

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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>	1b Three-digit plan number (PN) ▶	<u>001</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>	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>	

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.	10/13/2023	WILLIAM DAVIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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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	1978
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)	311
a(2) Total number of active participants at the end of the plan year		6a(2)	315
b Retired or separated participants receiving benefits		6b	913
c Other retired or separated participants entitled to future benefits.....		6c	569
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1797
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	161
f Total. Add lines 6d and 6e		6f	1958
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	4
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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 2022

b Assets

(1) Current value of assets	1b(1)	181967256
(2) Actuarial value of assets for funding standard account	1b(2)	156837048
c (1) Accrued liability for plan using immediate gain methods	1c(1)	294816993
(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)	289710129
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)	507873393
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2955106
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	21850506
(3) Expected plan disbursements for the plan year	1d(3)	22646189

Statement by Enrolled Actuary

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

SIGN HERE		10/02/2023
	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) 2022
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	181967256
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	1069	275657333
(2) For terminated vested participants	638	156877525
(3) For active participants:		
(a) Non-vested benefits		0
(b) Vested benefits		75338535
(c) Total active	285	75338535
(4) Total	1992	507873393
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	35.83 %

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
07/01/2022	6108947	0			
Totals ▶			3(b)	6108947	0
(d) Total withdrawal liability amounts included in line 3(b) total			3(d)	663674	

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	54.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	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 plan is in critical status or critical and declining status, and is:	4f	2040
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		☒
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

j If box h is checked, enter period of use of shortfall method.....	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.22 %
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)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	13.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	19.7 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	580313
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-9466468	-971371
4	-142819	-14655

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or 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	-2364068

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

a Prior year funding deficiency, if any	9a	58426428
b Employer's normal cost for plan year as of valuation date	9b	1329012

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers.....
- (3) Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	137456986	18778512
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 5497377**e** Total charges. Add lines 9a through 9d.....**9e** 84031329**Credits to funding standard account:****f** Prior year credit balance, if any**9f****g** Employer contributions. Total from column (b) of line 3.....**9g** 6108947**h** Amortization credits as of valuation date.....

Outstanding balance

9h	57903469	9927108
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i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 905095**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL)
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit.....

9j(1)	149060584	
9j(2)	305507116	
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** 16941150**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** 67090179**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 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** 67090179**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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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)
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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	362927	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	130112	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	122640	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	116820	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 ☒	103878	Yes ☐ No ☒

(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	103125	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	78272	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	70078	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	48236	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)

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	46900	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	42867	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	40923	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)

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	34122	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	32435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	18516	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)

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	5075	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	65345

(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.
HAMILTON LANE SECONDARY FEED 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
HAMILTON LANE ADVISORS, LLC	28 52	38533

(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.
HAMILTON LANE SECONDARY FUND 87-4090443	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.

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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND	B Three-digit plan number (PN) ►	001
C Plan or DFE 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	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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INT'L EQUITY		
b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS LLC		
c EIN-PN 26-6493485-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5739356
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB GLOBAL ALLOC. COLL.		
b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK		
c EIN-PN 82-3618774-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7153025
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 GIF		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14377707
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES HY CONSERVATIVE TRUST		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES & COMPANY		
c EIN-PN 84-6391546-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7680966
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
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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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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		
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	1718148	1773044
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	419700	504003
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	5241728	4901691
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	5726346	1589186
(2) U.S. Government securities	1c(2)	858046	1028592
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1170190	827984
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	55167675	44660027
(5) Partnership/joint venture interests	1c(5)	66162978	62416422
(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)	43249150	29211698
(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)	7524414	5739356
(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	16978

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	187265104	152668981

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	164962	152384
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	164962	152384

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	187100142	152516597
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5445274	
(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)		5445274
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	16315	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	45987	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	487176	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		549478
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	472677	
(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)		472677
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	15577405	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11875141	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3702264
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-21617422	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-21617422

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		998337
(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)		-1589398
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		403334
d Total income. Add all income amounts in column (b) and enter total	2d		-11635456
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21314557	
(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)		21314557
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)	147774	
(2) Contract administrator fees	2i(2)	130112	
(3) Investment advisory and management fees	2i(3)	1216703	
(4) Other	2i(4)	138943	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1633532
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22948089
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-34583545
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 FRANCELLO, 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		62416422
4g	X		62416422
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 487936.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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 Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

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

b EIN **52-2179343** **c** Dollar amount contributed by employer **4369487**

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) **7.96**

(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 **670133**

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) **4.88**

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

a Name of contributing employer **WAREHOUSE EMPLOYERS UNION LOCAL 730**

b EIN **53-0162115** **c** Dollar amount contributed by employer **41519**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **01** Day **01** Year **2023**

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) **7.96**

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

a Name of contributing employer **WASHINGTON FOOD SUPPLY INC.**

b EIN **c** Dollar amount contributed by employer **20600**

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 **10** Day **31** Year **2024**

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) **3.82**

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

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

b EIN **52-2179343** **c** Dollar amount contributed by employer **343535**

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) **7.32**

(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	0.98
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: 58.9 % Investment-Grade Debt: 12.7 % High-Yield Debt: 0.0 % Real Estate: 20.7 % Other: 7.7 %

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, 2022

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

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2022 AND 2021

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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, 2022 and 2021, 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, 2022 and 2021, 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, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Administrative Expenses, Schedule of Assets Held at End of Year, and Schedule of Reportable Transactions, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and the Schedule of Reportable Transactions are supplemental information required by the Department of Labor’ 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 12, 2023

WAREHOUSE EMPLOYEES UNION LOCAL No. 730
PENSION TRUST FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2022 AND 2021

ASSETS	<u>2022</u>	<u>2021</u>
INVESTMENTS - at fair value		
Common stock	\$ 44,660,027	\$ 55,167,675
Corporate obligations	827,984	1,170,190
United States Government and Government Agency obligations	1,028,592	858,046
Foreign and other government obligations	16,978	26,729
Limited partnerships	62,416,422	66,162,978
Common collective trusts	29,211,698	43,249,150
Direct filing entity	5,739,356	7,524,414
Short-term investments	1,492,975	5,653,765
	<u>145,394,032</u>	<u>179,812,947</u>
INVESTMENTS - other		
Certificates of deposit	<u>96,211</u>	<u>72,581</u>
RECEIVABLES		
Employer contributions	504,003	419,700
Withdrawal liability	4,805,685	5,132,886
Accrued interest and dividends	57,885	58,697
Other	3,507	5,616
	<u>5,371,080</u>	<u>5,616,899</u>
PREPAID EXPENSES	<u>34,614</u>	<u>44,529</u>
CASH	<u>1,773,044</u>	<u>1,718,148</u>
Total assets	<u>152,668,981</u>	<u>187,265,104</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	<u>152,384</u>	<u>164,962</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 152,516,597</u></u>	<u><u>\$ 187,100,142</u></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, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ (18,658,143)	\$ 30,728,125
Interest and dividends	1,174,079	1,687,140
Other	66,361	77,589
	<u>(17,417,703)</u>	<u>32,492,854</u>
Less investment expenses	<u>(1,216,703)</u>	<u>(1,192,041)</u>
Investment income (loss) - net	<u>(18,634,406)</u>	<u>31,300,813</u>
Employer contributions	5,445,274	4,899,100
Withdrawal liability interest	336,473	450,067
Other income	500	518
	<u>500</u>	<u>518</u>
Total additions	<u>(12,852,159)</u>	<u>36,650,498</u>
DEDUCTIONS		
Benefits paid	21,314,557	20,869,867
Administrative expenses	416,829	640,320
	<u>416,829</u>	<u>640,320</u>
Total deductions	<u>21,731,386</u>	<u>21,510,187</u>
NET INCREASE (DECREASE)	(34,583,545)	15,140,311
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>187,100,142</u>	<u>171,959,831</u>
End of year	<u><u>\$ 152,516,597</u></u>	<u><u>\$ 187,100,142</u></u>

See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

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, 2022 and 2021. 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 years ended December 31, 2022 and 2021, the Plan received eighty percent (80%) and eighty one percent (81%), respectively, 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 December 31, 2021. Information in the reports included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits	
Participants and beneficiaries	
currently receiving benefits	\$ 179,030,573
Other vested benefits	107,949,871
Total vested benefits	<u>286,980,444</u>
Non-vested benefits	2,729,685
Present value of expected administrative expenses	<u>7,556,180</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 297,266,309</u>

As reported by the actuary, the changes in the present value of accumulated plan benefits for the year ended December 31, 2021, were as follows:

Actuarial present value of accumulated plan benefits at January 1, 2021	<u>\$ 289,872,386</u>
Increase during the year attributable to:	
Benefits accumulated	1,186,856
Experience gains	46,657
Increase for interest	19,656,056
Changes in assumptions	(181,959)
Benefit paid	<u>(20,869,867)</u>
Net decrease	<u>(162,257)</u>
Actuarial present value of accumulated plan benefits at end of year (w/o administrative expenses)	289,710,129
Present value of expected administrative expenses	<u>7,556,180</u>
Actuarial present value of accumulated plan benefits at December 31, 2021 (w/ administrative expenses)	<u>\$ 297,266,309</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. 2.22% for determining RPA '94 Current Liability (previously 2.43%).

NOTE 5. ACTUARIAL INFORMATION (continued)

Rates of Mortality - Pri-2012 amount-weighted Table Blue Collar Mortality, generationally projected using scale MP-2021 (previously Pri-2014, using scale MP-2019). For Current Liability purposes, the 2022 Static Mortality Tables as prescribed under IRS Regulations.

Administrative Expenses - \$580,313, payable at the beginning of 2022.

Rates of Turnover - Double the combination of Sarason's Advanced Pension Tables. 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. Assumes 100% retirement at age 60 and over.

Rates of Disability - None assumed.

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, 2022, 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, 2022, 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, 2022. The complete financial status of the Plan is presented as of December 31, 2021.

As of January 1, 2022, 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, 2022 and 2021, there were no transfers in or out of levels 1, 2 or 3.

There have been no changes in valuation methodologies at December 31, 2022 and 2021.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2022			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 44,660,027	\$ 44,660,027	\$ -	\$ -
Corporate obligations	827,984	-	827,984	-
United States Government and Government Agency obligations	1,028,592	69,492	959,100	-
Foreign and other government obligations	16,978	-	16,978	-
Short-term investments	1,492,975	1,492,975	-	-
Total assets in fair value hierarchy	48,026,556	<u>\$ 46,222,494</u>	<u>\$ 1,804,062</u>	<u>\$ -</u>
Investments measured at NAV*	97,367,476			
Total investments	<u>\$ 145,394,032</u>			

	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	<u>\$ 61,227,838</u>	<u>\$ 1,648,567</u>	<u>\$ -</u>
Investments measured at NAV*	116,936,542			
Total investments	<u>\$ 179,812,947</u>			

*The investments measured at NAV account for 67.0% and 65.0% of net assets available for benefits at December 31, 2022 and 2021, 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, 2022 and 2021, are as follows:

	2022 Fair Value	2021 Fair Value	2022 Unfunded Commitments	2021 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships:						
Acadian Non-US Concentrated Fund	\$ 6,386,766	\$ 7,569,223	\$ -	\$ -	Daily	10 Days
Boyd Watterson State Government Fund, LP	6,237,835	6,191,969	4,600,000	4,600,000	Quarterly	60 Days
Corbin ERISA Opportunity Fund, L.P.	15,614,837	14,489,006	-	-	Quarterly	65 Days
Hamilton Lane Secondary Feeder Fund IV-A LP	5,130,581	8,176,409	4,258,053	4,056,466	A	A
Hamilton Lane Secondary Feeder Fund IV-A LP	604,109	-	7,837,500	-	B	B
PRISA III Fund, L.P.	28,442,294	29,736,371	-	-	Quarterly	90 Days
Common collective trusts:						
JPMCB Global Allocation Fund	7,153,025	8,649,512	-	-	Daily	1 Day
Loomis Sayles High Yield Conservative Trust	7,680,966	13,076,583	-	-	Daily	3 Days
Northern Trust Russell 1000 Growth Index Fund	14,377,707	21,523,055	-	-	Daily	1 Day
Direct filing entity:						
Hardman Johnston International Equity Group Trust	5,739,356	7,524,414	-	-	Monthly	10 Days
	<u>\$ 97,367,476</u>	<u>\$ 116,936,542</u>	<u>\$ 16,695,553</u>	<u>\$ 8,656,466</u>		

A - 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.

B - The Hamilton Lane Feeder Fund VI-A LP (the Fund) cannot be redeemed. The Hamilton Lane Feeder Fund VI-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 VI Holdings 2 LP (the “Holdings 2”). The investment objective of the Fund, through its interest in the Holdings 2, 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 2033.

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 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.

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, 2022 and 2021. 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, 2022.

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, 2022 and 2021. Hamilton Lane Feeder Fund VI-A LP, is measured at fair value, without adjustment by the Plan, as reported by the sponsor of the investment as of December 31, 2022.

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.

NOTE 7. WITHDRAWAL LIABILITY RECEIVABLE AND INCOME (continued)

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, 2022 and 2021, is comprised of the following:

	<u>2022</u>	<u>2021</u>
McKesson Drug Corporation	<u>\$ 4,805,685</u>	<u>\$ 5,132,886</u>

The withdrawal liability as of December 31, 2022 is receivable as follows:

<u>Year Ended:</u>	
December 31, 2023	\$ 349,727
December 31, 2024	373,804
December 31, 2025	399,538
December 31, 2026	427,044
December 31, 2027	456,443
Thereafter	<u>2,799,129</u>
	<u>\$ 4,805,685</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 12, 2023, 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, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Actuary fees	\$ 48,236	\$ 225,861
Audit and payroll audit fees	18,515	15,750
Contract administrator fees	130,112	125,558
Insurance and bonding	120,026	93,053
Legal fees and expenses	81,021	162,719
Miscellaneous	1,310	1,265
Postage and printing	7,037	14,703
Trustees' meeting expenses and conferences	10,572	1,411
	<u>\$ 416,829</u>	<u>\$ 640,320</u>

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730
PENSION TRUST FUND

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2022

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	2,370			\$ 216,214	\$ 383,016
	Acuity Brands Inc	CS	1,314			133,956	217,612
	Atlassian Corp PLC - Class A	CS	684			143,967	88,017
	Automatic Datat Processing Inc	CS	2,265			116,585	541,018
	Apple Inc	CS	4,822			103,875	626,522
	Adobe Inc	CS	1,420			139,594	477,873
	Advanced Energy INDS Inc	CS	2,020			148,937	173,276
	ASML Holding	CS	194			6,355	106,002
	Advanced Drainage Systems IN	CS	629			70,104	51,559
	Affiliated Managers Group Inc	CS	2,718			277,564	430,613
	American Express Co	CS	2,439			245,333	360,362
	Anheuser Busch Inbev	CS	5,508			292,795	330,700
	Aptiv PLC	CS	1,045			115,173	97,321
	Aramark (ARMK)	CS	13,043			444,311	539,198
	Airbuse SE	CS	3,630			102,096	107,666
	Albemarle Corp	CS	1,985			149,079	430,467
	Aptargroup Inc (ATR)	CS	3,178			206,566	349,516
	Avery Dennsion Corp	CS	1,817			289,569	328,877
	Alphabet Inc	CS	3,400			323,495	300,662
	Alphabet Inc/Ca-CI A	CS	5,800			90,596	511,734
	Ameren Corp	CS	1,614			118,258	143,517
	Booking Holdings Inc	CS	89			167,798	179,360
	Borg Warner Inc	CS	12,732			492,564	512,463
	Burlington Stores Inc	CS	1,654			260,068	335,365
	Bank Of America Corp	CS	12,137			293,834	401,977
	Berkshire Hathaway Inc	CS	1,704			332,660	526,366
	Brown & Brown Inc	CS	7,055			305,262	401,923
	Baxter International Inc	CS	5,632			312,724	287,063
	Becton Dickinson & Co	CS	1,640			83,686	417,052
	Bio-Techne Corp	CS	2,374			67,362	196,757
	Boston Scientific Corp	CS	9,527			377,328	440,814
	Booz Allen Hamilton Holding	CS	3,345			261,646	349,619
	Black Knight Inc.	CS	3,443			249,300	212,605
	Blackbaud Inc	CS	2,694			116,081	158,569
	Broadridge Financial Sol W/I	CS	1,823			155,329	244,519
	Carmax Inc	CS	2,263			140,777	137,794
	Choice Hotels Intl Inc	CS	3,336			269,205	375,767
	Columbia Sportswear Co	CS	3,616			207,859	316,689
	Caseys General Stores Inc	CS	931			182,677	208,870
	Chevron Corporation	CS	1,781			174,248	319,672
	Chubb Ltd	CS	2,198			279,745	484,879
	Citigroup Inc	CS	10,514			579,027	475,548
	CVS Health Corporation	CS	4,723			323,264	440,136
	Caci Intl Inc	CS	1,258			297,491	378,142
	Canadian Natl Railway Co	CS	2,009			178,936	238,830
	Carlisle Companies Inc	CS	2,198			172,235	517,959
	Cummins Inc	CS	1,496			284,121	362,466
	Corteva Inc -W/I	CS	7,970			454,027	468,477
	Comcast Corporation CI A	CS	15,201			586,167	531,579
	Cisco Systems Inc	CS	4,350			177,867	207,234
	Comcast Corporation CI A	CS	13,230			264,826	462,653
	Deutsche Telekom AG	CS	5,600			106,221	111,888
	Disney Walt Co	CS	3,648			491,075	316,938

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
		Type	Shares/ Principal	Interest Rate		
				Maturity Date		
		Common stock (continued):				
	Dolby Laboratories Inc	CS	5,082		\$ 416,791	\$ 358,484
	DXC Technology Co	CS	10,098		359,325	267,597
	Dentsply Sirona Inc	CS	8,150		403,229	259,496
	Dollar General Corp	CS	797		151,685	196,261
	Deckers Outdoor Corp	CS	359		101,499	143,298
	Dupont De Nemours Inc	CS	3,511		226,029	240,960
	Expedia Group Inc	CS	2,113		248,457	185,099
	Edwards Lifesciences Corp	CS	4,910		66,388	366,335
	Envista Holdings Corp	CS	14,915		345,609	502,188
	Factset Resh Sys Inc	CS	424		30,929	170,113
	FTI Consulting Inc	CS	1,262		214,258	200,406
	FMC Corporation New	CS	4,920		356,459	614,016
	General Electric Co	CS	5,462		392,224	457,661
	Graco Inc	CS	2,326		28,278	156,447
	Gartner Inc	CS	493		42,651	165,717
	GoDaddy Inc Class A	CS	4,859		362,814	363,550
	Henry Jack & Assoc Inc	CS	919		47,980	161,340
	Hunt J B Transport Services Inc	CS	1,758		125,435	306,525
	Howmet Aerospace Inc	CS	16,930		572,340	667,211
	Hexcel Corp	CS	4,340		205,382	255,409
	Henry Schein Inc	CS	1,688		91,640	134,821
	Hasbro Inc	CS	5,213		379,817	318,045
	Idex Corp	CS	1,016		29,801	231,983
	International Flavors & Fragrances Inc	CS	1,739		211,355	182,317
	Intel Corp	CS	6,279		322,934	165,954
	IAA Inc -W/I	CS	7,021		323,546	280,840
	Illimina Inc	CS	1,435		301,127	290,157
	Icici Bank Ltd	CS	4,200		46,023	91,938
	Iqvia Holdings Inc	CS	2,720		236,450	557,301
	Johnson & Johnson	CS	2,600		147,019	459,290
	Jones Lang Lasalle Inc	CS	1,736		222,595	276,666
	JM Smucker Co/The-New Com WI	CS	1,193		136,760	189,043
	Kirby Corp	CS	4,503		257,547	289,768
	LKQ Corp	CS	6,499		230,824	347,112
	LVMH Moet Hennessy Louis	CS	815		29,641	118,069
	Landstar Sys Inc	CS	2,103		187,123	342,579
	Leidos holdings Inc	CS	5,260		564,708	553,299
	Lennox International Inc	CS	1,383		274,683	330,855
	Lockheed Martin Corp	CS	705		248,625	342,975
	Melco Resorts Entertain Ltd Adr	CS	5,940		128,919	68,310
	Medtronic PLC	CS	3,330		259,779	258,808
	Merck & Co Inc	CS	5,378		400,644	596,689
	Manhattan Assocs Inc	CS	1,152		54,303	139,853
	Mastercard Inc Cl A	CS	1,890		179,862	657,210
	Microsoft Corp	CS	2,580		73,478	618,736
	Markel Corp	CS	316		188,524	416,327
	Marsh & McLennan	CS	4,255		130,460	704,117
	Mckesson Corp	CS	866		131,019	324,854
	Meta Platform Inc.	CS	2,249		395,814	270,645
	Morningstar Inc.	CS	1,233		80,980	267,055
	Nidec Corporation	CS	4,450		49,593	56,827
	Nordson Corporation	CS	1,238		147,565	294,297
	Nordic Semiconductor ASA-ADR	CS	2,530		70,558	44,655
	Nivida Corp	CS	2,679		108,352	391,509
	PNC Fincancial Services Group Inc	CS	1,917		225,014	302,771
	Prosperity Bancshares Inc	CS	2,176		155,892	158,152
	Prudential Financial, Inc.	CS	3,028		229,304	301,165
	Prysmian Spa-Unsponsoree Adr	CS	3,280		44,282	60,877
	Public Service Enterprise	CS	7,191		375,244	440,593
	Phillip Morris Internat-W/I	CS	2,217		156,260	224,383
	Paypal Holding Inc- W/I	CS	3,910		340,130	278,470
	Prosus NV -Spon ADR	CS	169,909		149,729	149,245
	Pool Corp	CS	562		107,533	169,909
	Raytheon Technologies Corp.com	CS	1,540		151,502	155,417
	Renaissance Holdings Inc	CS	3,517		580,453	647,937

(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 (continued):					
	RPM International Inc	CS	4,413			\$ 307,398	\$ 430,047
	Service Corp International	CS	2,213			88,349	153,007
	Shell Plc- w/I-ADR	CS	8,325			278,194	474,109
	SEI Investment Co	CS	5,452			126,826	291,464
	SEI Investment Co	CS	6,697			273,698	390,435
	State STR Corp	CS	3,200			230,980	248,224
	Safran SA S	CS	3,730			111,522	116,525
	Stanley Black & Decker Inc	CS	2,450			242,964	184,044
	SS&C Technologies Holdings	CS	7,224			504,793	376,081
	Taiwan Semiconductor MTG Co	CS	1,230			149,287	91,623
	Trimble Incorporated	CS	4,283			203,928	216,548
	Teleflex Inc	CS	1,944			514,072	485,281
	Universal Display Corp	CS	2,910			421,364	314,396
	Unitedhealth Group Inc	CS	1,144			465,144	606,526
	Unitedhealth Group Inc	CS	693			181,270	367,415
	Umpqua Hldgs C	CS	9,152			128,226	163,363
	Ultra Beauty Inc	CS	455			82,208	213,427
	Vertex Pharmaceuticals Inc	CS	2,200			390,216	635,316
	Vertiv Holding LLC	CS	20,240			400,100	276,478
	Wolfspeed	CS	4,090			373,597	282,374
	Wex Inc	CS	1,916			202,022	313,553
	Woodward Inc	CS	1,236			143,797	119,410
	WR Berkley Corp	CS	10,403			330,876	754,944
	Total common stock					32,385,836	44,660,027
		Corporate obligations:					
	AT&T Inc	Note	4,000	4.350 %	03/01/29	4,440	3,804
	Ally Auto Receivables Trust	Note	23,000	4.760	05/17/27	23,000	22,938
	Altria Group Inc	Note	4,000	4.800	02/14/29	4,714	3,838
	Amazon.com Inc	Note	13,000	4.650	12/01/29	12,991	12,903
	American Credit Acceptance Rec	Note	6,000	1.340	07/13/27	5,911	5,673
	American Honda Finance	Note	5,000	2.400	06/27/24	4,989	4,817
	American Honda Finance	Note	11,000	2.250	01/12/29	10,975	9,435
	Americredit Automobile Receivable Series	Note	2,199	2.130	07/18/25	2,199	2,196
	Amgen Inc	Note	3,000	2.450	02/21/30	3,099	2,524
	Amgen Inc	Note	2,000	3.000	02/22/29	1,998	1,771
	Bank of America Corp	Note	28,000	VAR	03/11/27	26,533	24,772
	Bank of Montreal	Note	2,000	1.850	05/01/25	1,998	1,868
	Bank of NY Mellon Corp	Note	28,000	VAR	06/13/28	27,713	26,786
	BNSF Railways Co	Note	17,948	3.440	06/16/28	19,357	16,826
	Bank of Nova Scotia	Note	12,000	1.300	06/11/25	12,121	10,995
	Boeing Co	Note	12,000	4.875	05/01/25	11,860	11,908
	BP Cap Markets America	Note	4,000	3.017	01/16/27	4,352	3,724
	Canadian Imperial Bank	Note	12,000	2.250	01/28/25	12,624	11,325
	Canadian Pacific Railway	Note	7,000	2.050	03/05/30	7,279	5,737
	Capital One Financial Co	Note	14,000	VAR	11/02/27	14,000	12,192
	Capital One Financial Co	Note	10,000	VAR	12/06/24	9,714	9,574
	Carvana Auto Receivables Trust	Note	14,704	3.330	07/10/25	14,702	14,589
	Carvana Auto Receivables Trust	Note	7,983	0.440	06/09/25	7,984	7,878
	Cigna Corp	Note	3,000	4.500	02/25/26	3,414	2,954
	Citigroup Inc	Note	6,000	VAR	05/01/25	6,033	5,619
	Citigroup Inc	Note	2,000	VAR	02/24/27	1,817	1,803
	Citigroup Inc	Note	10,000	VAR	01/25/26	9,118	9,268
	Con Edison Co of Ny Inc	Note	2,000	3.350	04/01/30	2,174	1,799
	Crown Castle Intl Corp	Note	10,000	1.050	07/15/26	9,969	8,640
	CSX Trans	Note	11,644	6.251	01/15/23	13,227	11,648
	CVS Health Corp	Note	2,000	4.300	03/25/28	2,366	1,934
	CVS Health Corp	Note	6,000	1.750	08/21/30	4,877	4,729
	Dominion Energy Inc	Note	9,000	5.375	11/15/32	8,954	8,921
	DowDupoint Inc	Note	4,000	4.493	11/15/25	4,149	3,933
	Duke Energy Corp	Note	10,000	2.450	06/01/30	8,788	8,223
	Duke Energy Corp	Note	6,000	4.300	03/15/28	5,996	5,773
	Exeter Automobile Receivables	Note	27,708	0.690	01/15/26	27,431	27,269
	Fedex 2020-1 Class AA	Note	6,251	1.875	08/20/35	5,959	5,123
	Flagship Credit Auto Trust	Note	5,731	0.810	07/17/26	5,731	5,562

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		Corporate obligations (continued):					
	FNB Corp	Note	3,000	5.150 %	08/25/25	\$ 2,996	\$ 2,964
	FNB Corp	Note	3,000	2.200	02/24/23	2,998	2,985
	Fox Corp	Note	5,000	3.500	04/08/30	4,471	4,430
	Fox Corp	Note	8,000	3.050	04/07/25	8,234	7,648
	Gls Auto Receivables Trust	Note	14,000	0.780	11/17/25	13,999	13,618
	General Motors Finl Co	Note	10,000	4.300	04/06/29	9,444	8,957
	General Motors Finl Co	Note	17,000	5.000	04/09/27	16,977	16,467
	Gilead Sciences Inc	Note	2,000	3.650	03/01/26	2,219	1,928
	Goldman Sachs Group Inc	Note	18,000	VAR	09/29/25	18,813	17,345
	Goldman Sachs Group Inc	Note	8,000	VAR	01/27/32	7,850	6,095
	Goldman Sachs Group Inc	Note	8,000	VAR	03/09/27	8,018	7,015
	Great America Leasing Receivable	Note	9,437	0.340	08/15/24	9,332	9,185
	HP Enterprise Co	Note	4,000	1.450	04/01/24	3,995	3,817
	Home Depot Inc	Note	11,000	2.950	06/15/29	11,874	9,951
	Intel Corp	Note	7,000	0.025	11/15/29	7,461	6,012
	JP Morgan Chase & Co	Note	4,000	VAR	02/04/32	3,803	3,060
	JP Morgan Chase & Co	Note	23,000	VAR	04/22/27	21,436	20,209
	JP Morgan Chase & Co	Note	7,000	VAR	06/23/25	7,004	6,525
	KKR Industrial portfolio	Note	2,840	VAR	12/15/37	2,840	2,744
	Lowes Cos Inc	Note	2,000	3.100	05/03/27	1,881	1,862
	McDonalds Corp	Note	14,000	3.600	07/01/30	13,262	12,840
	Morgan Stanley	Note	10,000	VAR	05/30/25	10,002	9,297
	Morgan Stanley	Note	8,000	VAR	10/21/24	8,000	7,364
	Morgan Stanley	Note	23,000	VAR	05/04/27	22,930	20,176
	Nextera Energy Capital	Note	10,000	1.900	06/15/28	9,998	8,538
	Norfolk Southern Corp	Note	12,000	3.800	08/01/28	11,869	11,407
	Northrop Grumman Corp	Note	3,000	3.250	01/15/28	3,283	2,767
	Oracle Corp	Note	13,000	2.300	03/25/28	10,851	11,260
	Phillip Morris Intl Inc	Note	14,000	2.750	02/25/26	15,193	13,114
	Phillip Morris Intl Inc	Note	3,000	5.625	11/17/29	2,997	3,043
	PNC Financial Services	Note	35,000	2.500	01/22/30	36,919	29,694
	Royal Bank of Canada	Note	7,000	1.200	04/27/26	6,986	6,224
	Santander Retail Auto Lease Tr	Note	6,922	2.840	05/20/25	6,921	6,814
	Shell International Fin	Note	31,000	2.375	11/07/29	33,133	26,792
	Toronto-Dominion Bank	Note	16,000	1.150	06/12/25	16,134	14,596
	Toronto-Dominion Bank	Note	5,000	1.250	09/10/26	4,990	4,372
	Toronto-Dominion Bank Ser	Note	9,000	4.693	09/15/27	9,000	8,897
	Toyota Motor Credit Corp	Note	12,000	4.550	09/20/27	11,988	11,835
	Transcanada Pipelines Sedol	Note	9,000	1.000	10/12/24	8,997	8,330
	Truist Financial Corp	Note	7,000	VAR	07/28/26	7,031	6,878
	Union Pacific Corp	Note	8,000	3.950	09/10/28	8,412	7,690
	US Bancorp	Note	12,000	VAR	10/21/33	12,258	12,458
	Unitedhealth Group Inc	Note	2,000	2.000	05/15/30	1,924	1,650
	Unitedhealth Group Inc	Note	7,000	5.250	02/15/28	7,003	7,156
	Verizon Communications	Note	7,000	1.750	01/20/31	5,364	5,431
	Verizon Communications	Note	22,000	2.100	03/22/28	21,607	19,093
	Verizon Master Trust	Note	20,000	1.030	05/20/27	19,999	18,749
	Virginia Elec & Power Co	Note	2,000	3.150	01/15/26	1,961	1,902
	Wells Fargo & Company	Note	12,000	VAR	03/24/28	12,010	11,112
	Westlake Automobile Receivable	Note	10,000	0.620	07/15/26	9,999	9,652
	Westlake Automobile Receivable	Note	15,000	0.640	03/16/23	14,999	14,765
		Total corporate obligations				896,221	827,984
		United States Government and					
		Government Agency obligations:					
	Federal Home Loan Bank Bnds	Note	10,000	2.750	02/22/34	9,750	8,357
	Federal Home Loan Bank Bnds	Note	10,000	2.640	02/25/32	9,830	8,569
	Federal Home Loan Bank Stru	Note	20,000	2.750	03/08/27	20,000	18,793
	Federal Home Loan Bank Bnds	Note	50,000	3.200	04/21/27	50,000	47,473
	Federal Home Loan Bank Bnds	Note	100,000	3.000	05/26/27	100,000	98,022
	Federal Home Loan Bank Bnds	Note	60,000	4.700	06/30/27	60,000	59,520
	Federal Home Loan Bank Bnds	Note	30,000	4.950	07/27/34	30,000	29,250
	Federal Home Loan Bank Bnds	Note	15,000	5.300	07/27/37	15,000	14,616
	Federal Home Loan Bank Bnds	Note	30,000	4.100	08/08/25	30,000	29,533
	Federal Farm Credit Bank Bnds	Note	26,000	1.230	07/29/30	20,724	20,474

(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			
		<u>United States Government and</u>						
		<u>Government Agency obligations (continued):</u>						
	Federal Farm Credit Bank Bnds	Note	27,000	1.300 %	09/20/28	\$ 26,036	\$ 22,715	
	Federal Farm Credit Bank Bnds	Note	12,000	1.370	03/20/29	11,584	9,982	
	Federal Farm Credit Bank Bnds	Note	13,000	4.890	07/20/32	12,792	12,705	
	Federal Farm Credit Bank Bnds	Note	30,000	1.370	12/01/31	29,646	24,708	
	Federal Farm Credit Bank Bnds	Note	17,000	2.000	12/09/31	17,000	14,033	
	Federal Farm Credit Bank Bnds	Note	30,000	5.000	02/17/32	30,000	29,810	
	Federal Farm Credit Bank Bnds	Note	21,000	2.950	02/17/32	21,000	18,372	
	Federal Farm Credit Bank Bnds	Note	62,000	2.870	02/25/30	61,975	55,229	
	Federal Farm Credit Bank Bnds	Note	23,000	3.250	02/23/37	23,000	19,794	
	Federal Farm Credit Bank Bnds	Note	9,000	2.750	02/22/30	9,000	8,024	
	Federal Farm Credit Bank Bnds	Note	26,000	3.360	02/23/37	26,000	21,920	
	Federal Farm Credit Bank Bnds	Note	21,000	3.000	03/08/32	20,995	18,332	
	Federal Farm Credit Bank Bnds	Note	20,000	4.890	10/03/25	20,000	19,918	
	Federal Farm Credit Bank Bnds	Note	32,000	5.480	10/05/29	32,000	31,746	
	Federal Farm Credit Bank Bnds	Note	39,000	4.000	04/19/32	39,000	36,972	
	Federal Farm Credit Bank Bnds	Note	10,000	3.740	04/27/28	10,000	9,583	
	Federal Farm Credit Bank Bnds	Note	20,000	3.950	05/17/29	20,000	18,900	
	Federal Farm Credit Bank Bnds	Note	21,000	4.370	05/17/32	20,916	20,068	
	Federal Farm Credit Bank Bnds	Note	10,000	4.350	06/01/32	9,998	9,598	
	Federal Farm Credit Bank Bnds	Note	43,000	4.400	06/22/26	43,000	41,725	
	Federal Farm Credit Bank Bnds	Note	9,000	5.940	11/17/28	9,000	8,996	
	Federal Home Loan Bank	Note	34,125	1.000	03/23/26	31,062	30,556	
	Federal Home Loan MTG Corp Nts	Note	19,000	1.280	04/30/22	17,243	15,414	
	Federal Home Loan MTG Corp Nts	Note	60,000	4.750	09/30/25	59,794	59,615	
	Federal Home Loan MTG Corp Nts	Note	6,000	5.350	12/26/25	6,000	5,992	
	Federal Home Loan MTG Corp Nts	Note	15,000	5.150	12/26/25	15,000	14,992	
	Federal Home Ln Mtg Corp	Note	17,000	1.220	08/19/30	15,292	13,571	
	Federal Home Loan Mtg Corp	Note	2,666	1.000	04/25/49	2,661	2,205	
	Federal Home Ln Mtg Corp	Note	40	4.500	10/15/36	39	40	
	Federal Home Loan Mtg Corp	Note	8,869	VAR	01/25/42	8,869	8,641	
	Federal Natl MTG	Note	13,000	1.150	07/30/29	12,457	10,648	
	FARMER MAC	Note	10,000	4.170	05/24/29	9,998	9,684	
	USA Treasury Notes	Note	11,000	0.875	01/31/24	10,684	10,554	
	USA Treasury Notes	Note	28,000	2.625	07/31/29	26,171	25,783	
	USA Treasury Notes	Note	31,000	4.125	10/31/27	31,183	31,114	
	USA Treasury Notes	Note	2,000	4.125	11/15/32	2,100	2,046	
		Total United States Government and Government agency obligations				1,086,799	1,028,592	
		<u>Foreign and other government obligation:</u>						
	Intl BK Recon & Dev Ser Mtn SedOL	Note	22,000	2.700	12/28/37	21,883	16,978	
		<u>Certificates of deposit:</u>						
	Capital one	Note	24,000	4.800	11/03/25	23,940	24,139	
	Discover Bank	Note	22,000	4.900	11/30/27	22,000	22,288	
	Morgan Stanley Bank	Note	32,000	7.050	08/04/27	15,940	30,594	
	UBS Bank USA	Note	19,000	4.950	11/17/25	18,972	19,190	
		Total certificates of deposit				80,852	96,211	
		<u>Common collective trusts:</u>						
	JPMCB Global Allocation Fund		397,170			5,874,139	7,153,025	
	Loomis Sayles High Yield Conservative Trust		322,189			8,750,631	7,680,966	
	Northern Trust Russell 1000 Growth Index Fund		12,412			7,755,279	14,377,707	
		Total common collective trusts				22,380,049	29,211,698	
		<u>Short-term investments:</u>						
	Federated Hermes Government OBL PREM SHS #117		1,492,839			1,492,839	1,492,839	
	COLTV Short-term Invt FD		136			136	136	
		Total short-term investments				1,492,975	1,492,975	
		<u>Direct filing entity:</u>						
	Hardman Johnston International Equity Group Trust		164,256			2,346,145	5,739,356	

(a)	(b) Issuer, Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		<u>Limited partnerships:</u>				
	Acadian Non-US Concentrated Fund		3,008			\$ 2,445,212
	Boyd Watterson State Government Fund, L.P.		5,119			\$ 5,579,021
	Corbin ERISA Opportunity Fund, L.P.		N/A			11,980,809
	Hamilton Lane Secondary Feeder Fund IV-A LP		N/A			2,528,395
	Hamilton Lane Secondary Fund VI-A LP		N/A			412,500
	PRISA III Fund, L.P.		9,262			12,792,091
		Total limited partnerships				35,738,028
		Total assets held at end of year				\$ 96,428,788
						\$ 145,490,243

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

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2022

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 FD# 07	\$ 18,690,159	N/A	\$ 18,690,159	\$ 18,690,159	N/A
	Federated Government OBL - SEL ERISA & DISC IRA FD# 07	N/A	\$ 24,243,790	24,693,790	24,343,790	\$ -
	Federated Hermes Government OBL PREM SHS #117	7,693,051	N/A	7,693,051	7,693,051	N/A
	Federated Hermes Government OBL PREM SHS #117	N/A	6,200,212	6,200,212	6,200,212	-

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment D to 2022 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

\$580,313 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, 2021.

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, 2022.

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

The contribution rate in effect on January 1, 2022.

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, 2021 are assumed to be active participants as of January 1, 2022 unless identified as having been terminated.

14. Assets

Provided by the independent auditors' report as of December 31, 2021.

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, 2022.

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 5.63% and the expected 20-year return is 6.29%. Historically the Fund has averaged 11.61% annual return over the past 10 years and has outperformed its benchmark. 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. The mortality assumption is based on the Safe-harbor mortality assumption defined in the American Rescue Plan Act.

17. Changes in Assumptions since Last Valuation

For funding calculations, the administrative expense assumption was changed from \$464,692 to \$580,313.

The mortality assumption was updated to the Pri-2012 amount-weighted Blue-Collar table with projected generationally with scale MP-2021. The previous assumption used the SOA RP-2014 Blue Collar Mortality table adjusted to 2006 projected generationally using scale MP-2019.

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment D to 2022 Form 5500 Schedule MB

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

The RPA '94 Current Liability interest rate was changed from 2.43% to 2.22% and the RPA '94 Current Liability mortality table was changed from the IRS 2021 Static Mortality Table to the IRS 2022 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 2022 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.

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 2022 Form 5500 Schedule MB

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

Age/Service Distribution of Active Participants as of January 1, 2022									
AGE	COMPLETED YEARS OF CREDITED SERVICE								Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30 & Up	
Under 25	4	6	0	0	0	0	0	0	10
25-29	2	8	1	0	0	0	0	0	11
30-34	4	9	9	2	0	0	0	0	24
35-39	2	8	14	10	5	0	0	0	39
40-44	3	11	5	8	7	9	0	0	43
45-49	2	5	3	10	8	8	3	0	39
50-54	1	4	2	5	11	13	8	3	47
55-59	2	3	3	4	6	9	4	11	42
60-64	0	1	0	6	4	8	1	4	24
65 & Up	0	1	1	1	0	2	1	0	6
Total	20	56	38	46	41	49	17	18	285
Average Age=				46.2	Average Service=				13.4

FOR PLAN YEAR COMMENCING JANUARY 1, 2022

**ANNUAL CERTIFICATION OF PLAN STATUS UNDER SECTION 432(b) OF THE
INTERNAL REVENUE CODE, (SEC. 305(b) OF THE EMPLOYEE RETIREMENT
INCOME SECURITY ACT OF 1974)**

FOR

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

EIN: 52-6124754

PN: 001

Plan Year 1/1/2022

**Fund Contact
Ms. Alicia Cochran
Account Executive
(410) 683-6500**

March 31, 2022



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

March 31, 2022
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, 2022, 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, 2022

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 A to 2022 Form 5500 Schedule MB

Schedule MB, line 3 – Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Withdrawal Liability
			Payment
February 2022	\$165,918.50	\$0.00	\$165,918.50
May 2022	\$165,918.50	\$0.00	\$165,918.50
August 2022	\$165,918.50	\$0.00	\$165,918.50
November 2022	\$165,918.50	\$0.00	\$165,918.50

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment H to 2022 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, 2022				
Type of Base	Date Established	1/1/2022 Outstanding Balance	Remaining Amortization Years ¹	Beginning of Year Amortization Amount
CHARGES				
1. Change in Actuarial Assumptions	01/01/1988	\$ 7,949	1	\$ 7,949
2. Increase in Employer Contributions	01/01/1988	104,038	1	104,038
3. Increase in Employer Contributions	01/01/1989	240,010	2	124,063
4. Increase in Employer Contributions	01/01/1990	297,730	3	106,029
5. Increase in Employer Contributions	01/01/1991	614,913	4	169,663
6. Plan Amendments	01/01/1992	19,752	5	4,503
7. Increase in Employer Contributions	01/01/1992	290,596	5	66,235
8. Change in Actuarial Assumptions	01/01/1992	845,138	5	192,637
9. Increase in Employer Contributions	01/01/1993	528,349	6	103,594
10. Increase in Employer Contributions	01/01/1994	724,956	7	125,718
11. Increase in Employer Contributions	01/01/1995	647,667	8	101,367
12. Plan Amendments	01/01/1996	389,736	9	55,906
13. Increase in Employer Contributions	01/01/1996	746,931	9	107,144
14. Plan Amendments	01/01/1997	26,736	10	3,558
15. Increase in Employer Contributions	01/01/1997	833,514	10	110,910
16. Increase in Employer Contributions	01/01/1998	376,716	11	46,951
17. Plan Amendments	01/01/1998	6,839,468	11	852,421
18. Increase in Employer Contributions	01/01/1999	1,219,920	12	143,543
19. Plan Amendments	01/01/1999	2,753,572	12	324,000
20. Increase in Employer Contributions	01/01/2000	317,072	13	35,456
21. Plan Amendments	01/01/2001	275,852	14	29,479
22. Change in Actuarial Assumptions	01/01/2001	510,676	14	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 H to 2022 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, 2022				
Type of Base	Date Established	1/1/2022 Outstanding Balance	Remaining Amortization Years ¹	Beginning of Year Amortization Amount
CHARGES				
23. Increase in Employer Contributions	01/01/2001	\$ 1,718,838	14	\$ 183,683
24. Plan Amendments	01/01/2002	449,601	15	46,135
25. Increase in Employer Contributions	01/01/2002	1,584,305	15	162,568
26. Increase in Employer Contributions	01/01/2003	1,793,947	16	177,480
27. Experience Loss	01/01/2003	827,193	1	827,193
28. Increase in Employer Contributions	01/01/2004	1,630,665	17	156,095
29. Experience Loss	01/01/2004	1,141,307	2	589,950
30. Increase in Employer Contributions	01/01/2005	1,857,880	18	172,614
31. Experience Loss	01/01/2005	1,396,856	3	497,452
32. Recognized Portion of the 2008 ENIL	01/01/2009	35,360,649	16	3,498,313
33. Bifurcation Base	01/01/2009	5,200,263	7	901,800
34. Bifurcation Base	01/01/2010	2,263,592	3	806,118
35. Recognized Portion of the 2008 ENIL	01/01/2011	5,114,097	16	505,950
36. Recognized Portion of the 2008 ENIL	01/01/2012	16,374,064	16	1,619,925
37. Assumption Change	01/01/2012	6,909,447	5	1,574,907
38. Recognized Portion of the 2008 ENIL	01/01/2013	5,473,352	16	541,492
39. Recognized Portion of the 2008 ENIL	01/01/2014	3,453,057	16	341,619
40. Experience Loss	01/01/2015	3,149,597	8	492,949
41. Experience Loss	01/01/2016	5,103,559	9	732,082
42. Experience Loss	01/01/2017	1,955,770	10	260,242
43. Experience Loss	01/01/2018	1,657,767	11	206,612
44. Assumption Change	01/01/2020	<u>14,429,889</u>	13	<u>1,613,596</u>
TOTAL CHARGES		<u>\$ 137,456,986</u>		<u>\$ 18,778,512</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 H to 2022 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, 2022				
Type of Base	Date Established	1/1/2022 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CREDITS				
1. Change in Actuarial Assumptions	01/01/1994	\$ 81,741	2	\$ 42,252
2. Change in Actuarial Assumptions	01/01/1996	1,126,658	4	310,861
3. Change in Actuarial Assumptions	01/01/1999	114,122	7	19,791
4. Change in Actuarial Assumptions	01/01/2002	676,577	10	90,027
5. Experience Gain	01/01/2008	619,485	1	619,485
6. Method Change	01/01/2009	11,049,435	17	1,057,701
7. Recognized Portion of the 2008 ENIL	01/01/2010	6,303,496	16	623,620
8. Plan Amendment	01/01/2010	6,270,015	3	2,232,897
9. Bifurcation Base	01/01/2011	2,911,231	4	803,249
10. Bifurcation Base	01/01/2012	1,430,886	5	326,149
11. Bifurcation Base	01/01/2013	8,416,807	6	1,650,291
12. Bifurcation Base	01/01/2014	2,337,082	7	405,283
13. Experience Gain	01/01/2019	685,131	12	80,616
14. Experience Gain	01/01/2020	1,745,930	13	195,236
15. Experience Gain	01/01/2021	4,525,586	14	483,624
16. Assumption Change	01/01/2022	142,819	15	14,655
17. Experience Gain	01/01/2022	<u>9,466,468</u>	15	<u>971,371</u>
TOTAL CREDITS		<u>57,903,469</u>		<u>\$ 9,927,108</u>
NET CHARGE		\$ 79,553,517		\$ 8,851,404

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment I to 2022 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 2.43% to 2.22% to comply with appropriate guidance.
2. The RPA '94 current liability mortality table was changed from the IRS 2021 Static Mortality Table to the IRS 2022 Static Mortality Table as prescribed under IRS regulations.
3. The administrative expense assumption was changed from \$464,692 to \$580,313 to better reflect recent experience by the Fund.
4. The mortality assumption was updated to the Pri-2012 amount-weighted Blue-Collar table with projected generationally with scale MP-2021. The previous assumption used the SOA RP-2014 Blue Collar Mortality table adjusted to 2006 projected generationally using scale MP-2019.

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment C to 2022 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 2022 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.

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment D to 2022 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: 2.22%

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:

Pri-2012 amount-weighted Blue-Collar table with projection scale MP-2021 as published by the Retirement Plans Experience Committee (RPEC) of the Society of Actuaries

Current Liability under RPA 1994:

The 2022 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	Service	Service
<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 2022 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

\$580,313 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, 2021.

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, 2022.

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

The contribution rate in effect on January 1, 2022.

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment D to 2022 Form 5500 Schedule MB

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

The RPA '94 Current Liability interest rate was changed from 2.43% to 2.22% and the RPA '94 Current Liability mortality table was changed from the IRS 2021 Static Mortality Table to the IRS 2022 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 2022 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.

Warehouse Employees Union Local No. 730 Pension Trust

EIN: 52-6124754

Plan Number: 001

Attachments to 2022 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	Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
H	Lines 9c and 9h – Schedule of Funding Standard Account Bases
I	Line 11 – Justification for Change in Actuarial Assumptions

APPENDIX I – TESTS OF FUND STATUS

Critical Status – The Fund, which has a 431(d) five-year automatic extension, was certified as Critical last year and will remain Critical unless it meets the two conditions for emergence: **Condition Met?**

- 1

The Fund is not projected to have an accumulated funding deficiency for the current plan year or the next nine plan years.

NO
- 2

The Fund is not projected to become insolvent within 30 years.

NO

Critical and Declining Status – The Fund will be certified as Critical and Declining if it meets test 3.

- 3

The Fund is in Critical Status and is projected to become insolvent within the current or the next 19 plan years since the funding level is below 80%.

YES

The Fund is certified to be in Critical and Declining status for 2022.

APPENDIX II – DETAIL FOR ACTUARIAL CERTIFICATION

A. CREDIT BALANCE / FUNDING DEFICIENCY (Used for Test 1) *(uses 431(d) five-year automatic extension)*

<u>Date</u>	<u>Credit Balance</u>	adjusted with interest to end of year		
		<u>Charges</u>	<u>Credits</u>	<u>Contributions</u>
1/1/2022	(\$58,238,256)	\$21,431,780	\$10,581,882	\$6,001,697
1/1/2023	(\$67,163,136)			

Because a funding deficiency is projected at year end, there is no need to project the funding standard account credit balance any further. The projected funding standard account is based on the methods and assumptions set out in Appendix IV.

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 which the Fund is maintained. Additionally, future Withdrawal Liability payments by McKesson Drug Corporation are included.

B. SOLVENCY PROJECTION (Used for Tests 2 and 3) *(assumes contribution increases continue at 4.9% per year through FYE 2027, and 2.0% per year through FYE 2032)*

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			

APPENDIX III – SCHEDULED PROGRESS

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).

APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

A. Actuarial Assumptions

1. Rates of Investment Return

7.00% net of investment expenses.

2. Administrative Expenses

\$473,986 for 2022 payable at the middle of the year, increasing 2.0% per year thereafter.

3. Rates of Mortality

SOA RP-2014 Blue Collar Mortality Table using base year 2006 with generational improvements using scale MP-2019

4. Rates of Retirement

For individuals commencing from Active status:

Age	Less than 30 Years of Service		30 Years of Service	Over 30 Years of Service
	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%

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%

APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

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 Contributions Benefit

The contribution rate in effect on January 1, 2021.

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. 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.

15. Projected Industry Activity

As required by Section 432 of the Code, assumptions with respect to projected industry activity are based on information provided by the Trustees. It is the Trustees' expectation that the contribution base units will remain level during the projection period. Further, each employer's current contribution rate is expected to increase by 4.9% annually through 2027, then 2% annually for the next five years, and remain flat thereafter. These contribution rate increases are not benefit bearing.

16. Justification for Assumptions

Economic: The expected investment return was chosen by modeling the Fund's current asset allocation with the Horizon Investment Survey. The 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 of return of 7% is reasonable.

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

APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

B. Actuarial Methods

1. Funding Method: Entry Age Normal Cost Method

Under the entry age normal actuarial 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, 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.

2. 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 (with the exception of the 2008 loss which is recognized at a rate of $1/10$ per plan year due to funding relief). Gains or losses prior to January 1, 2006 are ignored.

3. Disclosures Regarding Models Used

In accordance with Actuarial Standard of Practice No. 56 (Modeling), the following disclosures are made:

a. Valuation Software

Cheiron utilizes and relies upon ProVal, an actuarial valuation software leased from Winklevoss Technologies for the intended purpose of calculating liabilities and projected benefit payments. Projected expected results of future valuations in this report were developed using P-scan, our proprietary tool for the intended purpose of developing projections. As part of the review process for this certification, we have performed a number of tests to verify that the results are reasonable and appropriate. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect this certification.

APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

b. Projections

This certification includes projections of future cash flows and funded status for the purpose of determining a zone status for the Fund.

The projections are based on the January 1, 2021 actuarial valuation projected to December 31, 2021 using expected liabilities and preliminary, unaudited December 31, 2021 assets. These projections also assume the continuation of the plan provisions and actuarial assumptions in effect as of January 1, 2021.

The projections assume that all future assumptions are met except where indicated with respect to future investment returns. The future outcomes become increasingly uncertain over time, and therefore the general trends and not the absolute values should be considered in the review of these projections.

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

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment E to 2022 Form 5500 Schedule MB

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total	Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	\$ 584,514	\$ 1,051,223	\$ 20,410,172	\$ 22,045,909	2047	\$ 3,134,508	\$ 6,018,268	\$ 4,531,271	\$ 13,684,047
2023	892,057	1,744,579	19,866,818	22,503,453	2048	3,066,094	5,781,349	4,030,566	12,878,009
2024	1,168,436	2,550,184	19,274,125	22,992,745	2049	2,961,019	5,529,608	3,553,674	12,044,302
2025	1,450,101	3,448,300	18,636,382	23,534,783	2050	2,853,002	5,260,580	3,104,010	11,217,592
2026	1,792,822	4,261,479	17,865,040	23,919,340	2051	2,721,213	4,972,203	2,684,629	10,378,044
2027	2,254,735	5,182,748	16,908,294	24,345,776	2052	2,602,083	4,674,713	2,298,087	9,574,883
2028	2,528,995	6,005,554	16,082,587	24,617,136	2053	2,471,418	4,365,388	1,946,290	8,783,097
2029	2,730,528	6,781,268	15,110,331	24,622,127	2054	2,337,630	4,054,979	1,630,309	8,022,918
2030	3,036,041	7,460,966	14,271,048	24,768,055	2055	2,194,028	3,748,225	1,350,335	7,292,587
2031	3,309,203	7,959,862	13,431,707	24,700,772	2056	2,059,866	3,443,925	1,105,630	6,609,421
2032	3,326,475	8,255,119	12,799,984	24,381,578	2057	1,922,613	3,143,073	894,632	5,960,318
2033	3,371,743	8,383,165	12,272,041	24,026,949	2058	1,786,743	2,852,280	715,173	5,354,196
2034	3,445,293	8,408,403	11,737,662	23,591,357	2059	1,664,640	2,572,289	564,638	4,801,568
2035	3,451,352	8,406,331	11,201,948	23,059,631	2060	1,544,759	2,305,048	440,137	4,289,944
2036	3,521,175	8,280,980	10,656,829	22,458,985	2061	1,429,753	2,053,418	338,651	3,821,822
2037	3,539,459	8,063,379	10,103,619	21,706,457	2062	1,320,243	1,817,521	257,138	3,394,902
2038	3,520,081	7,858,681	9,539,900	20,918,662	2063	1,213,513	1,602,039	192,644	3,008,197
2039	3,540,706	7,645,984	8,973,631	20,160,320	2064	1,111,528	1,405,083	142,389	2,659,000
2040	3,511,591	7,439,167	8,405,140	19,355,897	2065	1,015,665	1,226,621	103,816	2,346,101
2041	3,496,092	7,234,775	7,835,123	18,565,991	2066	923,673	1,065,361	74,647	2,063,681
2042	3,429,136	7,028,860	7,265,847	17,723,843	2067	836,578	921,928	52,918	1,811,423
2043	3,382,055	6,846,285	6,699,869	16,928,209	2068	756,193	794,570	36,974	1,587,736
2044	3,322,356	6,649,738	6,140,081	16,112,176	2069	678,780	681,558	25,456	1,385,794
2045	3,291,536	6,440,785	5,589,697	15,322,018	2070	607,792	582,766	17,265	1,207,823
2046	3,209,251	6,236,057	5,052,204	14,497,512	2071	541,394	496,183	11,534	1,049,112

Notes on the Expected Annual Benefit Payments:

- Based on the 2022 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions they do not include additional accruals, new entrants, or expected expenses

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment G to 2022 Form 5500 Schedule MB

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	\$5,138,385	\$663,674	\$5,802,059
2023	\$5,390,415	\$663,674	\$6,054,089
2024	\$5,655,190	\$663,674	\$6,318,864
2025	\$5,932,245	\$663,674	\$6,595,919
2026	\$6,222,661	\$663,674	\$6,886,335
2027	\$6,504,205	\$663,674	\$7,167,879
2028	\$6,633,187	\$663,674	\$7,296,861
2029	\$6,767,424	\$663,674	\$7,431,098
2030	\$6,902,740	\$663,674	\$7,566,414
2031	\$7,038,685	\$663,674	\$7,702,359

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 2022 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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 instr.) ☐ 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 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: 60%;">1b Three-digit plan number (PN) ►</td> <td>001</td> </tr> <tr> <td>1c Effective date of plan</td> <td>08/15/1965</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td>52-6124754</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td>410-683-7763</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>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										
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										

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	<i>William Davis</i> 20377E40FDDA101...	10/13/2023	WILLIAM DAVIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

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:**4b** EIN**4d** PN**a** Sponsor's name**c** Plan Name**5** Total number of participants at the beginning of the plan year**5** 1,978**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)** 311**a(2)** Total number of active participants at the end of the plan year **6a(2)** 315**b** Retired or separated participants receiving benefits **6b** 913**c** Other retired or separated participants entitled to future benefits **6c** 569**d** Subtotal. Add lines 6a(2), 6b, and 6c **6d** 1,797**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits **6e** 161**f** Total. Add lines 6d and 6e **6f** 1,958**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** 4**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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
▶ 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) ▶	001
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>2022</u>		
b Assets		
(1) Current value of assets.....	1b(1)	181,967,256
(2) Actuarial value of assets for funding standard account	1b(2)	156,837,048
c (1) Accrued liability for plan using immediate gain methods	1c(1)	294,816,993
(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)	289,710,129
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)	507,873,393
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	2,955,106
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	21,850,506
(3) Expected plan disbursements for the plan year.....	1d(3)	22,646,189
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	<i>P.R. Hardcastle, Jr.</i> _____ Signature of actuary	
Peter R. Hardcastle	<u>10/2/2023</u> _____ Date	
CHEIRON, Inc.	23-05197 _____ Most recent enrollment number	
8300 Greensboro Drive Suite 800 McLean	_____ Telephone number (including area code)	
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) 2022 v. 220413		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	181,967,256
b "RPA '94" current liability/participant count breakdown:		
(1) For retired participants and beneficiaries receiving payment	(1) Number of participants	(2) Current liability
(2) For terminated vested participants	1,069	275,657,333
(3) For active participants:	638	156,877,525
(a) Non-vested benefits		4,921,031
(b) Vested benefits		70,417,504
(c) Total active	285	75,338,535
(4) Total	1,992	507,873,393
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	35.83 %

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
07/01/2022	6,108,947				
Totals ▶			3(b)	6,108,947	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 663,674

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	54.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	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 plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☒		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		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	2.22 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	13.4%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	19.7%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	580,313
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-9,466,468	-971,371
4	-142,819	-14,655

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or 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	-2,364,068

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

a Prior year funding deficiency, if any	9a	58,426,428
b Employer's normal cost for plan year as of valuation date	9b	1,329,012

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	137,456,986	18,778,512
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 5,497,377**e** Total charges. Add lines 9a through 9d..... **9e** 84,031,329**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** 6,108,947

	Outstanding balance	
h Amortization credits as of valuation date.....	9h 57,903,469	9,927,108

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 905,095**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	149,060,584	
9j(2)	305,507,116	
9j(3)		0

k (1) Waived funding deficiency**(2)** Other credits**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**m** Credit balance: If line 9l is greater than line 9e, enter the difference**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the 2022 plan year**(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**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....**(3)** Total as of valuation date

9o(1)	0
9o(2)(a)	0
9o(2)(b)	0
9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)..... **10** 67,090,179**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No