

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/15/1965</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>52-6124754</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>410-683-7763</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>493100</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/15/1965</u>		2b Employer Identification Number (EIN) <u>52-6124754</u>		2c Plan Sponsor's telephone number <u>410-683-7763</u>		2d Business code (see instructions) <u>493100</u>	
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2b Employer Identification Number (EIN) <u>52-6124754</u>											
2c Plan Sponsor's telephone number <u>410-683-7763</u>											
2d Business code (see instructions) <u>493100</u>											
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) <u>BOARD OF TRUSTEES OF WAREHOUSE EMPLOYEES LOCAL NO. 730 PENSION TRUST F</u> <u>911 RIDGEBROOK ROAD</u> <u>SPARKS, MD 21152-9451</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	RITCHIE BROOKS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	HANNA SEBHAT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1984
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 309 6a(2) 311 6b 914 6c 607 6d 1832 6e 146 6f 1978 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 5

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

1B

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

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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 WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF WAREHOUSE EMPLOYEES LOCAL NO. 730 PENSION TRUST F	D Employer Identification Number (EIN) 52-6124754

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

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	166447419
(2) Actuarial value of assets for funding standard account	1b(2)	152966201
c (1) Accrued liability for plan using immediate gain methods	1c(1)	295194605
(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)	289872386
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)	498810834
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	2986625
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	21420220
(3) Expected plan disbursements for the plan year.....	1d(3)	22119568

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	09/28/2022
Signature of actuary	Date
PETER R. HARDCASTLE	20-05197
Type or print name of actuary	Most recent enrollment number
CHEIRON, INC.	703-893-1456
Firm name	Telephone number (including area code)
8300 GREENSBORO DRIVE, STE 800, MCLEAN, VA 22102	
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 ☐

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

Schedule MB (Form 5500) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	166447419
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1044	261155855
(2) For terminated vested participants	675	158705543
(3) For active participants:		
(a) Non-vested benefits.....		4422416
(b) Vested benefits.....		74527020
(c) Total active	288	78949436
(4) Total	2007	498810834
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	33.37 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2021	5728693				
			Totals ▶	3(b)	5728693
				3(c)	
				3(d)	829593

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	52.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
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, were any benefits reduced (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 rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☒	4f	2040

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	2.43 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement ☐ Yes ☐ No ☒ N/A		Post-retirement ☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	7P	7P	
(2) Females	6c(2)	7FP	7FP	
d Valuation liability interest rate	6d	7.00 %	7.00 %	
e Expense loading	6e	59.7 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	10.1 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.8 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-4713144	-483624

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(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	-2333068

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

a Prior year funding deficiency, if any	9a	48993585
b Employer's normal cost for plan year as of valuation date.....	9b	1243594
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)	147532860
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	4851390
e Total charges. Add lines 9a through 9d.....	9e	74156955

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	0
g Employer contributions. Total from column (b) of line 3.....	9g	5728693
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	54828041
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	838543
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	153515038
(2) "RPA '94" override (90% current liability FFL)	9j(2)	302093593
(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	15730527
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	58426428
9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2021 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	58426428
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....		☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF WAREHOUSE EMPLOYEES LOCAL NO. 730 PENSION TRUST F	D Employer Identification Number (EIN) 52-6124754	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE NORTHERN TRUST COMPANY
36-1561860

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CORBIN CAPITAL PARTNERS, L.P.
30-0299433

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

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	366132	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEIRON

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 17 50	NONE	225861	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	145338	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)

ATLANTA CAPITAL MANAGMENT

58-2236910

(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?
51 68 28	NONE	134531	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSOCIATED ADMINISTRATORS

65-1205077

(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?
12 13 15 36 50	NONE	125558	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT LAKE ADVISORS, LLC

80-0292839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	106918	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)

INVESTMENT PERFORMANCE SERVICES

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	100625	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN, LEWIS & BOCKIUS, LP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	92788	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAMILTON LANE ADVISORS, LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	72604	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)

BLANK ROME, LLP

23-1311874

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	69931	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACADIAN ASSET MANAGMENT

04-2929221

(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 18 19 21 22 23 28 29 49	NONE	35490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	29376	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)

BOYD WATTERSON ASSET MGMT. CO.

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	25434	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY, LLC

84-6391546

(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?
51 28	NONE	24156	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENN CAPITAL MANAGMENT COMPANY, INC

22-2796848

(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?
51 28	NONE	17534	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)

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	15750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC BANK

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 68 51	NONE	14007	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68 49	NONE	6130	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

CS MCKEE, LP

25-1900687

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	5479	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
HAMILTON LANE ADVISORS, LLC	28 52	72604

(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.
HAILTON LANE SECONDARY FEEDE 47-4512595	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF WAREHOUSE EMPLOYEES LOCAL NO. 730 PENSION TRUST F</u>	D Employer Identification Number (EIN) <u>52-6124754</u>	

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: <u>HARDMAN JOHNSTON INT'L EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>HARDMAN JOHNSTON GLOBAL ADVISORS LLC</u>		
c EIN-PN <u>26-6493485-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7524414</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB COMM. PENSION TR FD</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK</u>		
c EIN-PN <u>82-3618774-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8649512</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE RUSSELL 1000 GIF</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21523055</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES HY CONSERVATIVE TRUST</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES & COMPANY</u>		
c EIN-PN <u>84-6391546-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13076583</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF WAREHOUSE EMPLOYEES LOCAL NO. 730 PENSION TRUST F</u>	D Employer Identification Number (EIN) <u>52-6124754</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	1720040	1718148
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	360503	419700
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	5590216	5241728
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6043620	5726346
(2) U.S. Government securities	1c(2)	1085463	858046
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1124434	1170190
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	46101788	55167675
(5) Partnership/joint venture interests	1c(5)	75125641	66162978
(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)	27593211	43249150
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	7436308	7524414
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		26729

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	172181224 187265104
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	220087 164962
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	1306
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	221393 164962
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	171959831 187100142

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	4899100
	(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)	4899100
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2952
	(B) U.S. Government securities	2b(1)(B)	8593
	(C) Corporate debt instruments	2b(1)(C)	64215
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	889338
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	965098
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	598737
	(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)	598737
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	103066683
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	98260908
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	4805775
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	17816728
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	17816728

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		7975438
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		253489
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		528174
d Total income. Add all income amounts in column (b) and enter total.....	2d		37842539
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	20869867	
(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)		20869867
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	404330	
(2) Contract administrator fees.....	2i(2)	125558	
(3) Investment advisory and management fees.....	2i(3)	1192041	
(4) Other.....	2i(4)	110432	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1832361
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		22702228
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		15140311
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?	X		66162978
4g	X		66162978
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 441698 _____.			

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF WAREHOUSE EMPLOYEES LOCAL NO. 730 PENSION TRUST F</u>	D Employer Identification Number (EIN) <u>52-6124754</u>

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	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **GIANT FOOD LLC**

b EIN **52-2179343**

c Dollar amount contributed by employer **4278034**

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 **15** Year **2027**

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

(1) Contribution rate (in dollars and cents) **7.28**

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

a Name of contributing employer **EIGHT O'CLOCK COFFEE**

b EIN **32-0094230**

c Dollar amount contributed by employer **558230**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **17** Year **2027**

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

(1) Contribution rate (in dollars and cents) **4.65**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

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

14b

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

14c

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

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

15a

0.97

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

15b

0.98

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

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

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: 49.3 % Investment-Grade Debt: 11.2 % High-Yield Debt: 6.7 % Real Estate: 23.7 % Other: 9.1 %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

WAREHOUSE EMPLOYEES LOCAL NO. 730
PENSION TRUST FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2021

**WAREHOUSE EMPLOYEES UNION LOCAL NO. 730
PENSION TRUST FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2021 AND 2020

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Warehouse Employees Union Local No. 730
Pension Trust Fund

Opinion

We have audited the financial statements of the Warehouse Employees Union Local No. 730 Pension Trust 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, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

Columbia, Maryland
October 7, 2022

WAREHOUSE EMPLOYEES UNION LOCAL No. 730
PENSION TRUST FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

ASSETS	<u>2021</u>	<u>2020</u>
INVESTMENTS - at fair value		
Common stock	\$ 55,167,675	\$ 46,101,788
Corporate obligations	1,170,190	1,124,434
United States Government and Government Agency obligations	858,046	1,085,463
Foreign and other government obligations	26,729	-
Limited partnerships	66,162,978	75,125,641
Common collective trusts	43,249,150	27,593,211
Direct filing entity	7,524,414	7,436,308
Short-term investments	5,653,765	6,043,620
	<u>179,812,947</u>	<u>164,510,465</u>
INVESTMENTS - other		
Certificates of deposit	<u>72,581</u>	<u>-</u>
RECEIVABLES		
Employer contributions	419,700	360,503
Withdrawal liability	5,132,886	5,512,412
Accrued interest and dividends	58,697	43,822
Other	5,616	2,795
	<u>5,616,899</u>	<u>5,919,532</u>
PREPAID EXPENSES	<u>44,529</u>	<u>31,187</u>
CASH	<u>1,718,148</u>	<u>1,720,040</u>
Total assets	<u>187,265,104</u>	<u>172,181,224</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	164,962	220,087
Due to broker - investments purchased	-	1,306
Total liabilities	<u>164,962</u>	<u>221,393</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 187,100,142</u>	<u>\$ 171,959,831</u>

See accompanying notes to financial statements.

WAREHOUSE EMPLOYEES UNION LOCAL No. 730
PENSION TRUST FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 30,728,125	\$ 20,050,861
Interest and dividends	1,687,140	2,405,490
Other	77,589	68,750
	<u>32,492,854</u>	<u>22,525,101</u>
Less investment expenses	<u>(1,192,041)</u>	<u>(1,308,638)</u>
Investment income - net	31,300,813	21,216,463
Employer contributions	4,899,100	4,460,578
Withdrawal liability interest	450,067	284,746
Other income	518	1,000
	<u>36,650,498</u>	<u>25,962,787</u>
Total additions		
DEDUCTIONS		
Benefits paid	20,869,867	21,007,589
Administrative expenses	640,320	631,346
	<u>21,510,187</u>	<u>21,638,935</u>
Total deductions		
NET INCREASE	15,140,311	4,323,852
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>171,959,831</u>	<u>167,635,979</u>
End of year	<u><u>\$ 187,100,142</u></u>	<u><u>\$ 171,959,831</u></u>

See accompanying notes to financial statements.

**WAREHOUSE EMPLOYEES UNION LOCAL NO. 730
PENSION TRUST FUND**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the Warehouse Employees Union Local No. 730 Pension Trust Fund (the Plan), is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

The Plan was established on August 15, 1965, and restated effective January 1, 2002, by an Agreement and Declaration of Trust. The Plan is maintained pursuant to collective bargaining agreements between certain employers in the Washington, D.C. area and the Warehouse Employees Union Local No. 730 (the Union). The Plan provides normal, early, and disability pension benefits to eligible participants. The Plan also provides survivor benefits to the beneficiaries of deceased eligible participants. The Plan is financed entirely by employer contributions as specified in the collective bargaining agreements. The Plan is a multiemployer defined benefit pension plan and is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, an employee is generally eligible for a normal pension if he has attained age 60 and has been employed for at least 5 years in a bargaining unit which has a contract with the Union. The amount of the benefit is dependent upon the rate of contributions agreed to and made by the particular employer. Effective January 1, 1999, vesting of benefits is attained for participants who have 5 years or more vesting service. A year of vesting service is credited for each year the participant is employed for at least 870 hours for which contributions are paid to the Pension Fund.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements have been prepared using the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition - Investments in common stock are carried at fair value which generally represents quoted market prices. Certain United States Government and Government Agency obligations are carried at fair value as of the last business day of the Plan's year as reported by the investment manager or as provided by the custodial bank based on valuations maximizing the use of observable inputs for similar securities for similar securities with similar credit ratings. The investment in corporate obligations and certain United States Government and Government Agency obligations are carried at estimated fair value as reported by the investment manager or as provided by the custodial bank. The limited partnerships are valued at market value on the last business day for the year, as established by the partnerships. The common collective trusts are valued at market value on the last business day for the year, as established by the trust. The direct filing entity is valued at market value on the last business day for the year, as established by the entity. The short-term investments are carried at cost which approximates fair value. Certificates of deposit held for investment that are not debt securities are included in investments- other.

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

Funding Policy and Revenue Recognition - Contributions to the Plan are made by participating employers as specified in the collective bargaining agreements. Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. The funding policy is to contribute an amount sufficient to meet the minimum funding requirements of ERISA and the Internal Revenue Code. The actuary reported that the Plan met minimum funding standards as of December 31, 2021 and 2020. The actuary also determines whether additional contributions are necessary to avoid funding-based benefit restrictions under Section 436 of the Internal Revenue Code.

During the year ended December 31, 2021, the Plan received eighty one percent (81%) of its employer contributions from one employer.

Employer contributions receivable are accrued based on an analysis of subsequent employer reports and remittances.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Payment of Benefits - Benefits to participants are recognized upon distribution.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

NOTE 3. TAX STATUS

The Plan obtained its latest determination letter dated March 23, 2016, in which the Internal Revenue Service (IRS) stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The IRS has ruled that the Plan is exempt from Federal income taxes pursuant to the IRC Sections 401(a) and 501(a).

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

NOTE 4. 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 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 survivors 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 5. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of January 1, 2021. Information in the reports included the following:

	<u>January 1, 2021</u>
Actuarial present value of accumulated plan benefits:	
Vested benefits	
Participants and beneficiaries	
currently receiving benefits	\$ 173,276,448
Other vested benefits	<u>114,095,325</u>
Total vested benefits	287,371,773
Non-vested benefits	2,500,613
Present value of expected administrative expenses	<u>6,174,390</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 296,046,776</u></u>

As reported by the actuary, the changes in the present value of accumulated plan benefits for the year ended January 1, 2021, were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 290,601,829</u>
Increase during the year attributable to:	
Benefits accumulated	1,204,926
Experience gains	(630,423)
Increase for interest	19,703,643
Benefit paid	<u>(21,007,589)</u>
Net decrease	<u>(729,443)</u>
Actuarial present value of accumulated plan benefits at end of year (w/o administrative expenses)	289,872,386
Present value of expected administrative expenses	<u>6,174,390</u>
Actuarial present value of accumulated plan benefits at end of year (w/ administrative expenses)	<u><u>\$ 296,046,776</u></u>

The present value of administrative expenses is equal to 2.13% of the accrued liability. The amount is an estimate.

The above actuarial valuations were made using the entry age normal cost method. Some of the more significant actuarial assumptions used in the valuations were:

Rates of Investment Return - 7% for funding and disclosure purposes for 2021. 2.43% for determining RPA '94 Current Liability for 2021.

NOTE 5. ACTUARIAL INFORMATION (continued)

Rates of Mortality - SOA RP 2014 Mortality Table Blue Collar Mortality adjustment to 2006, generationally projected using scale MP-2019. For Current Liability purposes, the 2021 Static Mortality Tables as prescribed under IRS Regulations.

Administrative Expenses - \$464,692, payable at the beginning of 2021.

Rates of Turnover - Double the combination of Sarason's Advanced Pension Tables for 2021. The rates vary with age.

Rates of Retirement - Rates vary with age and years of service. 35% for ages 51-59 with 30 years of service and 15% for over 30 years of service for 2021. 2021 assumes 100% retirement at age 60 and over.

Rates of Disability - None assumed for 2021.

Marriage Rates - 61% for both male and females. Males are assumed to be 3 years older than spouse.

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

Since information on the accumulated plan benefits at December 31, 2021, and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2021, and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2021. The complete financial status of the Plan is presented as of December 31, 2020.

As of January 1, 2021 and 2020, the actuary reported that the Plan was in critical and declining status as identified under the Pension Protection Act of 2006 (PPA). The Plan is projected to be insolvent within the next 14 years. The Trustees adopted a Rehabilitation Plan (RP) on March 3, 2020. The RP described the actions to be taken by the Plan's Trustees, and the benefit and contribution changes to be bargained by the bargaining parties, to achieve a timely emergence from critical status within the rehabilitation period required by law. As permitted by Section 205 of the Worker Retiree Employer and Recovery Act of 2008, the Trustees elected to extend the Plan's rehabilitation period by three additional years.

The Plan is required to update the RP annually. If the Trustees determine that modifications are necessary, they will revise the RP and the benefit contribution schedules recommended under the RP.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2021 and 2020, there were no transfers in or out of levels 1, 2 or 3.

There have been no changes in valuation methodologies at December 31, 2021 and 2020.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2021			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 55,167,675	\$ 55,167,675	\$ -	\$ -
Corporate obligations	1,170,190	-	1,170,190	-
United States Government and Government Agency obligations	858,046	406,398	451,648	-
Foreign and other government obligations	26,729	-	26,729	-
Short-term investments	5,653,765	5,653,765	-	-
Total assets in fair value hierarchy	62,876,405	\$ 61,227,838	\$ 1,648,567	\$ -
Investments measured at NAV*	116,936,542			
Total investments	<u>\$ 179,812,947</u>			

	Fair Value Measurements at December 31, 2020			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 46,101,788	\$ 46,101,788	\$ -	\$ -
Corporate obligations	1,124,434	-	1,124,434	-
United States Government and Government Agency obligations	1,085,463	1,039,903	45,560	-
Short-term investments	6,043,620	6,043,620	-	-
Total assets in fair value hierarchy	54,355,305	\$ 53,185,311	\$ 1,169,994	\$ -
Investments measured at NAV*	110,155,160			
Total investments	<u>\$ 164,510,465</u>			

*The investments measured at NAV account for 65.0% and 66.9% of net assets available for benefits at December 31, 2021 and 2020, respectively.

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments and redemption information for the investments, as of December 31, 2021 and 2020, are as follows:

	2021 Fair Value	2020 Fair Value	2021 Unfunded Commitments	2020 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships:						
Acadian Non-US Concentrated Fund	\$ 7,569,223	\$ 6,131,822	\$ -	\$ -	Daily	A
American Core Realty Fund, LLC	-	5,912,013	-	-	Quarterly	10 Days
Boyd Watterson State Government Fund, LP	6,191,969	1,987,722	4,600,000	6,000,000	Quarterly	60 Days
Corbin ERISA Opportunity Fund, L.P.	14,489,006	14,221,327	-	-	Quarterly	65 Days
Hamilton Lane Secondary Feeder Fund IV-A LP	8,176,409	8,925,492	4,056,466	3,361,992	B	B
PENN Capital Defensive High Yield Fund, L.P.	-	10,975,251	-	-	Monthly	C
PRISA III Fund, L.P.	29,736,371	26,972,014	-	-	Quarterly	90 Days
Common collective trusts:						
JPMCB Global Allocation Fund	8,649,512	7,820,158	-	-	Daily	1 Day
Loomis Sayles High Yield Conservative Trust	13,076,583	-	-	-	Daily	3 Days
Northern Trust Russell 1000 Growth Index Fund	21,523,055	19,773,053	-	-	Daily	1 Day
Direct filing entity:						
Hardman Johnston International Equity Group Trust	7,524,414	7,436,308	-	-	Monthly	10 Days
	<u>\$ 116,936,542</u>	<u>\$ 110,155,160</u>	<u>\$ 8,656,466</u>	<u>\$ 9,361,992</u>		

A - Redemption notice period is 10 days and 30 days for the years ended December 31, 2021 and 2020, respectively.

B - The Hamilton Lane Secondary Feeder Fund IV-A LP (the Fund) cannot be redeemed. The Hamilton Lane Secondary Feeder Fund IV-A LP is a feeder fund in a master-feeder structure whereby the Fund invests substantially all of its assets in Hamilton Lane Secondary Fund IV LP (the “Main Fund”). The investment objective of the Fund, through its interest in the Main Fund, is to acquire and hold a diversified portfolio of private equity investment funds, which may include venture capital, buyout, mezzanine, industry-focused and other private equity investment funds, acquired through secondary market transactions. The underlying assets of the Fund are expected to be liquidated by 2027.

C - A limited partner may voluntarily make a withdrawal upon at least thirty (30) days prior written notice or a complete withdrawal from the partnership, upon at least sixty (60) days prior written notice as of the end on any calendar month. While a limited partner may give a notice of a withdrawal, if the general partner in its sole discretion determines that it is in the best interest of the partnership to defer any reduction or liquidation of the partnership’s portfolio investments because of the current market conditions, the general partner may delay in whole or in part the making of the distribution requested by the limited partnership for a period of not more than six months beyond the requested withdrawal date.

The Acadian Non-US Concentrated Fund’s investment objective is to outperform the Investment Portfolio’s performance benchmark the Morgan Stanley Capital International Europe, Australasia, and Far East Index (“MSCI EAFE Index”) over multiple year time periods.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The American Core Realty Fund, LLC has been organized to allow Taft-Hartley pension funds, governmental retirement plans, corporate pension plans and qualified trusts forming part of a pension or profit-sharing plan, endowments, charitable foundations and other taxable and tax-exempt organizations to pool their assets to make investments primarily in core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

The Boyd Watterson State Government Fund, LP is a real estate fund that operates as a perpetual life, open-ended, commingled collective investment fund. The objective of the Partnership is to provide income stability and capital preservation while seeking to deliver excess returns with moderate risk over market cycles by investing predominately in commercial real estate properties leased to state, county and municipal government agencies with an underlying credit rating at the time of acquisition of Aa3 or higher from Moody's or AA - or higher from S&P or Fitch.

The Corbin ERISA Opportunity Fund, L.P.'s investment objective is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations.

PENN Capital Defense High Yield Fund, L.P. invests in a variety of upper and middle quality noninvestment grade ("high-yield") bonds and to a lesser extent, unrated fixed income securities, primarily short-term and intermediate-term corporate bonds and other corporate fixed income obligations. The objective of the Partnership is to provide current income and preserve investors' principal.

PRISA III Fund, LP invests in commercial real estate through one or more real estate investment trusts.

JPMCB Global Allocation Fund and Northern Trust Russell 1000 Growth Index Fund are measured at fair value, without adjustment by the Plan, based on net asset value (NAV) or NAV equivalent as of December 31, 2021 and 2020. Loomis Sayles High Yield Conservative Trust is measured at fair value, without adjustment by the Plan, based on net asset value (NAV) or NAV equivalent as of December 31, 2021.

Boyd Watterson State Government Fund, LP, Corbin ERISA Opportunity Fund, L.P., Hamilton Lane Secondary Feeder Fund IV-A LP, PRISA III Fund, L.P., and Acadian Non-US Concentrated Fund, are measured at estimated fair value, without adjustment by the Plan, as reported by the sponsors of the investments as of December 31, 2021 and 2020. American Core Realty Fund and PENN Capital Defense High Yield Fund, L.P., are measured at fair value, without adjustment by the Plan, as reported by the sponsor of the investment as of December 31, 2020.

NOTE 7. WITHDRAWAL LIABILITY RECEIVABLE AND INCOME

Each contributing employer is required to pay the fund all amounts due as withdrawal liability resulting from a partial or complete withdrawal from the Plan, in accordance with the Employee Retirement Income Security Act of 1974, as amended (ERISA). Under ERISA, the Board of Trustees (Board) has full authority to adopt rules and regulations governing the determination and payment of withdrawal liability. These rules and regulations are binding on all employers.

Withdrawal liability represents a withdrawing employer's share of the unfunded vested benefit liability (UVB) of the Plan. The calculation of the UVB is done on an annual basis and the absence of withdrawal liability for any particular plan year cannot be taken as assurance that there will be no withdrawal liability in the following plan year.

The Plan assesses withdrawal liability to employers who have withdrawn from the Plan in accordance with plan rules and regulations, noted above. Amounts assessed as withdrawal liability contributions are recorded as receivable when collection of the assessment appears reasonably certain. Once the receivable is recorded, a portion of each payment received reduces the receivable and a portion is recorded as interest income on withdrawal liability contributions.

The payment status of each employer is reviewed annually by the Plan's legal counsel and an allowance for doubtful collection is recorded if warranted.

The Plan has experienced employers who ceased contributions, effectively withdrawing from participation in the Plan. In accordance with ERISA, these employers are required to make withdrawal liability payments to the Plan. The employer withdrawal liability receivable at December 31, 2021 and 2020, is comprised of the following:

	<u>2021</u>	<u>2020</u>
McKesson Drug Corporation	<u>\$ 5,132,886</u>	<u>\$ 5,512,412</u>
Total withdrawal liability receivable	<u><u>\$ 5,132,886</u></u>	<u><u>\$ 5,512,412</u></u>

The withdrawal liability is receivable as follows:

<u>Year Ended:</u>	
December 31, 2022	\$ 327,201
December 31, 2023	349,727
December 31, 2024	373,804
December 31, 2025	399,538
December 31, 2026	427,044
Thereafter	<u>3,255,572</u>
	<u><u>\$ 5,132,886</u></u>

NOTE 8. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

NOTE 9. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 7, 2022, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

WAREHOUSE EMPLOYEES UNION LOCAL No. 730
PENSION TRUST FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Actuary fees	\$ 225,861	\$ 248,724
Audit and payroll audit fees	15,750	16,655
Contract administrator fees	125,558	121,892
Insurance and bonding	93,053	86,398
Legal fees and expenses	162,719	144,626
Miscellaneous	1,265	1,270
Postage and printing	14,703	6,081
Trustees' meeting expenses and conferences	<u>1,411</u>	<u>5,700</u>
	<u><u>\$ 640,320</u></u>	<u><u>\$ 631,346</u></u>

**WAREHOUSE EMPLOYEES UNION LOCAL NO. 730
PENSION TRUST FUND**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-6124754

Plan No: 001

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		Common stock:					
	Abbvie Inc	CS	4,057			\$ 370,118	\$ 549,318
	Alkermes PLC	CS	2,100			62,043	48,846
	Atlassian Corp PLC- Class A	CS	382			67,641	145,653
	Medtronic PLC	CS	3,330			259,779	344,489
	Acuity Brands Inc	CS	1,314			133,956	278,200
	Adobe Inc	CS	1,250			82,889	708,825
	Advanced Energy INDS Inc	CS	7,140			526,441	650,168
	Advanced Drainage Systems IN	CS	890			99,193	121,156
	Affiliated Managers Group Inc	CS	3,030			282,035	498,465
	AIA Group Ltd Sponsored Adr	CS	1,490			37,436	60,083
	Airbuse SE	CS	4,690			131,909	149,658
	Albemarle Corp	CS	2,375			178,369	555,204
	Alphabet Inc/Ca-Cl A	CS	290			90,596	840,142
	Alphabet Inc Cap Stock Cl C	CS	64			95,591	185,190
	Ameren Corp	CS	2,123			155,552	188,968
	American Express Co	CS	2,367			223,883	387,241
	Ameriprise Financial Inc	CS	594			89,077	179,186
	Anheuser Busch Inbev	CS	5,843			308,557	353,794
	Apple Inc	CS	4,942			106,460	877,551
	Aptargroup Inc	CS	3,489			226,781	427,333
	APTIV PLC	CS	865			95,410	142,682
	Aramark	CS	20,121			685,424	741,459
	ASML Holding Nv-Ny	CS	194			6,355	154,451
	Astrazeneca PLC Spons ADR	CS	2,510			112,655	146,208
	Automatic Data Processing Inc	CS	3,200			164,712	789,056
	Avery Dennison Corp	CS	814			95,309	176,288
	Bank of America Corp	CS	11,170			247,494	496,953
	Becton Dickinson & Co	CS	1,840			96,114	462,723
	Berkshire Hathaway Inc Class B	CS	2,132			387,856	637,468
	Biogen Inc	CS	1,003			262,578	240,640
	Bio-Techne Corp	CS	724			82,173	374,554
	Black Knight Inc.	CS	4,048			302,904	335,539
	Blackbaud Inc	CS	4,777			205,836	377,287
	Booking Holdings Inc	CS	123			231,901	295,105
	Booz Allen Hamilton Holding	CS	3,940			308,187	334,073
	Borg Warner Inc	CS	15,716			608,006	708,320
	Boston Scientific Corp	CS	7,900			301,850	335,592
	Broadridge Financial Sol W/I	CS	1,543			94,493	282,091
	Brown & Brown Inc	CS	8,102			350,564	569,409
	Burlington Stores Inc	CS	607			89,878	176,947
	Caci Intl Inc	CS	1,403			331,780	377,702
	Canadian Natl Railway Co	CS	2,071			183,817	254,443
	Carlisle Companies Inc	CS	3,536			277,081	877,352
	Caseys General Stores Inc	CS	1,249			245,074	246,490
	Cerner Corp	CS	5,280			103,818	490,354
	Chevron Corporation	CS	2,355			230,407	276,359
	Choice Hotels Intl Inc	CS	3,336			269,205	520,383
	Chubb Ltd	CS	2,921			371,636	564,465
	Cisco Systems Inc	CS	6,684			272,308	423,565
	Citigroup Inc	CS	7,514			395,042	453,770
	Columbia Sportswear Co	CS	3,417			190,967	332,952

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal Rate	Maturity Date		
		Common stock (continued):				
	Comcast Corporation Cl A	CS	23,471		\$ 675,487	\$ 1,181,296
	Cummins Inc	CS	1,840		346,334	401,378
	CVS Health Corp	CS	4,722		306,573	487,122
	Daifuku Co Ltd	CS	4,980		80,310	101,941
	Deckers Outdoor Corp	CS	583		164,830	213,559
	Dentsply Sirona Inc	CS	11,953		565,166	666,855
	Disney Walt Co	CS	3,474		484,328	538,088
	Dolby Laboratories Inc	CS	5,082		416,791	483,908
	Dupont De Nemours Inc-WI	CS	3,684		235,984	297,594
	DXC Technology Co	CS	8,097		303,655	260,643
	Edwards Lifesciences Corp	CS	5,410		73,148	700,866
	Emerson Electric Co	CS	1,918		126,351	178,316
	Envista Holdings Corp	CS	14,978		347,069	674,909
	Expedia Group Inc	CS	1,751		191,880	316,441
	Factset Resh Sys Inc	CS	424		30,929	206,068
	FMC Corporation New	CS	4,010		245,604	440,659
	Gartner Inc	CS	910		78,727	304,231
	General Electric Co	CS	4,117		268,268	388,933
	Genmab A/S- SP ADR	CS	3,500		125,223	138,460
	GoDaddy Inc Class A	CS	3,329		240,651	282,499
	Graco Inc	CS	2,744		33,360	221,221
	Hasbro Inc	CS	2,079		155,152	211,601
	Henry Jack & Assoc Inc	CS	919		47,980	153,464
	Henry Schein Inc	CS	1,688		91,640	130,871
	Hexcel Corp	CS	5,330		252,231	276,094
	Howmet Aerospace Inc	CS	14,030		471,944	446,575
	Hunt J B Transport Services Inc	CS	3,230		230,464	660,212
	IAA Inc	CS	8,757		403,545	443,279
	Icici Bank Ltd	CS	7,200		78,897	142,488
	Ilex Corp	CS	1,315		38,571	310,761
	Intel Corp	CS	7,162		368,348	368,843
	International Flavors & Fragrances Inc	CS	1,828		220,483	275,388
	Iqvia Holdings Inc	CS	2,920		253,836	823,849
	Johnson & Johnson	CS	2,600		147,019	444,782
	Jones Lang Lasalle Inc	CS	1,960		251,317	527,906
	JM Smucker Co/The-New Com WI	CS	2,075		237,516	281,827
	Kirby Corp	CS	4,503		257,546	267,568
	Landstar Sys Inc	CS	2,091		140,056	374,331
	Leidos holdings Inc	CS	1,680		175,861	149,352
	Lennox International Inc	CS	1,383		274,683	448,590
	LKQ Corp	CS	6,728		223,782	403,882
	Lockheed Martin Corp	CS	1,066		375,935	378,867
	LVMH Moet Hennessy Louis	CS	815		29,641	134,883
	Manhattan Assocs Inc	CS	1,538		72,497	239,144
	Markel Corp (Holding Co)	CS	316		188,524	389,944
	Marsh & McLennan Companies Inc	CS	4,490		137,665	780,452
	Mastercard Inc Cl A	CS	1,890		179,862	679,115
	Mckesson Corp	CS	1,600		242,067	397,712
	Melco Resorts Entertain Ltd	CS	9,200		199,672	93,656
	Merck & Co Inc	CS	6,454		469,199	494,635
	Microsoft Corp	CS	2,580		73,478	867,706
	Morningstar Inc	CS	1,233		80,980	421,674
	Mutra MFG CO LTD ADR	CS	6,540		89,789	130,473
	Nidec Corporation Spon ADR	CS	4,450		49,593	131,320
	Nivida Corp	CS	2,679		108,352	787,921
	Nordic Semiconductor ASA-ADR	CS	2,530		70,558	83,541
	Nordson Corporation	CS	1,492		177,841	380,863
	Omron Corp	CS	1,050		93,325	105,473
	Oracle Corp	CS	2,535		137,464	221,077
	Phillip Morris Internat-W/I	CS	5,485		386,597	521,075
	PNC Financial Services Group Inc	CS	1,639		169,469	328,652
	Pool Corp	CS	505		85,069	285,830

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
		Shares/ Type	Interest Principal Rate	Maturity Date			
		Common stock (continued):					
	Prosperity Bancshares Inc	CS	2,842		\$ 203,606	\$ 205,477	
	Prosus NV -Spon ADR	CS	4,240		77,824	70,426	
	Prudential Financial, Inc.	CS	3,108		234,008	336,410	
	Prysmian Spa-Unsponsoree Adr	CS	6,920		93,424	130,131	
	Public Service Enterprise	CS	8,323		434,314	555,394	
	Puma SE- Unsponsored ADR	CS	12,220		105,124	150,184	
	Renaissance Holdings Ltd	CS	3,900		646,216	660,387	
	RPM International Inc	CS	4,653		324,116	469,953	
	Royal Dutch Shell PLC	CS	10,913		364,675	473,624	
	Safran Unspn ADR	CS	4,200		125,101	128,478	
	Schlumberger Ltd	CS	5,223		97,858	156,429	
	SEI Investment Co	CS	8,357		341,540	509,276	
	SEA Ltd- ADR	CS	338		95,565	75,614	
	Service Corp International	CS	2,628		104,917	186,562	
	SS&C Technologies Holdings	CS	7,133		497,807	584,763	
	Stanley Black & Decker Inc	CS	2,450		242,964	462,119	
	Taiwan Semiconductor MTG Co	CS	1,230		149,287	147,981	
	Teleflex Inc	CS	951		260,046	312,384	
	Teminix Global Holdings Inc	CS	9,814		337,556	443,887	
	Trimble Incorporated	CS	1,654		45,212	144,212	
	Ulta Beauty Inc	CS	865		156,286	356,674	
	Umpqua Hldgs C	CS	9,152		128,226	176,084	
	Unitedhealth Group Inc	CS	2,241		788,924	1,125,296	
	Universal Display Corp	CS	2,180		339,166	359,765	
	Vertiv Holding LLC	CS	20,240		400,100	505,393	
	Vertex Pharmaceuticals Inc	CS	2,700		478,902	592,920	
	Wabtec Corp	CS	3,124		188,347	287,742	
	Wex Inc	CS	3,236		341,202	454,302	
	Wolfspeed	CS	3,620		320,547	404,607	
	Woodward Inc	CS	1,639		190,682	179,405	
	WR Berkley Corp	CS	10,887		519,405	896,980	
	Total common stock				32,841,203	55,167,675	
		Corporate obligations:					
	AT&T Inc	Note	15,000	4.350 % 03/01/29	17,371	16,849	
	AT&T Inc	Note	7,000	1.700 03/25/26	6,988	6,964	
	Abbvie Inc	Note	2,000	3.600 05/14/25	2,218	2,127	
	Abbvie Inc	Note	2,000	2.950 11/21/26	1,998	2,108	
	Altria Group Inc	Note	4,000	4.800 02/14/29	4,714	4,512	
	American Credit Acceptance Rec	Note	858	0.350 05/13/24	858	858	
	American Honda Finance	Note	5,000	2.400 06/27/24	4,989	5,150	
	American Honda Finance	Note	11,000	1.200 07/08/25	11,117	10,957	
	American Honda Finance	Note	4,000	2.000 03/24/28	3,993	4,039	
	American INTL Group	Note	4,000	2.500 06/30/25	4,210	4,124	
	Americredit Automobile Receiva	Note	417	2.970 11/20/23	426	418	
	Americredit Automobile Receiva	Note	22,000	2.130 07/18/25	21,997	22,196	
	Amgen Inc	Note	12,000	2.200 02/21/27	12,713	12,283	
	Amgen Inc	Note	3,000	2.450 02/21/30	3,099	3,053	
	Anheuser Busch Inbev Worldwide	Note	2,000	4.750 01/23/29	2,335	2,328	
	Apple Inc	Note	21,000	2.050 09/11/26	22,248	21,572	
	Apple Inc	Note	10,000	1.400 08/05/28	9,977	9,793	
	Astrazeneca Finance LLC	Note	3,000	0.700 05/28/24	3,000	2,976	
	BB&T Corporation	Note	2,000	2.200 03/16/23	1,999	2,034	
	BNSF Railway Co 2015-1 P	Note	18,888	3.442 06/16/28	20,371	20,548	
	Bank of America Corp	Note	12,000	VAR 03/11/27	11,993	11,916	
	Bank of America Corp	Note	14,000	VAR 07/22/27	14,105	13,898	
	Bank of Montreal	Note	2,000	1.850 05/01/25	1,998	2,030	
	Bank of NY Mellon Corp	Note	15,000	2.100 10/24/24	15,674	15,384	
	Bank of Nova Scotia	Note	12,000	1.300 06/11/25	12,121	11,930	
	Boeing Co	Note	12,000	4.875 05/01/25	13,259	13,129	
	BP Cap Markets America	Note	9,000	3.937 09/21/28	10,598	9,959	
	BP Cap Markets America	Note	16,000	2.750 05/10/23	16,857	16,397	

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
		Shares/ Type	Interest Principal Rate	Maturity Date			
		Corporate obligations (continued):					
	BP Cap Markets America	Note	4,000	3.017 %	01/16/27	\$ 4,352 \$ 4,222	
	Cigna Corp	Note	3,000	4.500	02/25/26	3,414 3,314	
	CSX Corp	Note	12,000	3.800	03/01/28	13,287 13,187	
	CSX Trans	Note	12,558	6.251	01/15/23	14,266 13,190	
	CVS Health Corp	Note	2,000	4.300	03/25/28	2,366 2,244	
	Canadian Imperial Bank	Note	12,000	2.250	01/28/25	12,624 12,259	
	Canadian Pacific Railway	Note	7,000	2.050	03/05/30	7,279 6,899	
	Capital One Financial Co	Note	10,000	3.900	01/29/24	10,368 10,523	
	Capital One Financial Co	Note	16,000	VAR	11/02/27	16,000 15,918	
	Carvana Auto Receivables Trust	Note	20,000	0.440	06/09/25	20,003 19,959	
	Caterpillar Finl Service	Note	4,000	2.150	11/08/24	4,009 4,116	
	Caterpillar Finl Service	Note	3,000	1.450	05/15/25	2,994 3,009	
	Chevron Corp	Note	17,000	2.954	05/16/26	18,846 17,998	
	Citigroup Inc	Note	6,000	VAR	05/01/25	6,033 5,953	
	Coca-Cola Co	Note	8,000	1.000	03/15/28	7,686 7,688	
	Comerica Inc	Note	5,000	3.700	07/31/23	5,060 5,203	
	Con Edison Co of Ny Inc	Note	9,000	3.350	04/01/30	9,782 9,679	
	Crown Castle Intl Corp	Note	10,000	1.050	07/15/26	9,969 9,657	
	DowDupoint Inc	Note	4,000	4.493	11/15/25	4,149 4,420	
	Equinor ASA	Note	1,000	3.125	04/06/30	1,129 1,074	
	Exeter Automobile Receivables	Note	15,000	0.690	01/15/26	15,000 14,898	
	FNB Corp	Note	3,000	2.200	02/24/23	2,998 3,025	
	Fedex Corp	Note	4,900	7.650	01/15/23	5,868 5,127	
	Fedex 2020-1 Class AA	Note	4,733	1.875	08/20/35	4,683 4,659	
	Fifth Third Bancorp	Note	13,000	3.650	01/25/24	13,157 13,619	
	Flagship Credit Auto Trust	Note	11,654	0.810	07/17/26	11,653 11,616	
	Florida Power & Light Co	Note	12,000	2.850	04/01/25	12,840 12,531	
	Fox Corp	Note	8,000	3.050	04/07/25	8,234 8,397	
	GM Financial Securitized Term	Note	10,302	3.130	02/16/24	10,391 10,368	
	GM Financial Securitized Term	Note	36,000	1.840	12/20/23	36,399 36,223	
	GLS Auto Receivables Trust	Note	14,000	0.780	11/17/25	13,999 13,866	
	General Motors Finl Co	Note	22,000	1.250	01/08/26	21,736 21,526	
	General Motors Finl Co	Note	2,000	2.400	04/10/28	2,004 2,008	
	Gilead Sciences Inc	Note	2,000	3.650	03/01/26	2,219 2,155	
	Goldman Sachs Group Inc	Note	18,000	VAR	09/29/25	18,813 18,886	
	Goldman Sachs Group Inc	Note	8,000	VAR	01/27/32	7,850 7,670	
	Goldman Sachs Group Inc	Note	8,000	VAR	03/09/27	8,018 7,837	
	Great America Leasing Receivab	Note	6,000	0.340	08/15/24	5,999 5,948	
	HP Enterprise Co	Note	10,000	1.450	04/01/24	9,988 10,064	
	Home Depot Inc	Note	11,000	2.950	06/15/29	11,874 11,719	
	Honeywell International	Note	2,000	1.750	09/01/31	1,995 1,947	
	Hyundai Capital America	Note	6,000	3.500	11/02/26	5,999 6,376	
	Intel Corp	Note	3,000	3.700	07/29/25	3,400 3,237	
	Intel Corp	Note	7,000	2.450	11/15/29	7,461 7,241	
	JP Morgan Chase & Co	Note	43,000	VAR	03/13/26	44,268 43,507	
	JP Morgan Chase & Co	Note	4,000	VAR	02/04/32	3,803 3,853	
	JP Morgan Chase & Co	Note	11,000	VAR	04/22/27	11,053 10,870	
	JP Morgan Chase & Co	Note	7,000	VAR	06/23/25	7,004 6,932	
	KKR Industrial Portfolio Trust	Note	6,036	VAR	12/15/37	6,036 5,999	
	KeyCorp	Note	4,000	2.250	04/06/27	4,149 4,065	
	Mastercard Inc	Note	13,000	3.300	03/26/27	14,361 14,048	
	McDonalds Corp	Note	1,000	3.300	07/01/25	1,000 1,060	
	Merck & Co Inc	Note	2,000	2.750	02/10/25	1,992 2,095	
	Microsoft Corp	Note	10,000	2.400	08/08/26	10,684 10,465	
	Morgan Stanley	Note	10,000	VAR	05/30/25	10,002 9,869	
	Morgan Stanley	Note	8,000	VAR	10/21/25	8,000 7,937	
	Morgan Stanley	Note	22,000	VAR	05/04/27	22,022 21,783	
	Nextera Energy Capital	Note	12,000	1.900	06/15/28	11,998 11,874	
	Nike Inc	Note	2,000	2.750	03/27/27	2,203 2,119	
	Northrop Grumman Corp	Note	3,000	3.250	01/15/28	3,283 3,211	
	Oracle Corp	Note	10,000	2.650	07/15/26	10,512 10,277	
	PNC Financial Services	Note	35,000	2.550	01/22/30	36,919 35,981	

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
		Shares/ Type	Interest Principal Rate	Maturity Date			
		Corporate obligations (continued):					
	PNC Financial Services	Note	15,000	1.150 %	08/13/26	\$ 14,972	\$ 14,788
	Pacific Gas and Electric	Note	8,000	1.367	03/10/23	8,000	7,950
	Phillip Morris Intl Inc	Note	14,000	2.750	02/25/26	15,193	14,552
	Royal Bank of Canada	Note	7,000	1.200	04/27/26	6,986	6,876
	Charles Schwab Corp	Note	2,000	2.000	03/20/28	1,997	2,026
	Shell International Fin	Note	31,000	2.375	11/07/29	33,133	31,663
	Starbucks Corp	Note	10,000	3.550	08/15/29	11,220	10,922
	Tesla Auto Lease Trust	Note	30,000	2.410	12/20/22	30,643	30,321
	Toronto-Dominion Bank	Note	16,000	1.150	06/12/25	16,134	15,865
	Toronto-Dominion Bank	Note	5,000	1.250	09/10/26	4,990	4,912
	Total Capital Canada Ltd	Note	3,000	2.750	07/15/23	2,890	3,082
	Toyota Motor Credit Corp	Note	12,000	3.000	04/01/25	12,401	12,589
	Transcanada Pipelines Sedol	Note	9,000	1.000	10/12/24	8,997	8,921
	Truist Financial Corp	Note	8,000	1.200	08/05/25	8,028	7,934
	Union Pacific Corp	Note	8,000	3.950	09/10/28	8,412	8,967
	Unitedhealth Group Inc	Note	13,000	3.750	07/15/25	14,253	14,095
	Unitedhealth Group Inc	Note	2,000	2.300	05/15/31	2,019	2,034
	Verizon Communications	Note	20,000	2.100	03/22/28	19,998	20,038
	Verizon Master Trust	Note	20,000	1.030	05/20/27	19,999	19,728
	Virginia Elec & Power CO	Note	5,000	3.150	01/15/26	4,856	5,286
	Walt Disney Company	Note	5,000	2.000	09/01/29	4,867	4,974
	Walt Disney Company	Note	4,000	1.750	01/13/26	4,119	4,042
	Waste Connections Inc	Note	7,000	4.250	12/01/28	8,441	7,859
	Westlake Automobile Receivable	Note	4,937	0.560	05/15/24	4,937	4,938
	Westlake Automobile Receivable	Note	10,000	0.620	07/15/26	10,000	9,920
	Westlake Automobile Receivable	Note	15,000	0.640	03/16/26	15,000	14,952
	Westpac Banking Corp	Note	9,000	1.953	11/20/28	9,001	8,965
	World Financial Network Credit	Note	5,000	2.210	07/15/26	5,001	5,059
	Total corporate obligations					1,185,196	1,170,190
	United States Government and						
	Government Agency obligations:						
	Federal Home Loan Bank Bnds	Note	10,000	1.000	01/15/26	10,000	9,855
	Federal Home Loan Bank Bnds	Note	50,000	1.100	11/15/24	50,000	49,997
	Federal Home Loan Bank Bnds	Note	20,000	0.750	11/22/23	20,000	19,988
	Federal Home Loan Bank Bnds	Note	78,000	1.000	03/23/26	77,737	77,150
	Federal Home Loan Bank Ser	Note	10,000	1.030	05/16/25	10,000	9,954
	Federal Home Loan Bank Ser	Note	10,000	1.430	11/23/26	10,000	9,975
	Federal Farm Credit Bank Bnds	Note	20,000	1.730	09/22/31	19,500	19,506
	Federal Farm Credit Bank Bnds	Note	11,000	2.040	01/21/32	10,984	10,962
	Federal Farm Credit Bank Bnds	Note	27,000	1.780	02/22/28	26,957	27,003
	Federal Farm Credit Bank Bnds	Note	22,000	2.150	12/01/31	21,935	21,980
	Federal Farm Credit Bank Bnds	Note	22,000	1.540	11/30/26	22,000	21,996
	Federal Farm Credit Bank Bnds	Note	17,000	2.200	12/09/31	17,000	16,964
	Federal Farm Credit Bank Bnds	Note	37,000	1.600	12/14/26	37,000	36,962
	Federal Farm Credit Bank Bnds	Note	33,000	2.550	12/21/34	32,967	32,898
	Federal Home Loan Mtg Corp	Note	12,833	3.000	07/01/38	13,687	13,516
	Federal Home Loan Mtg Corp	Note	23,431	2.500	06/01/51	24,236	23,943
	Federal Home Loan Mtg Corp	Note	3,352	1.000	04/25/49	3,346	3,263
	Federal Home Loan Mtg Corp	Note	43	4.500	10/15/36	42	46
	Federal Natl Mtg Assn	Note	22,000	0.875	12/18/26	21,666	21,500
	Federal Natl Mtg Assn	Note	13,000	1.150	07/30/29	12,457	12,471
	Federal Natl Mtg Assn	Note	11,193	3.000	04/01/32	11,513	11,719
	USA Treasury Notes	Note	53,000	0.500	08/31/27	52,514	50,572
	USA Treasury Notes	Note	79,000	0.250	08/31/25	78,307	76,528
	USA Treasury Notes	Note	23,000	0.500	10/31/27	22,752	21,888
	USA Treasury Notes	Note	44,000	1.125	08/31/28	44,063	43,148
	USA Treasury Notes	Note	41,000	0.750	08/31/26	40,825	40,082
	USA Treasury Notes	Note	100,000	0.375	09/15/24	99,813	98,586
	USA Treasury Notes	Note	45,000	1.375	11/15/31	44,621	44,430
	USA Treasury Notes	Note	6,000	1.500	11/30/28	6,039	6,023

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate	Date		
		<u>United States Government and</u>					
		<u>Government Agency obligations:</u>					
USA Treasury Notes		Note	24,000	2.250 %	02/15/27	\$ 26,195	\$ 25,141
		Total United States Government and Government agency obligations				868,156	858,046
		<u>Foreign and other government obligations:</u>					
Intl BK Recon & Dev Ser Mtn Sedol		Note	22,000	2.700	12/28/37	21,882	21,798
Ontario (Province of) Sedol		Note	5,000	1.050	04/14/26	5,007	4,931
		Total foreign and other government obligati				26,889	26,729
		<u>Certificates of deposit:</u>					
Goldman Sachs Bank USA		Note	22,000	1.000	02/11/26	21,912	21,863
Sallie Mae Bank/Salt Lke		Note	22,000	0.550	07/15/24	21,946	21,871
Toyota Financial Sgs Bk		Note	29,000	0.600	08/12/24	28,928	28,847
		Total certificates of deposit				72,786	72,581
		<u>Common collective trusts:</u>					
JPMCB Global Allocation Fund			398,963			5,900,659	8,649,512
Saylis High Yield Conservative Trust			478,645			13,000,000	13,076,583
Northern Trust Russell 1000 Growth Index Fund			15,456			8,235,182	21,523,055
		Total common collective trusts				27,135,841	43,249,150
		<u>Short-term investments:</u>					
Federated Hermes Government OBL - ERISA & DISC IRA FD# 07			5,653,631			5,653,631	5,653,631
COLTV short-term Invt FD			134			134	134
		Total short-term investments				5,653,765	5,653,765
		<u>Direct filing entity:</u>					
Hardman Johnston International Equity Group Trust			165,573			2,375,009	7,524,414
		<u>Limited partnerships:</u>					
Acadian Non-US Concentrated Fund			3,008			2,445,212	7,569,223
Boyd Watterson State Government Fund, L.P.			5,142			5,896,057	6,191,969
Corbin ERISA Opportunity Fund, L.P.			N/A			10,080,809	14,489,006
Hamilton Lane Secondary Feeder Fund IV-A LP			N/A			4,613,997	8,176,409
PRISA III Fund, L.P.			10,559			16,405,971	29,736,371
		Total limited partnerships				39,442,046	66,162,978
		Total assets held at end of year				\$ 109,600,891	\$ 179,885,528

**WAREHOUSE EMPLOYEES UNION LOCAL NO. 730
PENSION TRUST FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2021

Form 5500, Schedule H, Line 4j

EIN: 52-6124754
Plan No: 001

(a) Identity of Party Involved	(b) Description	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset	(i) Net Gain (Loss) on Transaction
	Federated Government OBL - SEL ERISA & DISC IRA	\$ 41,785,986	N/A	\$ 41,785,986	\$ 41,785,986	N/A
	Federated Government OBL - SEL ERISA & DISC IRA	N/A	\$ 42,175,841	42,175,841	42,175,841	\$ -
	PENN Capital Defensive High Yield Fund, L.P.	383,256	N/A	383,256	383,256	N/A
	PENN Capital Defensive High Yield Fund, L.P.	N/A	11,320,883	5,724,726	11,320,883	5,596,157

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment C to 2021 Form 5500 Schedule MB

Schedule MB, line 6 – Summary of Plan Provisions

This summary of plan provisions provides an overview of the major provisions of the pension plan used in the actuarial valuation. It is not intended to replace the more precise language of the plan document and is not to be relied upon for calculating participant benefits.

1. Eligibility

Any employee on whose behalf contributions are made to the pension plan is eligible to participate in the Fund.

2. Normal Retirement

Eligibility: Age 60 with five years of service.

For service after the adoption or imposition of a Rehabilitation Benefit Schedule, the normal retirement age has been increased to age 62 with five years of service.

Amount: Percentage of Contributions

For service prior to the adoption or imposition of a Rehabilitation Benefit Schedule:

A monthly life annuity reducing to 55% of the original amount after 60 months, equal to (a) 4.17% of all contributions required to be made on a participant's behalf on and after January 1, 1978 plus (b) X% of all contributions required to be made on a participant's behalf prior to January 1, 1978, where "X" is determined from the following table:

Participant's Age On January 1, 1978	X%	Participant's Age On January 1, 1978	X%
60 or over	12.0	49	7.6
59	11.6	48	7.2
58	11.2	47	6.8
57	10.8	46	6.4
56	10.4	45	6.0
55	10.0	44	5.6
54	9.6	43	5.2
53	9.2	42	4.8
52	8.8	41	4.4
51	8.4	40 and under	4.17
50	8.0		

For those employers who elected through a collective bargaining agreement to make a supplemental contribution beginning January 1, 1998, the monthly life annuity above reduces to 55% of the original amount after 96 months instead of 60.

Effective for participants who earned an hour of service on or after January 1, 1999, 24 months is added to the number of months described above (i.e., 60 months and 96 months for a total of 84 and 120 months, respectively).

For service after the adoption or imposition of a Rehabilitation Benefit Schedule:

Preferred Schedule: 2.0% of all contributions required to be made on a participant's behalf on and after the date of adoption of the Preferred Schedule, reducing to 1.0% after the pension has been in effect for 60, 84, 96, or 120 months.

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment C to 2021 Form 5500 Schedule MB

Schedule MB, line 6 – Summary of Plan Provisions

Default Schedule: 1.0% of all contributions required to be made on a participant's behalf on and after the date of adoption or imposition of the Default Schedule.

3. Early Retirement Benefit

Eligibility: On completion of 30 years of service with the Fund.

Amount: Accrued normal retirement benefit payable immediately.

4. Postponed Retirement Benefit

A participant who elects to postpone his retirement of contributions benefit beyond his normal retirement date is entitled to a postponed retirement benefit, in lieu of his normal retirement benefit, in the amount of the normal retirement benefit calculated as if he had reached his normal retirement date on the day he actually retires.

5. Termination Benefit

Eligibility: Five credited years of service for vesting.

Amount: A deferred annuity in the amount of the participant's accrued normal benefit at termination commencing at the participant's normal retirement age.

6. Death Benefits

Pre-Retirement Lump Sum Death Benefit

Eligibility: Five continuous years of participation in the pension Plan, and has had at least 40 weeks' payments into the trust fund by an employer.

Amount: \$2.00 per paid week up to a maximum of \$2,000 reduced by any disability benefits paid.

Eliminated after the adoption or imposition of a Rehabilitation Benefit Schedule.

Pre-Retirement Spouse's Pension

Eligibility: Available only to married participants who are eligible for a termination benefit, including vested terminated participants.

Amount: A life annuity to the participant's lawful spouse in the amount of the surviving spouse's benefit that would have been provided under the qualified joint and survivor annuity payable at what would have been the participant's earliest retirement date.

The pre-retirement spouse's benefit will be paid in addition to the lump sum death benefit.

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment C to 2021 Form 5500 Schedule MB

Schedule MB, line 6 – Summary of Plan Provisions

7. Normal Form of Pension

For participants who are married as of the normal retirement date, the normal retirement benefit is automatically payable as a joint and survivor annuity actuarially equivalent to the above benefit. The normal form of pension payable to a married employee who does not elect otherwise will be an actuarially reduced pension on the Joint and 50% Survivor basis.

8. Effective Date of Plan

August 15, 1965. Restated as of January 1, 2002.

9. Last Amended

Restated as of January 1, 2009 and executed on December 17, 2009. The Rehabilitation Plan was last amended in 2014 to adopt reasonable measures to forestall insolvency.

10. Contributions

Employee: None permitted or required.

Employer: On an hourly or weekly basis, on behalf of participating employees, as specified in the applicable collective bargaining agreement.

11. Changes since Last Valuation

None.

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment F to 2021 Form 5500 Schedule MB

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

Age/Service Distribution of Active Participants as of January 1, 2021								
COMPLETED YEARS OF CREDITED SERVICE								
AGE	0-4	5-9	10-14	15-19	20-24	25-29	30 & Up	Total
Under 25	10	0	0	0	0	0	0	10
25-29	6	1	0	0	0	0	0	7
30-34	10	10	5	0	0	0	0	25
35-39	13	11	11	5	1	0	0	41
40-44	11	4	10	8	8	0	0	41
45-49	4	4	12	6	8	3	0	37
50-54	4	3	5	10	11	7	8	48
55-59	3	4	4	14	12	3	8	48
60-64	1	1	4	2	6	4	3	21
65 & Up	1	2	1	0	2	1	3	10
Total	63	40	52	45	48	18	22	288
Average Age = 46.9 Average Service = 14.3								



Board of Trustees of the Warehouse Employees Union
Local No. 730 Pension Trust Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

March 31, 2021
EIN: 52-6124754
PN: 001
Tel: (410) 683-6500

Re: Annual Certification of Plan Status under Internal Revenue Code §432(b) and Employee Retirement Income Security Act of 1974 §305(b)

Dear Board of Trustees:

CERTIFICATION

As required by Section 432(b)(3) of the Internal Revenue Code (“Code”) and Section 305(b)(3) of the Employee Retirement Income Security Act of 1974 (“ERISA”), we certify, for the plan year beginning January 1, 2021, that the Fund is classified as being in Critical and Declining status as this term is defined in Section 432(b) of the Code and Section 305(b) of ERISA as amended by the Multiemployer Pension Reform Act of 2014.

The rehabilitation period for the Rehabilitation Plan adopted by the Trustees on November 26, 2009 began on January 1, 2012 and requires all reasonable measures to forestall insolvency. As discussed in Appendix III, we certify that the Fund is making scheduled progress in meeting the requirements of its Rehabilitation Plan due to the exhaustion of all reasonable measures to forestall insolvency.

This certification is complete and has been prepared in accordance with the requirements of Section 432 of the Code, Section 305 of ERISA, and generally recognized and accepted actuarial principles and practices and our understanding of the Code of Professional Conduct and applicable Actuarial Standards of Practice set out by the Actuarial Standards Board as well as applicable laws and regulations. Furthermore, as credentialed actuaries, we meet the Qualification Standards of the American Academy of Actuaries to render the opinion contained in this certification. This certification does not address any contractual or legal issues. We are not attorneys, and our firm does not provide any legal services or advice.

This certification was prepared exclusively for the Trustees of the Warehouse Employees Union Local 730 Pension Trust Fund and the Secretary of Treasury. It only certifies the condition of the Fund under Code Section 432 as added by the Pension Protection Act of 2006 and should be used only for that purpose. Other users of this certification are not intended users as defined in the Actuarial Standards of Practice, and Cheiron assumes no duty or liability to such other users.

In preparing this certification, we have relied on information (some oral and some written) supplied by the Fund Office staff and the Fund’s investment manager. This information includes, but is not limited to, the plan provisions, employee data, financial information, and expectations of future industry activity. We performed an informal examination of the obvious characteristics of the data for reasonableness and consistency in accordance with Actuarial Standard of Practice No. 23.

Board of Trustees

March 31, 2021

Page ii

Future analyses may differ significantly from those presented in this certification letter due to such factors as the following: plan experience differing from that anticipated by the assumptions; changes in assumptions; and, changes in plan provisions or applicable law.

The attached appendices show the results for the statutory tests and describe the methodologies and assumptions used to perform the tests. Please contact the undersigned with any questions.

Sincerely,
Cheiron



Peter R. Hardcastle, FSA, EA (20-05197)
Principal Consulting Actuary



Matthew Deveney, FSA, EA (20-07754)
Consulting Actuary

Attachments: Appendix I: Tests of Fund Status
Appendix II: Detail for Actuarial Certification
Appendix III: Scheduled Progress
Appendix IV: Methodology and Assumptions

cc: Secretary of the Treasury

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment B to 2021 Form 5500 Schedule MB

Schedule MB, line 4b – Illustration Supporting Actuarial Certification Status

Support for the Plan's Critical and Declining status can be found in the attached PPA certification.

Schedule MB, line 4c – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan

Pursuant to ERISA Section 305(e)(3)(A)(ii), the Board of Trustees has adopted a Rehabilitation Plan to forestall insolvency as defined in ERISA Section 4245. The Rehabilitation Plan removes some adjustable benefits and requires contribution increases from all employers to match those affordable to the largest employer. The current required increases are 4.9% per year. Currently, all active employers are increasing contribution rates by 4.9% annually. On this basis and also considering lack of guidance from the Internal Revenue Service, we are certifying that the Fund is making the scheduled progress in meeting the requirements of its Rehabilitation Plan as discussed in ERISA Section 305(b)(3)(A)(ii).

Schedule MB, line 4f – Cash Flow Projections

The chart below shows a projection of the assets of the Fund over the next 19 years. The projection indicates that the Fund is expected to run out of assets during the 2040 Plan Year.

<u>Date</u>	<u>Market Value Assets</u>	<u>Projected Contributions</u>	<u>Projected Benefits and Expenses</u>	<u>Projected Investment Earnings</u>
1/1/2022	\$ 181,827,791	\$ 5,802,059	\$ 22,371,266	\$ 12,157,831
1/1/2023	177,416,414	6,054,089	22,950,376	11,837,781
1/1/2024	172,357,908	6,318,864	23,496,376	11,474,009
1/1/2025	166,654,405	6,595,919	24,048,131	11,065,312
1/1/2026	160,267,505	6,886,335	24,566,666	10,610,380
1/1/2027	153,197,554	7,167,879	25,071,583	10,107,797
1/1/2028	145,401,647	7,296,861	25,346,218	9,557,072
1/1/2029	136,909,363	7,431,098	25,478,179	8,962,691
1/1/2030	127,824,972	7,566,414	25,755,660	8,321,892
1/1/2031	117,957,618	7,702,359	25,667,602	7,638,884
1/1/2032	107,631,260	7,844,086	25,602,292	6,923,163
1/1/2033	96,796,216	7,355,032	25,309,186	6,157,968
1/1/2034	85,000,030	7,189,113	24,977,859	5,337,926
1/1/2035	72,549,210	7,189,113	24,520,334	4,482,111
1/1/2036	59,700,100	7,189,113	24,009,004	3,600,267
1/1/2037	46,480,477	7,189,113	23,414,499	2,695,350
1/1/2038	32,950,440	7,189,113	22,728,406	1,771,854
1/1/2039	19,183,001	7,189,113	22,078,774	830,486
1/1/2040	5,123,826	7,189,113	21,439,355	-131,655
1/1/2041	0			

The projection of future contributions is based on the Trustees' estimate of future industry activity multiplied by the contribution rates contained in the current collective bargaining agreements under

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment A to 2021 Form 5500 Schedule MB

Schedule MB, line 3 – Withdrawal Liability Amounts

Date	Withdrawal Liability	
	Payment	
January 2021	\$	165,918.50
February 2021		165,918.50
June 2021		165,918.50
August 2021		165,918.50
November 2021		165,918.50

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment G to 2021 Form 5500 Schedule MB

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

Table V-5 Schedule of Amortizations Required for Minimum Required Contribution as of January 1, 2021				
Type of Base	Date Established	1/1/2021 Outstanding Balance	Remaining Amortization Years ¹	Beginning of Year Amortization Amount
CHARGES				
1. Increase in Employer Contributions	01/01/1987	\$ 91,779	1	\$ 91,779
2. Change in Actuarial Assumptions	01/01/1988	15,378	2	7,949
3. Increase in Employer Contributions	01/01/1988	201,270	2	104,038
4. Increase in Employer Contributions	01/01/1989	348,371	3	124,063
5. Increase in Employer Contributions	01/01/1990	384,281	4	106,029
6. Increase in Employer Contributions	01/01/1991	744,348	5	169,663
7. Plan Amendments	01/01/1992	22,963	6	4,503
8. Increase in Employer Contributions	01/01/1992	337,820	6	66,235
9. Change in Actuarial Assumptions	01/01/1992	982,486	6	192,637
10. Increase in Employer Contributions	01/01/1993	597,378	7	103,594
11. Increase in Employer Contributions	01/01/1994	803,247	8	125,718
12. Increase in Employer Contributions	01/01/1995	706,663	9	101,367
13. Plan Amendments	01/01/1996	420,145	10	55,906
14. Increase in Employer Contributions	01/01/1996	805,210	10	107,144
15. Plan Amendments	01/01/1997	28,545	11	3,558
16. Increase in Employer Contributions	01/01/1997	889,895	11	110,910
17. Increase in Employer Contributions	01/01/1998	399,022	12	46,951
18. Plan Amendments	01/01/1998	7,244,447	12	852,421
19. Increase in Employer Contributions	01/01/1999	1,283,655	13	143,543
20. Plan Amendments	01/01/1999	2,897,432	13	324,000
21. Increase in Employer Contributions	01/01/2000	331,785	14	35,456
22. Plan Amendments	01/01/2001	287,285	15	29,479
23. Change in Actuarial Assumptions	01/01/2001	531,840	15	54,573

¹ The remaining amortization period for the charge bases established prior to 1/1/2009 reflect a 5-year automatic extension granted under 431(d).

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment G to 2021 Form 5500 Schedule MB

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

Table V-5 Schedule of Amortizations Required for Minimum Required Contribution as of January 1, 2021				
Type of Base	Date Established	1/1/2021 Outstanding Balance	Remaining Amortization Years ¹	Beginning of Year Amortization Amount
CHARGES				
24. Increase in Employer Contributions	01/01/2001	\$ 1,790,074	15	\$ 183,683
25. Plan Amendments	01/01/2002	466,323	16	46,135
26. Increase in Employer Contributions	01/01/2002	1,643,227	16	162,568
27. Experience Loss	01/01/2002	198,094	1	198,094
28. Increase in Employer Contributions	01/01/2003	1,854,066	17	177,480
29. Experience Loss	01/01/2003	1,600,272	2	827,194
30. Increase in Employer Contributions	01/01/2004	1,680,081	18	156,095
31. Experience Loss	01/01/2004	1,656,592	3	589,950
32. Increase in Employer Contributions	01/01/2005	1,908,950	19	172,614
33. Experience Loss	01/01/2005	1,802,925	4	497,452
34. Recognized Portion of the 2008 ENIL	01/01/2009	36,545,649	17	3,498,313
35. Bifurcation Base	01/01/2009	5,761,859	8	901,800
36. Bifurcation Base	01/01/2010	2,921,625	4	806,118
37. Recognized Portion of the 2008 ENIL	01/01/2011	5,285,480	17	505,950
38. Recognized Portion of the 2008 ENIL	01/01/2012	16,922,789	17	1,619,925
39. Assumption Change	01/01/2012	8,032,334	6	1,574,907
40. Recognized Portion of the 2008 ENIL	01/01/2013	5,656,774	17	541,492
41. Recognized Portion of the 2008 ENIL	01/01/2014	3,568,775	17	341,619
42. Experience Loss	01/01/2015	3,436,498	9	492,949
43. Experience Loss	01/01/2016	5,501,763	10	732,082
44. Experience Loss	01/01/2017	2,088,064	11	260,242
45. Experience Loss	01/01/2018	1,755,927	12	206,612
46. Assumption Change	01/01/2020	<u>15,099,474</u>	14	<u>1,613,596</u>
TOTAL CHARGES		<u>\$ 147,532,860</u>		<u>\$ 19,068,386</u>

¹ The remaining amortization period for the charge bases established prior to 1/1/2009 reflect a 5-year automatic extension granted under 431(d).

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment G to 2021 Form 5500 Schedule MB

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

Table V-5 Schedule of Amortizations Required for Minimum Required Contribution as of January 1, 2021				
Type of Base	Date Established	1/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CREDITS				
1. Change in Actuarial Assumptions	01/01/1994	\$ 118,645	3	\$ 42,252
2. Change in Actuarial Assumptions	01/01/1996	1,363,812	5	310,861
3. Change in Actuarial Assumptions	01/01/1999	126,447	8	19,791
4. Change in Actuarial Assumptions	01/01/2002	722,342	11	90,027
5. Experience Gain	01/01/2007	222,210	1	222,210
6. Experience Gain	01/01/2008	1,198,442	2	619,484
7. Method Change	01/01/2009	11,384,276	18	1,057,701
8. Recognized Portion of the 2008 ENIL	01/01/2010	6,514,738	17	623,620
9. Plan Amendment	01/01/2010	8,092,724	4	2,232,897
10. Bifurcation Base	01/01/2011	3,524,026	5	803,249
11. Bifurcation Base	01/01/2012	1,663,426	6	326,149
12. Bifurcation Base	01/01/2013	9,516,466	7	1,650,291
13. Bifurcation Base	01/01/2014	2,589,472	8	405,283
14. Experience Gain	01/01/2019	720,925	13	80,616
15. Experience Gain	01/01/2020	1,826,946	14	195,236
16. Experience Gain	01/01/2021	<u>4,713,144</u>	15	<u>483,624</u>
TOTAL CREDITS		<u>54,298,041</u>		<u>\$ 9,163,291</u>
NET CHARGE		\$ 93,234,819		\$ 9,905,095

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment H to 2021 Form 5500 Schedule MB

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

Changes:

1. The RPA '94 current liability interest rate was changed from 2.95% to 2.43% to comply with appropriate guidance.
2. The RPA '94 current liability mortality table was changed from the IRS 2020 Static Mortality Table to the IRS 2021 Static Mortality Table as prescribed under IRS regulations.
3. The administrative expense assumption was changed from \$366,579 to \$464,692 to better reflect recent experience by the Fund.

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment D to 2021 Form 5500 Schedule MB

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

A. Actuarial Assumptions

1. Rates of Investment Return

Funding purposes: 7.00%

Current Liability under RPA 1994: 2.43%

This interest rate is the top of the corridor established by law.

All investment returns are net of investment expenses.

2. Rates of Mortality

Funding:
SOA RP-2014 Blue Collar Mortality adjustment to 2006,
generationally projected using scale MP-2019

Current Liability under RPA 1994:
The 2021 Static Mortality Table as prescribed under IRS
Regulations.

3. Rates of Disability

None assumed.

4. Rates of Turnover

Double the combination of Sarason's Advanced Pension
Tables. Sample rates:

Age	Rate
20	24.77%
22	22.62
24	20.47
25	19.40
26	18.02
28	15.25
30	12.49
35	8.21
40	5.24
45	2.57
50	0.00

5. Rates of Retirement

For individuals commencing from Active status:

	Less than 30 Years of Service		30 Years of Service	Over 30 Years of Service
Age	NRA = 60	NRA = 62		
<60	0%	0%	35%	15%
60	25%	0%	100%	100%
61	15%	0%	100%	100%
62	15%	25%	100%	100%
63 – 64	15%	15%	100%	100%
65+	100%	100%	100%	100%

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment D to 2021 Form 5500 Schedule MB

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

5. Rates of Retirement (continued)

For individuals commencing from Inactive status:

Age	NRA of 60	NRA of 62
<60	0%	0%
60	50%	0%
61	25%	0%
62	25%	50%
63-64	25%	25%
65+	100%	100%

6. Marriage Rates

Percentage married: Males – 61%
Females – 61%

Age differences: Males are assumed to be three years
older than spouse.

7. Payment Form Elections

Level Income Option – 65%
Single Life or Certain Annuity – 15%
Joint & Survivor Annuity – 20%

8. Administrative Expenses

\$464,692 payable at the beginning of the year. Projected expenses incorporate an expense inflation assumption of 2% per year.

9. Active Participants

All non-retired participants who have hours worked during the Plan Year ending December 31, 2020.

10. Future Hours Worked By Active Participants

Each active participant will work average annual hours worked in the past three years, excluding the year of entry. No participant is assumed to work less than 870 hours per year.

11. Contribution Rate Used for Determination of Minimum Flat Benefit

The contribution rate in effect on January 1, 2021.

12. Contribution Rate Used for Determination of Percentage of Contribution Benefit

The contribution rate in effect on January 1, 2021.

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

13. Participant Data

This report is based upon employee data furnished by the Fund Administrator. All non-retired participants who have hours worked during the Plan Year ending December 31, 2020 are assumed to be active participants as of January 1, 2021 unless identified as having been terminated.

14. Assets

Provided by the independent auditors' report as of December 31, 2020.

The Actuarial Value of Assets is based on the market value with an adjustment to smooth appreciation or depreciation in the market value over the past five years.

80% of the net appreciation or depreciation for the most recently completed plan year is removed from the value of the assets, 60% of the appreciation or depreciation for the year prior to that is removed, etc., until the fifth year prior to this plan year for which none of the appreciation or depreciation is removed. The Actuarial Value of Assets is adjusted, if necessary, to be within 80% to 120% of the Market Value of the Assets.

15. Rehabilitation Plan Benefit Schedule

In preparing our report and valuation results, all participating employers were valued under the Preferred Schedule as of January 1, 2021.

16. Choice of Assumptions

Economic: The expected investment return was chosen by modeling the Fund's current asset allocation with the Horizon Investment Survey and using input from the Fund's investment adviser. The Horizon survey expected 10-year return is 6.02% and the expected 20-year return is 6.85%. The Fund's investment advisor anticipates a return of 7.10%. Historically the Fund has averaged 9.71% annual return over the past 10 years and has outperformed its benchmark. For the 10-year period ending with the valuation date the annual outperformance was 50 basis points net of fees. Taking into account the historical returns and forward-looking expectations, a long-term rate return of 7% is reasonable.

Demographic: The demographic assumptions were reviewed concurrently with the 2020 valuation and updated to better reflect actual experience.

17. Changes in Assumptions since Last Valuation

For funding calculations, the administrative expense assumption was changed from \$366,579 to \$464,692.

For financial disclosure under FASB Topic ASC 960, the present value of future administrative expense is based on future mid-year cash flows of \$231.54 per participant that increase 2% per year for inflation. Last year we used \$180.85 per participant.

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment D to 2021 Form 5500 Schedule MB

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

The RPA '94 Current Liability interest rate was changed from 2.95% to 2.43% and the RPA '94 Current Liability mortality table was changed from the IRS 2020 Static Mortality Table to the IRS 2021 Static Mortality Table to comply with appropriate guidance.

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

B. Actuarial Methods

1. Asset Valuation Method

The Actuarial Value of Assets is determined in accordance with Section 3.16 of Revenue Procedure 2000-40 using a five-year smoothing period. Specifically, the Actuarial Value of Assets as of January 1, 2006 is set equal to the Market Value of Assets. For each subsequent plan year, the Actuarial Value shall be the market value minus a decreasing fraction (4/5, 3/5, 2/5, 1/5) of each gain or loss for each of the preceding four plan years except for 2008 market losses which are recognized at 10% a year due to funding relief. Gains or losses prior to January 1, 2006 are ignored.

The resulting Actuarial Value of Assets is then limited to be no greater than 120% and no less than 80% of the Market Value of Assets on the valuation date.

2. Funding Method: Entry Age Normal Cost Method

Under the Entry Age Normal Cost Method, the individual entry age normal cost is determined for each participant by calculating the level annual contribution required to fund that individual's expected benefits based on the current Plan provisions over the participant's expected active working lifetime with the Fund at entry.

At the valuation date, the present value of future normal cost is calculated for each individual participant by multiplying the entry age normal cost by the present value of the participant's expected future active working lifetime

with the Fund. The cost for each participant is then summed to yield the present value of future normal costs. The excess of the present value of future benefits for all individuals at the valuation date over the present value of future normal costs is called the Actuarial Liability, or past service liability.

The excess of the present value of future benefits for all individuals at the valuation date over the present value of future normal costs is called the Actuarial Liability, or past service liability.

The excess, if any, of the Actuarial Liability over the Actuarial Value of Assets is known as the unfunded Accrued Liability. If the Actuarial Value of Assets exceeds the Actuarial Liability, the Fund may have a surplus.

3. PRA 2010 Funding Relief

The Fund's Board of Trustees elected funding relief under §431(b)(8) of the Code and §304(b)(8) of ERISA, specifically:

- The "special amortization rule," which allows the Fund's investment losses for the plan year ended December 31, 2008 be separately amortized over 29 years.

4. Reliance on Models

Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies (WinTech) to calculate the liabilities, normal costs and projected benefit payments. We have relied on WinTech as the developer of

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment D to 2021 Form 5500 Schedule MB

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

ProVal. We have reviewed ProVal and have a basic understanding of it and have used ProVal in accordance with its original intended purpose. We have not identified any material inconsistencies in assumptions or output of ProVal that would affect this actuarial valuation.

Projections in this report were developed using *P-Scan*, our proprietary tool for developing deterministic projections to illustrate the impact of changes in assumptions, methods, plan provisions, or actual experience (particularly investment experience) on the future financial status of the plan.

5. Changes in Actuarial Methods since Last Valuation

None.

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment B to 2021 Form 5500 Schedule MB

Schedule MB, line 4b – Illustration Supporting Actuarial Certification Status

Support for the Plan's Critical and Declining status can be found in the attached PPA certification.

Schedule MB, line 4c – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan

Pursuant to ERISA Section 305(e)(3)(A)(ii), the Board of Trustees has adopted a Rehabilitation Plan to forestall insolvency as defined in ERISA Section 4245. The Rehabilitation Plan removes some adjustable benefits and requires contribution increases from all employers to match those affordable to the largest employer. The current required increases are 4.9% per year. Currently, all active employers are increasing contribution rates by 4.9% annually. On this basis and also considering lack of guidance from the Internal Revenue Service, we are certifying that the Fund is making the scheduled progress in meeting the requirements of its Rehabilitation Plan as discussed in ERISA Section 305(b)(3)(A)(ii).

Schedule MB, line 4f – Cash Flow Projections

The chart below shows a projection of the assets of the Fund over the next 19 years. The projection indicates that the Fund is expected to run out of assets during the 2040 Plan Year.

<u>Date</u>	<u>Market Value Assets</u>	<u>Projected Contributions</u>	<u>Projected Benefits and Expenses</u>	<u>Projected Investment Earnings</u>
1/1/2022	\$ 181,827,791	\$ 5,802,059	\$ 22,371,266	\$ 12,157,831
1/1/2023	177,416,414	6,054,089	22,950,376	11,837,781
1/1/2024	172,357,908	6,318,864	23,496,376	11,474,009
1/1/2025	166,654,405	6,595,919	24,048,131	11,065,312
1/1/2026	160,267,505	6,886,335	24,566,666	10,610,380
1/1/2027	153,197,554	7,167,879	25,071,583	10,107,797
1/1/2028	145,401,647	7,296,861	25,346,218	9,557,072
1/1/2029	136,909,363	7,431,098	25,478,179	8,962,691
1/1/2030	127,824,972	7,566,414	25,755,660	8,321,892
1/1/2031	117,957,618	7,702,359	25,667,602	7,638,884
1/1/2032	107,631,260	7,844,086	25,602,292	6,923,163
1/1/2033	96,796,216	7,355,032	25,309,186	6,157,968
1/1/2034	85,000,030	7,189,113	24,977,859	5,337,926
1/1/2035	72,549,210	7,189,113	24,520,334	4,482,111
1/1/2036	59,700,100	7,189,113	24,009,004	3,600,267
1/1/2037	46,480,477	7,189,113	23,414,499	2,695,350
1/1/2038	32,950,440	7,189,113	22,728,406	1,771,854
1/1/2039	19,183,001	7,189,113	22,078,774	830,486
1/1/2040	5,123,826	7,189,113	21,439,355	-131,655
1/1/2041	0			

The projection of future contributions is based on the Trustees' estimate of future industry activity multiplied by the contribution rates contained in the current collective bargaining agreements under

Warehouse Employees Union Local No. 730 Pension Trust

EIN: 52-6124754

Plan Number: 001

Attachments to 2021 Schedule MB of Form 5500

<u>Attachment</u>	<u>Description</u>
A	Line 3 – Withdrawal Liability Amounts
B	Line 4b – Illustration Supporting Actuarial Certification Status
B	Line 4c – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan
B	Line 4f – Cash Flow Projections
C	Line 6 – Summary of Plan Provisions
D	Line 6 – Statement of Actuarial Assumptions / Methods
E	Line 8b(1) – Schedule of Projection of Expected Benefit Payments
F	Line 8b(2) – Schedule of Active Participant Data
G	Lines 9c and 9h – Schedule of Funding Standard Account Bases
H	Line 11 – Justification for Change in Actuarial Assumptions

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment A to 2021 Form 5500 Schedule MB

Schedule MB, line 3 – Withdrawal Liability Amounts

Date	Withdrawal Liability Payment
January 2021	\$ 165,918.50
February 2021	165,918.50
June 2021	165,918.50
August 2021	165,918.50
November 2021	165,918.50

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment B to 2021 Form 5500 Schedule MB

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Schedule MB, line 4f – Cash Flow Projections

The chart below shows a projection of the assets of the Fund over the next 19 years. The projection indicates that the Fund is expected to run out of assets during the 2040 Plan Year.

<u>Date</u>	<u>Market Value Assets</u>	<u>Projected Contributions</u>	<u>Projected Benefits and Expenses</u>	<u>Projected Investment Earnings</u>
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1/1/2035	72,549,210	7,189,113	24,520,334	4,482,111
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1/1/2038	32,950,440	7,189,113	22,728,406	1,771,854
1/1/2039	19,183,001	7,189,113	22,078,774	830,486
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1/1/2041	0			

The projection of future contributions is based on the Trustees' estimate of future industry activity multiplied by the contribution rates contained in the current collective bargaining agreements under

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment A to 2021 Form 5500 Schedule MB

Schedule MB, line 3 – Withdrawal Liability Amounts

which the Fund is maintained. Future Withdrawal Liability payments by McKesson Drug Corporation are included. Additionally, future administrative expenses are assumed to increase 2% per year.

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment E to 2021 Form 5500 Schedule MB

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

Plan Year	Expected Annual Benefit Payments
2021	\$ 21,638,887
2022	21,802,302
2023	22,350,417
2024	22,856,069
2025	23,362,938
2026	23,817,615
2027	24,221,021
2028	24,419,548
2029	24,463,092
2030	24,626,990

Notes on the Expected Annual Benefit Payments:

- Based on the 2021 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions they do not include additional accruals, new entrants, or expected expenses

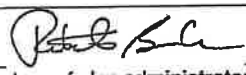
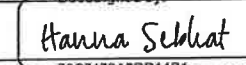
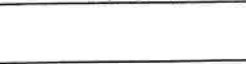
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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. 1510-0110 1510-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for: ☒ a multiemployer plan B This return/report is: ☐ a single-employer plan ☐ the first return/report ☐ an amended return/report C If the plan is a collectively-bargained plan, check here ☒ D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form Instr.) ☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months) _____
Part II Basic Plan Information - enter all requested information	

1a Name of plan WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND 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) BOARD OF TRUSTEES OF WAREHOUSE EMPLOYEES LOCAL NO. 911 RIDGEBROOK ROAD SPARKS MD 21152-9451	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ►</td> <td style="width: 50%; text-align: center;">001</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">08/15/1965</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">52-6124754</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">410-683-7763</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">493100</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan	08/15/1965	2b Employer Identification Number (EIN)	52-6124754	2c Plan Sponsor's telephone number	410-683-7763	2d Business code (see instructions)	493100
1b Three-digit plan number (PN) ►	001										
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2b Employer Identification Number (EIN)	52-6124754										
2c Plan Sponsor's telephone number	410-683-7763										
2d Business code (see instructions)	493100										

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

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

SIGN HERE		10/12/22	RITCHIE BROOKS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/9/22	HANNA SEBHAT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	Enter name of individual signing as DFE
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**a** Sponsor's name**c** Plan Name**4b** EIN**4d** PN**5** Total number of participants at the beginning of the plan year**5** 1,984**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)** 309**a (2)** Total number of active participants at the end of the plan year **6a(2)** 311**b** Retired or separated participants receiving benefits **6b** 914**c** Other retired or separated participants entitled to future benefits **6c** 607**d** Subtotal. Add lines 6a(2), 6b, and 6c **6d** 1,832**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits **6e** 146**f** Total. Add lines 6d and 6e **6f** 1,978**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) **6g****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** 5**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**1B****b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
▶ 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 Warehouse Employees Union Local No. 730 Pension	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees Warehouse Employees Union	D Employer Identification Number (EIN) 52-6124754	
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2021</u>		
b Assets		
(1) Current value of assets	1b(1)	166,447,419
(2) Actuarial value of assets for funding standard account	1b(2)	152,966,201
c (1) Accrued liability for plan using immediate gain methods	1c(1)	295,194,605
(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)	289,872,386
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)	498,810,834
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2,986,625
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	21,420,220
(3) Expected plan disbursements for the plan year	1d(3)	22,119,568
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	<u>9/28/2022</u> Date 20-05197
Peter R. Hardcastle Type or print name of actuary		Most recent enrollment number (703) 893-1456
CHEIRON, Inc. Firm name		Telephone number (including area code)
8300 Greensboro Drive Suite 800 McLean VA 22102 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 ☐		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	166,447,419
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,044	261,155,855
(2) For terminated vested participants	675	158,705,543
(3) For active participants:		
(a) Non-vested benefits		4,422,416
(b) Vested benefits		74,527,020
(c) Total active	288	78,949,436
(4) Total	2,007	498,810,834
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	33.37 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2021	5,728,693				
Totals ▶			3(b)	5,728,693	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					829,593

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	52.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
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, were any benefits reduced (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 rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☒	4f	2040

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	2.43 %
	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)	7P
(2) Females	6c(2)	7FP
d Valuation liability interest rate	6d	7.00 %
e Expense loading	6e	59.7 % ☐ N/A ☒ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	10.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.8 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	- 4,713,144	- 483,624

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(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....		☒ Yes ☐ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☒ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☒ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	- 2,333,068

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

a Prior year funding deficiency, if any	9a	48,993,585
b Employer's normal cost for plan year as of valuation date.....	9b	1,243,594
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	147,532,860
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	4,851,390
e Total charges. Add lines 9a through 9d.....	9e	74,156,955

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	0
g Employer contributions. Total from column (b) of line 3.....	9g	5,728,693
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	54,298,041
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	838,543
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	153,515,038
(2) "RPA '94" override (90% current liability FFL)	9j(2)	302,093,593
(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	15,730,527
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	58,426,428

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2020 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	58,426,428
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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