefits earned for all periods of benefit accrual beginning January 1, 2004 through December 31, 2010. The benefit earned during a period of benefit accrual is equal to 0.7 times the employer contribution rate times the number of benefit service credits earned at that employer contribution rate, plus

c. The sum of the benefits earned for all periods of benefit accrual beginning January 1, 2011 through December 31, 2015. The benefit will depend on the schedule elected by each participating employer under the Rehabilitation Plan. The schedules are as follows:

Default Schedule: 1.00% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Preferred Schedule: 0.75% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

**Creditable contributions do not include the frozen non-benefit bearing portion of the contribution.*

Schedule MB, line 6 — Summary of Plan Provisions (Continued)

d. The sum of the benefits earned for all periods of benefit accrual beginning January 1, 2016, through December 31, 2021. The benefit will depend on the schedule elected by each participating employer under the Funding Improvement Plan. The schedules are as follows:

Default Schedule: 0.65% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Standard Schedule: 1.00% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Preferred Schedule: 0.75% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

Preferred Plus Schedule: 1.00% of total creditable contributions* received on behalf of the participant during the period of benefit accrual.

**Creditable contributions do not include the frozen non-benefit bearing portion of the contribution.*

e. The sum of the benefits earned for all periods of benefit accrual beginning January 1, 2022, will depend on the schedule elected by each participating employer under the Funding Improvement Plan. The schedules are as follows:

Default Schedule: 0.65% of total contributions* received on behalf of the participant during the period of benefit accrual.

Preferred Plus Schedule: 1.00% of total contributions* received on behalf of the participant during the period of benefit accrual.

**All contributions are deemed as creditable contributions.*

9. **Normal retirement**

a. **Eligibility**
Attained age of 62 (age 60 if *Benefits earned before January 1, 2008)* or the fifth anniversary of the date the employee became a participant or the accumulation of five vesting credits.

b. **Benefit**
Accrued benefit

Schedule MB, line 6 — Summary of Plan Provisions (Continued)

10. Early retirement

a. **Eligibility**
Attainment of age 55 and 5 or more vesting or benefit credits

b. **Benefit**
Benefits earned before January 1, 2008:

Default Schedule: Accrued benefit reduced by actuarial equivalence for each year that retirement precedes age 60.

Preferred Plus Schedule: Accrued benefit reduced by 6% for each year that retirement precedes age 60.

Benefits earned after December 31, 2007:

Default Schedule: Accrued benefit reduced by actuarial equivalence for each year that retirement precedes age 62.

Preferred Plus Schedule: Accrued benefit reduced by 6% for each year that retirement precedes age 62.

11. 25 and Out Retirement

Default Schedule: There is no 25 and Out provision under these schedules.

Preferred Plus Schedule:

a. **Eligibility**
25 contributory benefit credits

b. **Benefit**
- Accrued benefit unreduced for retirement at age 60 and later
- Accrued benefit reduced by 6% for each year that retirement precedes age 60

12. 30 and Out Retirement

Default Schedule: There is no 30 and Out provision under these schedules.

Preferred Plus Schedule:

a. **Eligibility**
30 contributory benefit credits

Schedule MB, line 6 — Summary of Plan Provisions (Continued)

b. **Benefit**
- Accrued benefit unreduced for retirement at age 57 and later
- Accrued benefit reduced by 6% for each year that retirement precedes age 57

13. Disability retirement

Default Schedule: There is no disability provision under these schedules.

Preferred Plus Schedule:

a. **Eligibility**
Cessation of covered employment due to onset of permanent and total disability benefit after becoming vested and being active in at least one year during the three years preceding the onset of disability. Onset of disability must be prior to age 62.

b. **Benefit**
Accrued benefit, payable for life only

14. Deferred Vested Retirement

a. **Eligibility**
5 or more vesting or benefit credits.

b. **Benefit**
Accrued benefit payable at normal retirement age, or if the participant retires early, the benefit is actuarially reduced.

15. Pre-Retirement Spouse Death Benefit

a. **Eligibility**
5 or more Vesting or Benefit Credits

b. **Benefit**
50% of the accrued benefit, reduced for the Joint and Survivor form.

Benefits earned before January 1, 2008:

Default Schedule: Earliest date benefit payable is age 60, which is the date that the decreased participant could have retired with a pension.

Preferred Plus Schedule: Earliest date benefit payable is age 55 and is reduced by 6% for each year that retirement precedes age 60. If the participant would have been eligible for an unreduced retirement benefit, the benefit is unreduced.

Schedule MB, line 6 — Summary of Plan Provisions (Continued)

Benefits earned after December 31, 2007:

Default Schedule: Earliest date benefit payable is age 62, which is the date that the decreased participant could have retired with a pension.

Preferred Plus Schedule: Earliest date benefit payable is age 55 and is reduced by 6% for each year that retirement precedes age 62. If the participant would have been eligible for an unreduced retirement benefit, the benefit is unreduced.

16. 10-Year Survivor Benefit

a. **Eligibility**
10 or more Benefit Credits and unmarried for the full year prior to death (not eligible for the Pre-Retirement Spouse Death Benefit).

b. **Benefit**
50% of the accrued benefit, unreduced for payment before normal retirement age, and payable for 10 years only.

17. Post-Retirement Lump Sum Death Benefit

a. **Eligibility**
Current Retirees and Disabled participants as of May 1, 2010

b. **Benefit**
12 times the retiree's monthly benefit at retirement calculated in the form of a level ten-year certain and life option without regard to any increases beyond the date of retirement, if retired after December 31, 1995, but no more than $30,800. If retired prior to January 1, 1996, either $5,000, $3,000, $2000, or $1,000.

18. Benefit Forms

- Life Annuity
- Life Annuity with a 120 Month Guarantee
- 50%, 75%, or 100% Joint and Survivor benefit

Preferred Plus Schedule: (additional benefit forms)

- Joint and Survivor (with pop-up) equal to 50%, 75%, or 100% joint and survivor benefit

19. Changes since last valuation
None

SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND
EIN 36-6155778 PLAN 001
SCHEDULE OF INVESTMENTS - Y/E 12/31/25

			FAIR VALUE		COST
INVESTMENT IN POOLED SEPARATE ACCOUNTS:					
PRUDENTIAL INSURANCE CO.					
QUANTITATIVE CORE EQUITY			154,620,883		84,422,108
QMA S&P INDEX FUND			81,859,093		47,948,772
PRISA ACCOUNT			68,793,325	**A**	51,122,539
MIDCAP QUANT. CORE EQUITY			48,429,742		24,456,374
VALUE EQUITY			21,929,776		14,984,535
JENNISON STOCK			23,625,134		7,664,449
SHORT TERM			31,248,144		31,154,097
PRISA II			10,408,420	**A**	6,874,150
TOTAL			440,914,517		268,627,024
INVESTMENT IN COMMON COLLECTIVE TRUSTS:					
PRUDENTIAL TRUST CO.					
PGIM QUANT SOLUTIONS INTERNATIONAL EQUITY FUND			97,502,904		71,697,879
PRUDENTIAL CORE BOND FUND			174,184,470		182,438,625
JENNISON U.S. SMALL CAP EQUITY FUND			51,202,626		25,172,316
QMA EMERGING MARKETS EQUITY FUND			530,413		471,752
PRUDENTIAL HIGH YIELD BOND FUND			10,354,385		10,567,803
QMA MARKET PARTICIPATION STRATEGY FUND			57,072,767		25,108,768
PRUDENTIAL CORE CONSERVATIVE BOND FUND			87,222,420		88,895,710
PRUDENTIAL INFLATION PROTECTED SECURITIES FUND			17,750,395		18,768,666
TOTAL			495,820,380		423,121,519
INVESTMENT IN INSURANCE GENERAL ACCOUNT:					
PRUDENTIAL INSURANCE CO.			70,678,972		70,678,972
INVESTMENT IN INTEREST-BEARING CASH:					
STATE BANK OF ILLINOIS - CHECKING			141,797		141,797
Total			1,007,555,666		762,569,312
			79,201,745	**A**	

To Schedule H Part IV line 4g

Schedule MB Attachment (Form 5500) — 2025 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

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

Distribution Of Active Members By Age And Service As Of January 1, 2025

Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben
Under 25	41	96.17	29	335.42	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	63	84.50	131	412.58	15	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	52	104.42	176	430.50	72	988.58	9	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	53	101.67	130	469.92	108	982.58	29	1,336.25	6	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	51	91.33	118	467.75	109	1,017.00	41	1,317.58	32	1,775.50	9	N/A	0	N/A	0	N/A	0	N/A	0	N/A
45 to 49	26	94.17	99	469.58	82	1,121.00	60	1,405.50	78	1,893.25	50	2,379.75	13	N/A	0	N/A	0	N/A	0	N/A
50 to 54	16	N/A	75	451.67	82	1,022.75	45	1,472.83	68	2,050.67	84	2,353.75	41	2,882.42	15	N/A	0	N/A	0	N/A
55 to 59	20	79.75	63	504.25	54	1,120.67	53	1,532.58	55	1,946.67	79	2,434.83	60	2,810.42	45	3,123.50	14	N/A	0	N/A
60 to 64	6	N/A	40	531.83	35	1,165.25	39	1,636.08	39	2,081.25	62	2,698.17	43	2,984.50	22	3,505.08	22	4,257.92	7	N/A
65 to 69	2	N/A	7	N/A	22	1,146.33	12	N/A	11	N/A	14	N/A	11	N/A	8	N/A	4	N/A	2	N/A
70 & up	0	N/A	2	N/A	0	N/A	0	N/A	2	N/A	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A
Total	**330**	**94.42**	**870**	**452.33**	**579**	**1,044.33**	**288**	**1,453.75**	**291**	**1,965.50**	**299**	**2,484.50**	**168**	**2,867.42**	**90**	**3,228.67**	**41**	**3,989.67**	**9**	**N/A**

Schedule MB Attachment (Form 5500) — 2025 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Bases

Schedule of Amortization Charges Required for Minimum Required Contribution
As of January 1, 2025

Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2025 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan amendment	1/1/1996	$ 28,370,705	30.00	$ 2,222,685	1.00	$ 2,222,685
2. Plan amendment	1/1/1997	9,469,404	30.00	1,432,186	2.00	740,309
3. Change in assumptions	1/1/1998	6,564,679	30.00	1,438,168	3.00	512,165
4. Plan amendment	1/1/1999	17,078,151	30.00	4,819,399	4.00	1,329,740
5. Change in assumptions	1/1/1999	3,462,977	30.00	977,236	4.00	269,633
6. Plan amendment	1/1/2000	17,260,107	30.00	5,884,504	5.00	1,341,286
7. Plan amendment	1/1/2001	19,459,310	30.00	7,697,805	6.00	1,509,315
8. Plan amendment	1/1/2002	15,616,237	30.00	6,971,757	7.00	1,209,002
9. Plan amendment	1/1/2003	13,013,053	30.00	6,425,442	8.00	1,005,658
10. Plan amendment	1/1/2004	10,634,133	30.00	5,719,123	9.00	820,381
11. Change in assumptions	1/1/2007	12,515,783	30.00	8,165,470	12.00	960,793
12. Recognized Portion of the 2008 ENIL	1/1/2009	70,466,771	29.00	48,772,343	13.00	5,453,881
13. Recognized Portion of the 2008 ENIL	1/1/2010	10,312,526	28.00	7,213,363	13.00	806,621
14. Recognized Portion of the 2008 ENIL	1/1/2011	11,166,025	27.00	7,900,470	13.00	883,456
15. Recognized Portion of the 2008 ENIL	1/1/2012	11,915,708	26.00	8,536,784	13.00	954,611
16. 2011 Bifurcated Base	1/1/2012	16,345,120	15.00	3,307,582	2.00	1,709,716
17. Recognized Portion of the 2008 ENIL	1/1/2013	24,195,105	25.00	17,571,320	13.00	1,964,882
18. Experience loss	1/1/2014	1,118,517	15.00	422,318	4.00	116,524
19. Experience loss	1/1/2015	6,473,353	15.00	2,952,851	5.00	673,059
20. Change in assumptions	1/1/2015	21,750,850	15.00	9,921,740	5.00	2,261,514
21. Experience Loss	1/1/2016	5,798,464	15.00	3,069,011	6.00	601,744
22. Experience Loss	1/1/2017	4,859,902	15.00	2,902,944	7.00	503,412
23. Experience Loss	1/1/2018	9,592,144	15.00	6,337,004	8.00	991,817
24. Experience Loss	1/1/2019	8,762,003	15.00	6,304,859	9.00	904,402
25. Plan amendment	1/1/2021	6,002,716	15.00	4,958,516	11.00	617,993
26. Plan amendment	1/1/2022	1,455,505	15.00	1,272,404	12.00	149,718
27. Experience Loss	1/1/2023	1,842,847	15.00	1,693,762	13.00	189,402
28. Experience Loss	1/1/2024	16,064,512	15.00	15,437,440	14.00	1,649,713
29. Change in assumptions	1/1/2025	22,607,979	15.00	22,607,979	15.00	2,319,845
30. Experience Loss	1/1/2025	15,475,377	15.00	15,475,377	15.00	1,587,956
Total Charges		**$ 419,649,963**		**$ 238,411,842**		**$ 36,261,233**

Schedule MB Attachment (Form 5500) — 2025 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Bases (Continued)

Schedule of Amortization Credits Required for Minimum Required Contribution
As of January 1, 2025

Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2025 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Change in assumptions	1/1/1996	$ 15,175,191	30.00	$ 1,188,893	1.00	$ 1,188,893
2. Plan amendment	1/1/1998	9,555,172	30.00	2,093,319	3.00	745,479
3. Change in assumptions	1/1/2003	11,064,013	30.00	5,463,066	8.00	855,035
4. Plan amendment (formula)	1/1/2004	24,803,948	30.00	13,339,740	9.00	1,913,523
5. Plan amendment	5/1/2010	29,757,146	15.00	1,093,740	0.33	1,093,740
6. 2010 Bifurcated Base	1/1/2011	18,636,194	15.00	1,953,493	1.00	1,953,493
7. Plan amendment	1/1/2011	17,743,785	15.00	1,859,947	1.00	1,859,947
8. 2012 Bifurcated Base	1/1/2013	10,866,085	15.00	3,185,036	3.00	1,134,265
9. Change in assumptions	1/1/2020	11,582,191	15.00	8,969,242	10.00	1,193,475
10. Experience Gain	1/1/2020	2,970,158	15.00	2,300,087	10.00	306,057
11. Experience Gain	1/1/2021	17,921,313	15.00	14,803,825	11.00	1,845,040
12. Experience Gain	1/1/2022	25,628,351	15.00	22,404,324	12.00	2,636,214
Total Credits		**$ 195,703,547**		**$ 78,654,712**		**$ 16,725,161**
Net Charge				**$ 159,757,130**		**$ 19,536,072**

Schedule MB Attachment (Form 5500) — 2025 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

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

1. The RPA ’94 Current Liability interest rate was changed from 3.29% to 4.01% to comply with appropriate guidance.

2. The RPA ’94 Current Liability mortality table was changed from the 2024 generational mortality table to the 2025 generational mortality table to comply with appropriate guidance.

3. Administrative expense increased from $2,000,000 to $2,100,000 per year payable at the beginning of the year to reflect plan experience.

4. The funding interest rate decreased from 7.25% to 7.00%.

Schedule MB Attachment (Form 5500) — 2025 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

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

1. **Funding Method: Unit Credit Cost Method**

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

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

2. **Asset Valuation Method**

   The asset method is to phase-in the excess of actual asset return over expected over four years at a rate of 25% per year subject to a minimum of 80% of market value and a maximum of 120% of market value.

3. **PRA 2010 Funding Relief**

   The Plan's Board of Trustees elected funding relief under §431(b)(8) of the Code added by the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 (PRA 2010) and § 304(b)(8) of ERISA, specifically:

   - The "special amortization rule" which allows the plan to amortize the Plan's asset loss for the plan year ending December 31, 2008, over 29 years instead of 15 years.
   - The "special asset valuation rule" in determining the actuarial value of plan assets which allows the Plan to recognize the 2008 investment loss over ten years, at 10% per year.

   The Trustees elected to waive the 2014 amortization extension. Amortization extensions prior to 2014 remain in place.

4. **Withdrawal Liability and Unfunded Vested Benefits**

   The Present Value of Vested Benefits developed for the determination of unfunded vested benefits is based on the valuation assumptions. The Withdrawal Liability does not include the post-retirement lump sum death benefit whereas the ASC 960 vested benefits does include it.

5. **Changes in Methods Since Last Valuation**

   None

Schedule MB Attachment (Form 5500) — 2025 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

1. **Valuation date**
   January 1, 2024

2. **Cost Method**
   Unit Credit

3. **Interest Rate**
   a. Funding: 7.00% per annum

   b. RPA '94 current liability: 4.01%

   c. Withdrawal Liability: 7.00%

4. **Mortality**
   Funding and Withdrawal Liability
   a. **Non-Annuitants**
   RP-2014 Blue Collar Employee Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

   b. **Healthy Annuitants**
   115%, males only, of the RP-2014 Blue Collar Healthy Annuitant Mortality Table adjusted to 2006 with generational mortality improvement using Scale MP-2019

   c. **Disabled Annuitants**
   RP-2014 Disabled Retiree adjusted to 2006 with generational mortality improvement using Scale MP-2019

   RPA '94 current liability
   2025 Generational Mortality Table as prescribed under IRS regulation

5. **Termination**

   During the first five years of participation, the separation rates are:

Years of Participating	Rate
0	35.0%
1	20.0%
2-4	15.0%

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

Separation rates (after the first five years of participation) at sample ages are shown below:

Age	Rate
20	15.0%
30	14.0%
40	8.5%
50	6.0%
60	4.5%
62	0.0%

6. **Disability**

70% of the 1985 Pension Disability Table Class 1

Disability rates at sample ages are shown below:

Age	Rate
20	0.02%
30	0.03%
40	0.08%
50	0.25%
60	0.88%
62	0.00%

7. **Retirement**

Age	Rate	
	< 25 Years of Service	25+ Years of Service
<55	0%	5%
55-59	5%	10%
60	5%	30%
61	10%	25%
62-64	20%	25%
65-69	35%	35%
70+	100%	100%

8. **Post-Termination Retirement**

Age	Rate
60	70%
61-64	20%
65+	100%

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

9. Percent Married
65%

10. Age of Spouse
Husbands are assumed to be three years older than wives.

11. Expected expenses
$2,000,000, payable at the beginning of plan year.

12. Reciprocity
Active non-vested liability is loaded with 1% of the terminated vested liability.

13. Disclosures regarding Models Used
Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies for the intended purpose of calculating liabilities and projected benefit payments. We have examined the reasonableness of the input data and assumptions, reviewed sample calculations for accuracy, reconciled the actuarial gain loss, and find the aggregate results reasonable and appropriate. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect this report.

14. Rationale for Assumptions
In accordance with Actuarial Standard of Practice No. 27, the justification for the 7.00% funding interest rate is based on the historical returns of the Plan, the Plan's current asset allocation, and the investor manager's capital market outlook. The historical geometric average return from 1996 through 2024 is 7.3%

For purposes of calculating Current Liability per IRC section 431(c)(6), the top of the permissible range was used as published in the applicable IRS Notice based on the historical practice of the Plan.

In accordance with Actuarial Standard of Practice No. 35, the demographic assumptions used in this report were based on an experience study covering the period from January 1, 2014 through December 31, 2018. The new assumptions represent the actuary's best estimate of future experience. The results of this study were presented in December 2019 and went into effect starting with the January 1, 2020 valuation.

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (Continued)

15. Changes Since Last Valuation

i. The RPA ’94 Current Liability interest rate was changed from 3.29% to 4.01% to comply with appropriate guidance.

ii. The RPA ’94 Current Liability mortality table was changed from the 2024 generational mortality table to the 2025 generational mortality table to comply with the appropriate guidance.

iii. Administrative expense increased from $2,000,000 to $2,100,000 per year payable at the beginning of the year to reflect plan experience.

iv. The funding interest rate decreased from 7.25% to 7.00%.

FOOTNOTES STATEMENT 1

SCHEDULE C, PART 2, ITEM D
THE AMOUNT OF DIRECT COMPENSATION ATTRIBUTABLE TO PLAN EMPLOYEES AND REPORTED ON SCHEDULE C HAS BEEN DETERMINED IN ACCORDANCE WITH THE DEPARTMENT OF LABOR RULES AND REGULATIONS FOR COMPLETING FORM 5500. THESE AMOUNTS MAY CONSIST OF ELEMENTS CONSIDERED TO BE TAXABLE AS WELL AS NON-TAXABLE AS DETERMINED UNDER THE INTERNAL REVENUE CODE.

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 2

NAME	SERVICE CODES
PRUDENTIAL INSURANCE CO.	13
PRUDENTIAL INSURANCE CO.	19
PRUDENTIAL INSURANCE CO.	21
PRUDENTIAL INSURANCE CO.	25
PRUDENTIAL INSURANCE CO.	28
PRUDENTIAL INSURANCE CO.	51
PRUDENTIAL INSURANCE CO.	72

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER RECEIVABLES STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
PREPAID EXPENSES	57,761.	81,085.
DUE FROM SUBURBAN TEAMSTERS WELFARE	70,541.	15,642.
EMPLOYER WITHDRAWAL LIABILITY (NET)	29,874.	29,874.
TOTAL TO SCHEDULE H, LINE 1B(3)	158,176.	126,601.

SCHEDULE H OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
MISCELLANEOUS INCOME	2,100.
BUILDING EXPENSE REIMBURSEMENTS	85,268.
TOTAL TO SCHEDULE H, LINE 2C	87,368.

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	20,629.
FIDUCIARY LIABILITY AND BONDING INSURANCE	109,015.
PLAN TERMINATION INSURANCE	374,907.
PRINTING AND POSTAGE	30,435.
OTHER INSURANCE	6,919.
OFFICE SUPPLIES AND EXPENSE	15,145.
TELEPHONE	7,779.
BUILDING EXPENSES	103,602.
UTILITIES	25,786.
COMPUTER PROGRAMING FEES	67,920.
CONFERENCES AND MEETING EXPENSE	28,972.
PAYROLL TAXES	42,667.
REAL ESTATE TAXES	30,816.
MISCELLANEOUS	57.
TOTAL TO SCHEDULE H, LINE 2I(11)	864,649.

SCHEDULE MB CONTRIBUTIONS MADE TO THE PLAN FOR THE PLAN YEAR BY EMPLOYER(S) AND EMPLOYEES STATEMENT 6

(A) DATE	(B) AMOUNT PAID BY EMPLOYER(S)	(C) AMOUNT PAID BY EMPLOYEES
01/15/2025		
02/15/2025	1,718,620	
03/15/2025	2,135,821	
04/15/2025	3,771,392	
05/15/2025	4,060,302	
06/15/2025	5,554,594	
07/15/2025	4,818,242	
08/15/2025	4,733,044	
09/15/2025	6,300,456	
10/15/2025	5,394,075	
11/15/2025	5,119,885	
12/15/2025	5,745,067	
01/15/2026	2,955,399	
SCHEDULE MB, LINE 3	52,306,897	

SCHEDULE R, PART V, LINE D AND E

SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND
EIN: 36-6155778
SCHEDULE R, CERTAIN INFORMATION FOR MULTIEMPLOYER PLANS
YEAR ENDED DECEMBER 31, 2025

5500 Effective Pension Rates & Contract Dates

	Contract Dates		
Employer #	Beginning	End	Pension Rate
Waste Management (36-2660859)			
1033	11/1/2025	11/1/2030	$327.62
1132	11/1/2025	11/1/2030	$399.15
1136	11/1/2025	11/1/2030	$189.47
2995	11/1/2025	11/1/2030	$327.62
2996	11/1/2025	11/1/2030	$148.16
3141	11/1/2025	11/1/2030	$199.97
3142	11/1/2025	11/1/2030	$210.49
3143	11/1/2025	11/1/2030	$221.00
4002	2/1/2024	1/1/2029	$399.15
4418	11/1/2025	11/1/2030	$327.62
4419	11/1/2025	11/1/2030	$148.16
4439	2/1/2024	1/31/2029	$399.15
4758	4/1/2023	3/31/2028	$327.62
5049	11/1/2025	11/1/2030	$327.62
5050	11/1/2025	11/1/2030	$327.62
5051	11/1/2025	11/1/2030	$148.16
5056	11/1/2025	11/1/2030	$310.30
5057	11/1/2025	11/1/2030	$208.94
5094	11/1/2025	11/1/2030	$399.15
5148	2/1/2024	1/31/2029	$399.15
5275	11/1/2025	11/1/2030	$327.62
5276	11/1/2025	11/1/2030	$148.16
Ozinga Illinois, RMC, Inc. (26-3757838)			
2197	5/1/2024	4/30/2029	$578.80
3177	5/1/2024	4/30/2029	$582.54
4486	5/1/2024	4/30/2029	$547.32
5279	5/1/2024	4/30/2029	$546.29

SCHEDULE R, PART V, LINE D AND E

SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION FUND
EIN: 36-6155778
SCHEDULE R, CERTAIN INFORMATION FOR MULTIEMPLOYER PLANS
YEAR ENDED DECEMBER 31, 2025

5500 Effective Pension Rates & Contract Dates

	Contract Dates		
Employer #	Beginning	End	Pension Rate
Groot Industries, Inc. (36-3527116)			
814	3/1/2024	2/28/2029	$327.60
2921	3/1/2024	2/28/2029	$327.60
2923	3/1/2024	2/28/2029	$350.60
4169	3/1/2024	2/28/2029	$350.60
4183	3/1/2024	2/28/2029	$327.60
4433	3/1/2024	2/28/2029	$350.60
5381	3/1/2024	2/28/2029	$327.60
VCNA Prairie Illinois, Inc. (26-1320351)			
617	5/1/2024	4/30/2029	$578.80
618	5/1/2024	4/30/2029	$547.32
Roadsafe Traffic Systems (26-1084418)			
224	4/1/2024	3/31/2029	$450.80
5157	4/1/2024	3/31/2029	$450.80
H2 Cartage, LLC (82-4914138)			
5409	5/1/2024	4/30/2029	$550.22
5430	5/1/2024	4/30/2029	$399.20
Grundy Redi-Mix (36-3398145)			
1248	5/1/2024	4/30/2029	$578.80
K. Hoving Recycling & Disposal (36-4311126)			
4017	10/1/2024	9/30/2029	$350.56
4018	10/1/2024	9/30/2029	$130.63
4019	10/1/2024	9/30/2029	$136.15
4020	10/1/2024	9/30/2029	$141.15
4021	10/1/2024	9/30/2029	$147.21
Narvick Bros. Ready Mix (36-2465072)			
2019	5/1/2024	4/30/2029	$578.80
2077	1/16/2024	1/15/2027	$304.36
TKT, Inc. (20-5140673)			
4667	6/1/2025	5/31/2029	$572.40

Schedule MB Attachment (Form 5500) — 2025 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$ 3,428,573	$ 3,260,948	$ 63,796,328	$ 70,485,848
2026	6,571,682	5,090,685	61,895,272	73,557,638
2027	9,441,174	6,811,826	59,949,770	76,202,770
2028	12,010,265	8,152,452	57,962,349	78,125,067
2029	14,341,684	9,462,817	55,935,518	79,740,019
2030	16,320,759	10,464,274	53,872,436	80,657,468
2031	18,104,222	11,314,046	51,776,078	81,194,346
2032	19,724,449	12,098,356	49,641,286	81,464,091
2033	21,192,523	12,686,934	47,390,490	81,269,948
2034	22,369,423	13,237,055	45,125,676	80,732,155
2035	23,357,772	13,854,149	42,891,983	80,103,904
2036	24,294,913	14,262,059	40,670,091	79,227,063
2037	24,950,672	14,673,981	38,440,581	78,065,234
2038	25,557,783	14,891,651	36,209,509	76,658,943
2039	25,960,934	15,119,745	33,983,225	75,063,904
2040	26,261,165	15,207,705	31,768,744	73,237,614
2041	26,446,019	15,262,168	29,573,391	71,281,578
2042	26,458,280	15,223,305	27,405,220	69,086,805
2043	26,385,900	15,040,543	25,272,902	66,699,346
2044	26,246,337	14,803,645	23,185,571	64,235,553
2045	25,997,225	14,559,217	21,152,993	61,709,435
2046	25,714,286	14,138,530	19,185,120	59,037,936
2047	25,284,089	13,716,469	17,291,771	56,292,329
2048	24,703,508	13,305,345	15,482,790	53,491,643
2049	24,140,069	12,834,428	13,767,019	50,741,516

Schedule MB Attachment (Form 5500) — 2025 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	$ 23,537,860	$ 12,307,868	$ 12,152,617	$ 47,998,345
2051	22,909,838	11,792,945	10,646,703	45,349,486
2052	22,132,127	11,237,457	9,254,862	42,624,446
2053	21,323,625	10,662,897	7,980,809	39,967,332
2054	20,476,003	10,060,795	6,826,175	37,362,972
2055	19,597,437	9,475,932	5,790,380	34,863,749
2056	18,687,773	8,856,349	4,870,730	32,414,852
2057	17,744,338	8,256,251	4,062,684	30,063,273
2058	16,772,390	7,678,185	3,360,107	27,810,682
2059	15,791,559	7,076,481	2,755,697	25,623,736
2060	14,819,246	6,500,322	2,241,291	23,560,859
2061	13,851,706	5,942,644	1,808,224	21,602,574
2062	12,899,833	5,405,299	1,447,566	19,752,697
2063	11,968,733	4,896,063	1,150,432	18,015,228
2064	11,077,255	4,415,302	908,218	16,400,775
2065	10,219,599	3,964,756	712,789	14,897,144
2066	9,401,459	3,544,975	556,626	13,503,059
2067	8,626,159	3,156,122	432,948	12,215,228
2068	7,895,358	2,798,023	335,746	11,029,127
2069	7,210,792	2,470,153	259,825	9,940,771
2070	6,569,947	2,171,705	200,819	8,942,470
2071	5,972,794	1,901,534	155,122	8,029,450
2072	5,417,860	1,658,270	119,824	7,195,953
2073	4,903,338	1,440,368	92,606	6,436,312
2074	4,427,209	1,246,176	71,640	5,745,024

Notes on the Expected Annual Benefit Payments

- Based on 2025 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, the benefit payments do not include additional accruals, new entrants, or expected expenses.

Schedule MB Attachment (Form 5500) — 2025 Plan Year
Suburban Teamsters of Northern Illinois Pension Plan
EIN 36-6155778, Plan No. 001

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	$ 50,014,130	$ 0	$ 50,014,130
2026	50,014,130	0	50,014,130
2027	50,014,130	0	50,014,130
2028	50,014,130	0	50,014,130
2029	50,014,130	0	50,014,130
2030	50,014,130	0	50,014,130
2031	50,014,130	0	50,014,130
2032	50,014,130	0	50,014,130
2033	50,014,130	0	50,014,130
2034	50,014,130	0	50,014,130

Contributions used in the certification of the status in line 4(b).

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
SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/15/1955

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)
TRUSTEES OF SUBURBAN TEAMSTERS OF NORTHERN ILLINOIS

1171 COMMERCE DRIVE, UNIT 1

WEST CHICAGO IL 60185

2b Employer Identification Number (EIN) 36-6155778

2c Plan Sponsor's telephone number (630)293-0390

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	Signature of plan administrator	8/20/26 Date	Dominic Romanazzi Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	8/20/26 Date	William Brach Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

518401 12-22-25

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	10,032
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)**	2,965
a (2) Total number of active participants at the end of the plan year	**6a(2)**	3,011
b Retired or separated participants receiving benefits	**6b**	3,776
c Other retired or separated participants entitled to future benefits	**6c**	2,438
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	9,225
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	861
f Total. Add lines **6d** and **6e**	**6f**	10,086
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	448

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

9b Plan benefit arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

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

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

Form 5500 Schedule H, line 4j - Schedule of Reportable Transactions
Supplemental Schedule 2

Plan Name: Suburban Teamsters of Northern Illinois Pension Fund

Plan No. 1

Plan Sponsor: Board of Trustees of Suburban Teamsters of Northern Illinois Pension Fund

EIN: 36-6155778

Y/E 12/31/25

Individual transactions - purchases and sales on separate lines

a. Identity of party involved	b. Description of asset (Include interest rate & maturity in case of a loan)	c. Purchase price	d. Selling price	e. Lease rental	f. Expense incurred with transaction	g. Cost of asset	h. Current value of asset on trans. date	i. Net gain or (loss)

a. Description of security	b. Total number of purchases	c. Total number of sales	d. Total value of purchases	Sales	
				e. Total value	f. Incr (decr) by
PRUDENTIAL - SHORT TERM	NUMEROUS	NUMEROUS	$ 74,619,662	$ (72,807,849)	

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
Suburban Teamsters of Northern Illinois Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Trustees of Suburban Teamsters of Northern Illinois Pension Fund

D Employer Identification Number (EIN)
36-6155778

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

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

b Assets		
(1) Current value of assets	1b(1)	921,238,348
(2) Actuarial value of assets for funding standard account	1b(2)	922,909,125
c (1) Accrued liability for plan using immediate gain methods	1c(1)	969,519,361
(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)	969,519,361
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)	1,408,626,865
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	40,177,081
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	69,042,370
(3) Expected plan disbursements for the plan year	1d(3)	72,658,105

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

Michael J. Noble — Signature of actuary

October 8, 2026 — Date

Michael J. Noble — Type or print name of actuary

26-06711 — Most recent enrollment number

Cheiron, INC. — Firm name

(703) 893-1456 — Telephone number (including area code)

230 W. Monroe ST., Suite 650

Chicago IL 60606 — 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**	921,238,348
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		4,746	739,749,219
(2) For terminated vested participants		2,490	241,289,605
(3) For active participants:			
(a) Non-vested benefits			29,210,406
(b) Vested benefits			398,377,635
(c) Total active		2,965	427,588,041
(4) Total		10,201	1,408,626,865
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	65.40 %

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
01/15/2025	0		06/15/2025	5,554,594	
02/15/2025	1,718,620		07/15/2025	4,818,242	
03/15/2025	2,135,821		08/15/2025	4,733,044	
04/15/2025	3,771,392		09/15/2025	6,300,456	
05/15/2025	4,060,302		10/15/2025	5,394,075	
			Totals ► **3(b)**	52,306,897	**3(c)** 0

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	95.2 %
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)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.00 %	7.00%
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.00%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	5.5%	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	10.6%	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	2,100,000	
(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	15,475,377	1,587,956
4	22,607,979	2,319,845

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**	0

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	23,985,157

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)**	238,411,842		36,261,233
(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**	4,217,247
e Total charges. Add lines 9a through 9d			**9e**	64,463,637
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	113,146,894
g Employer contributions. Total from column (b) of line 3			**9g**	52,306,897
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	78,654,712		16,725,161
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	10,437,597
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	198,391,978		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	379,226,378		
(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**	192,616,549
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	128,152,912
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	0

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

Continuation of 2025 Form 5500
Schedule MB, line 3 - Contributions Made to the Plan for the Plan Year

Plan Name Suburban Teamsters of Northern Illinois Pension Plan **EIN:** 36-6155778

Plan Sponsor's Name Trustees of Suburban Teamsters of Northern Illinois Pension Fund **PN:** 001

(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
11/15/2025	5,119,885				
12/15/2025	5,745,067				
01/15/2026	2,955,399				