

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 LOCAL 553 PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 03/15/1956
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 LOCAL 553 PENSION FUND 265 WEST 14TH STREET NEW YORK, NY 10011
2b	Employer Identification Number (EIN) 13-6637826
2c	Plan Sponsor's telephone number 212-627-5553
2d	Business code (see instructions) 454310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/03/2024	DEMOS P. DEMOPOULOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/03/2024	VINCENT THEURER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 1976
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 341 6a(2) 324 6b 971 6c 367 6d 1662 6e 275 6f 1937 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 15

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

1B

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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 LOCAL 553 PENSION 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 LOCAL 553 PENSION FUND	D Employer Identification Number (EIN) 13-6637826

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

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 247345063
(2) Actuarial value of assets for funding standard account	1b(2) 263702489
c (1) Accrued liability for plan using immediate gain methods	1c(1) 273538722
(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) 263187771
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) 433729492
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 5184213
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 23216754
(3) Expected plan disbursements for the plan year	1d(3) 24516754

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	08/19/2024
Signature of actuary BRIAN LEHMAN, ASA, MAAA	Date 23-08555
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000
Firm name 333 WEST 34TH STREET, NEW YORK, NY 10001-2402	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	247623567
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1234	278254351
(2) For terminated vested participants	447	70675219
(3) For active participants:		
(a) Non-vested benefits		3482871
(b) Vested benefits		81317051
(c) Total active	331	84799922
(4) Total	2012	433729492
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	57.09 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2023	5351187				
Totals ►			3(b)	5351187	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total			3(d)		268314

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	100.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	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."		

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		2.55 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		6.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		-8.9 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		1253457
(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	2329322	239016
3	1994478	204657

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	2018665

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)	112440479	17981993
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 1400046**e** Total charges. Add lines 9a through 9d**9e** 21400704**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 70455746**g** Employer contributions. Total from column (b) of line 3**9g** 5351187**h** Amortization credits as of valuation date**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 5598555**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

	Outstanding balance	
9h	32148500	7070988
9j(1)	105574835	
9j(2)	127188304	

k (1) Waived funding deficiency**(2)** Other credits**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 88476476**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 67075772**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LOCAL 553 PENSION 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 LOCAL 553 PENSION FUND	D Employer Identification Number (EIN) 13-6637826	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHEVY CHASE TRUST COMPANY
52-2037618

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
EATON VANCE TRUST COMPANY
TWO INTERNATIONAL PLACE BOSTON, MA 02110

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
IFM INVESTORS US. LLC
98-0569684

(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)

FRIEDMAN AND ANSPACH

13-3403675

(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	LEGAL COUNSEL	390570	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE BANK, N.A.

13-4994650

(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?
24 28 50 51 27	NONE	318779	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	204469	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)

KATIA A. PETTINATO

13-6637826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	151512	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIEZERT CAPITAL PARTNERS

38-3553488

(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 52 68	NONE	117564	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ELENA SHTABEL

13-6637826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	106694	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)

PROSKAUER ROSE LLP

13-1840454

(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	100000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAJPATTIE SANKAR

13-6637826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	97954	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NELLI BRAGINSKAYA

13-6637826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	87755	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)

CALIBRE CPA GROUP, PLLC

47-0900880

(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	AUDITOR	81329	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	70000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK, NA

31-0841368

(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 19 50	NONE	68490	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)

INVESCO NATIONAL TRUST COMPANY

46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	54146	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 99	NONE	52346	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MR. MICROCHIP SOFTWARE CENTER, INC.

59-3084068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	19594	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)

STATE STREET GLOBAL ADVISORS

81-4017137

(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 51	NONE	12560	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(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?
53	NONE	8920	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

WITHUM

1411 BROADWAY
NEW YORK, NY 10018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7958	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
SEGAL SELECT INSURANCE SERVICES	53	6007

(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.
EUCLID HUDSON 234 SPRING LAKE DRIVE ITASCA, IL 60143 45-3957469	INSURANCE BROKERAGE COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	1938

(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.
CHUBB 202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889 13-1963496	INSURANCE BROKERAGE COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	975

(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.
AMWINS PO BOX 603094 CHARLOTTE, NC 28260 13-4279678	INSURANCE BROKERAGE COMMISSIONS AND FEES

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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan LOCAL 553 PENSION 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 LOCAL 553 PENSION FUND	D Employer Identification Number (EIN) 13-6637826	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: EATON VANCE COLL. TRUST HIGH YIELD		
b Name of sponsor of entity listed in (a): EATON VANCE TRUST COMPANY		
c EIN-PN 42-1701287-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25025082
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 27-3350609-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25549337
a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV ACWI EX-US FUND		
b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-193	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25619861
a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN STRATEGIC PROPERTY FUND		
b Name of sponsor of entity listed in (a): JP MORGAN ASSET MANAGEMENT		
c EIN-PN 13-6038770-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29213550
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX NL FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 04-0025091-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22798068
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BALANCED RISK ALLOCATION		
b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST CO.		
c EIN-PN 26-6399613-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15012527
a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV NON-SL INT. GOVT/CREDIT BOND		
b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-275	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33022996

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LOCAL 553 PENSION 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 LOCAL 553 PENSION FUND		
		D Employer Identification Number (EIN) 13-6637826

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	180176	279180
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	470295	313618
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	29785	56913
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3716527	3517502
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	31948457	34203634
(5) Partnership/joint venture interests	1c(5)	34833600	37420632
(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)	176756379	176241421
(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)		
(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)		

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	15091	14122
f Total assets (add all amounts in lines 1a through 1e)	1f	247950310	252047022
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	326743	378300
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	326743	378300
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	247623567	251668722

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)	5228910	
(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)		5228910
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	322320	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		322320
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	955103	
(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)		955103
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	26956710	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	23759778	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3196932
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	5078719	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		13940054
(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)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		28722038

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22424046	
(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)		22424046
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	288425	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	81329	
(5) Investment advisory and investment management fees	2i(5)	625395	
(6) Bank or trust company trustee/custodial fees	2i(6)	42532	
(7) Actuarial fees	2i(7)	204469	
(8) Legal fees	2i(8)	490570	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	520117	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2252837
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24676883

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4045155
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: **CALIBRE CPA GROUP, PLLC**

(2) EIN: **47-0900880**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.		☒	

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 521105.

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 2023 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LOCAL 553 PENSION 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 LOCAL 553 PENSION FUND	D Employer Identification Number (EIN) 13-6637826	

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	0
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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes	☒ No	☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **PETRO**

b EIN **74-1810078**

c Dollar amount contributed by employer **2515109**

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 **12** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **10.00**

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

a Name of contributing employer **APPROVED OIL**

b EIN **11-1750251**

c Dollar amount contributed by employer **1275916**

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 **12** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **10.00**

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

a Name of contributing employer **FRED M. SCHILDWACHTER AND SONS**

b EIN **13-1729933**

c Dollar amount contributed by employer **243543**

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 **12** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **10.00**

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

a Name of contributing employer **ROCKWAY FUEL OIL CORP.**

b EIN **11-1726277**

c Dollar amount contributed by employer **220470**

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 **12** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **10.00**

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

a Name of contributing employer **SKAGGS WALSH INC.**

b EIN **11-3333177**

c Dollar amount contributed by employer **124845**

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 **12** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **10.00**

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

a Name of contributing employer **EAST COAST PETROLEUM**

b EIN **13-3762228**

c Dollar amount contributed by employer **176137**

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 **12** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **10.00**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **SPRAGUE RESOURCES, LLC**

b EIN **45-2637804**

c Dollar amount contributed by employer **58709**

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 **12** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **10.00**

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

a Name of contributing employer **BAYSIDE FUEL OIL DEPOT**

b EIN **11-2062415**

c Dollar amount contributed by employer **82728**

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 **12** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **10.00**

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

a Name of contributing employer **COHLER FUEL OIL**

b EIN **11-1887998**

c Dollar amount contributed by employer **82349**

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 **12** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **10.00**

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

a Name of contributing employer **LOCAL 553 UNION**

b EIN **13-5000655**

c Dollar amount contributed by employer **69760**

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 **12** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **10.00**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

309

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

321

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

321

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

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

15a

0.99

b The corresponding number for the second preceding plan year

15b

0.99

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

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

16a

0

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 43.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 13.0 %

High-Yield Debt: 9.0 % Real Assets: 28.0 % Cash or Cash Equivalents: 0.0 % Other: 7.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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



LOCAL 553 PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2023





LOCAL 553 PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Local 553 Pension Fund

Opinion

We have audited the accompanying financial statements of Local 553 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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



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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2023, and reportable transactions for the year ended December 31, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 2023 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Calibre CPA Group, PLLC

New York, NY
July 8, 2024



LOCAL 553 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2023 AND 2022

	2023	2022
Assets		
Investments, at fair value		
Cash equivalents	\$ 3,517,502	\$ 3,716,527
Common stock	34,203,634	31,948,457
Limited partnership	37,420,632	34,833,600
Collective trust funds	<u>176,241,421</u>	<u>176,756,379</u>
Total investments	<u>251,383,189</u>	<u>247,254,963</u>
Receivables		
Employer contributions	157,391	191,791
Withdrawal liability	156,227	278,504
Due from related funds	36,943	16,318
Interest and dividends	<u>19,970</u>	<u>13,467</u>
Total receivables	<u>370,531</u>	<u>500,080</u>
Cash	<u>279,180</u>	<u>180,176</u>
Other assets	<u>14,122</u>	<u>15,091</u>
Total assets	252,047,022	247,950,310
Liabilities		
Accounts payable and accrued expenses	<u>378,300</u>	<u>326,743</u>
Net assets available for benefits	<u>\$ 251,668,722</u>	<u>\$ 247,623,567</u>

See accompanying notes to financial statements.



LOCAL 553 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Additions		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 21,127,175	\$ (25,939,752)
Interest and dividends	<u>2,365,953</u>	<u>1,748,266</u>
	23,493,128	(24,191,486)
Less: investment expenses	<u>667,927</u>	<u>756,078</u>
Net investment income (loss)	22,825,201	(24,947,564)
 Employer contributions	 5,082,873	 5,333,098
Withdrawal liability income	<u>146,037</u>	<u>487,223</u>
 Total additions	 <u>28,054,111</u>	 <u>(19,127,243)</u>
 Deductions		
Benefits paid to participants	22,424,046	22,282,642
Administrative expenses	<u>1,584,910</u>	<u>1,223,245</u>
 Total deductions	 <u>24,008,956</u>	 <u>23,505,887</u>
 Net change	 4,045,155	 (42,633,130)
 Net assets available for benefits		
Beginning of year	<u>247,623,567</u>	<u>290,256,697</u>
 End of year	 <u>\$ 251,668,722</u>	 <u>\$ 247,623,567</u>

See accompanying notes to financial statements.



LOCAL 553 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

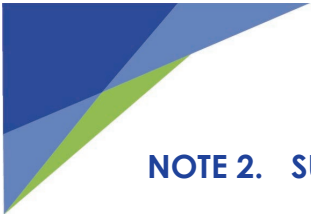
NOTE 1. DESCRIPTION OF PLAN

The following brief description of Local 553 Pension Fund (the Plan) provides only general information. Participants should refer to the Plan Document for more complete information.

General - The Plan is a multiemployer defined benefit pension plan that was established under the provisions of an Agreement and Declaration of Trust effective March 15, 1956, as amended, between the Coal, Gasoline, and Fuel Oil Teamsters, Chauffeurs and Helpers Local Union 553 International Brotherhood of Teamsters (the Union), affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen, and Helpers of America and various employers having collective bargaining agreements with the Union. The Union and the employers agreed to participate in the operation of the Plan for the purpose of providing and maintaining pension benefits for the employees represented by the Union. The Plan is administered by a Board of Trustees (Trustees) consisting of union and employer representatives and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits - The Plan provides various forms of retirement pension benefits as well as survivor benefits to eligible participants and beneficiaries as defined in the Plan Document. These include regular pensions, service pensions, disability pensions, and pre-retirement and postretirement death benefits. These benefits are payable in the form of life annuities and joint and survivor annuities. The Plan requires (unless waived) participant and spousal benefits providing for actuarial reduced pensions to participants during their lifetime after which the surviving spouse receives 50% or 75% of the calculated benefit for life.

Funding Policy - Funding to provide the benefits are made by the employers as provided for in the applicable prevailing collective bargaining agreements with the Union. Contributions by participants are not permitted under the Plan. Since December 16, 2018, the contribution rate has been \$9.75 per hour. Effective January 1, 2023, the rate was increased to \$10.00 per hour with additional \$.25 increases effective January 1, 2024, and 2025. Contributions are also made by the Plan's sponsoring union and other related benefit funds in their capacities as employers. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2023 and 2022.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, revenue is recorded when earned and expenses are recorded as incurred, regardless of when cash is exchanged.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities, if any, and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

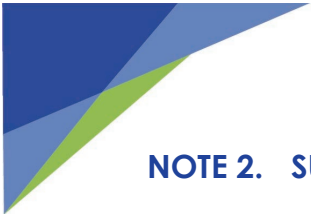
Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines its valuation policies utilizing information provided by the investment managers and custodian.

Purchases and sales of securities are recognized on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized 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. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Employer Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Withdrawal Liability Income and Receivable - Withdrawal liability amounts due from former contributing employers are accrued as plan assets and additions to plan assets and do not include disputed amounts. As of December 31, 2023, the Plan accrued \$156,227 in withdrawal liability income consisting of \$1,865,826 due to the Plan, of which \$1,709,599 was estimated as a reserve for payments deemed uncertain of collection. As of December 31, 2022, the Plan accrued \$278,504 in withdrawal liability income consisting of \$2,144,330 due the Plan of which \$1,856,826 was estimated as a reserve for payments deemed uncertain of collection.

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related benefit funds in accordance with an annual time allocation study.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Operating Leases - The Plan has elected, for all underlying classes of assets, to not recognize right of use assets and lease liabilities for leases obligations that are not material to the financial statements and therefore related disclosures under accounting standards for these leases are not included in the financial statements. The Plan recognizes lease expenses associated with immaterial leases as incurred over the lease term.

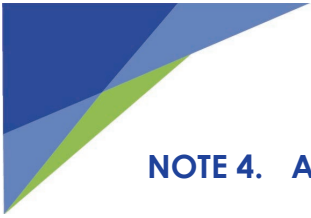
Payment of Benefits - Benefit payments to participants are recorded upon distribution.

New Accounting Pronouncement Adopted - During the year ended December 31, 2023, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-13, *Financial Instruments - Credit Losses* (Topic 326). This ASU replaced the incurred loss methodology with an expected loss methodology that is referred as the current expected credit loss (CECL) methodology. The ASU requires employee benefit plans to immediately recognize the estimated expected credit losses over the life of a financial instrument, including contributions and withdrawal liabilities receivables. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events. The Plan adopted the ASU effective January 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.

NOTE 3. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by letter dated January 20, 2016, that the Plan meets the requirements of Internal Revenue Code (IRC) Section 401(a) and is exempt from federal income taxes under IRC Section 501(a). The Plan has been amended since receiving the determination letter. The Trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America requires the Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023 and 2022, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.



NOTE 4. ACTUARIAL INFORMATION

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered to contributing employers. Accumulated plan benefits include benefits expected to be paid to (a) pensioners or their beneficiaries (b) inactive participants with rights to immediate or deferred pensions or their beneficiaries and (c) active participants or their beneficiaries. Benefits under the Plan vary in amount, depending on the pension for which the participant qualifies, based on the number of pension credits or years of vesting service attained, the participant's age at retirement, and the pension option selected.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary, Segal Consulting, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the present value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2022 are indicated on the following pages.

Net Investment Return: 7.00%

Mortality Rates: Healthy: Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables projected generationally from 2012 using Scale MP-2021.

Disabled: Pri-2012 Disabled Annuitant Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021.

Contingent Survivor: Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021.

Retirement Rates:

Annual Retirement Rates (%)					
Age (if eligible)	Active Participants	Inactive Vested Participants	Age (if eligible)	Active Participants	Inactive Vested Participants
50	25	0	62	20	20
51-52	5	0	63	15	15
53-54	20	0	64	5	25
55	25	35	65	50	25
56	20	10	66	20	20
57	5	10	67	25	5
58	5	5	68	40	10
59	20	5	69	60	5
60-61	20	10	70 and older	100	100

NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

Termination Rates:

				Rate %			
Mortality*				Withdrawal**			
				Years of Service			
Age	Male	Female	Disability**	Less Than 2 Years	2-4 Years	5-9 Years	10 Years or More
20	0.07	0.02	0.10	21.59	17.03	0	0
25	0.07	0.03	0.10	26.09	20.57	15.55	0
30	0.07	0.03	0.10	22.33	16.30	10.07	5.81
35	0.07	0.04	0.12	20.14	13.22	8.58	6.02
40	0.09	0.06	0.18	19.09	12.42	7.21	4.98
45	0.12	0.09	0.36	18.58	11.36	6.98	4.48
50	0.18	0.13	0.80	18.72	10.68	6.38	4.19
55	0.28	0.20	1.70	16.22	9.38	3.11	1.06
60	0.44	0.30	3.48	16.36	9.41	2.54	0.24

* Mortality rates shown for base table without generational projection.

** Disability and withdrawal rates do not apply at or beyond earliest eligibility for a pension.

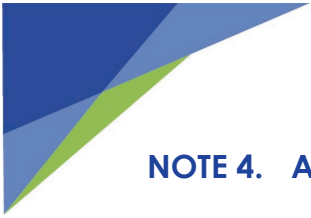
The foregoing actuarial assumptions are based on the presumption that the Plan will continue. In the event the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2023. Had the valuation been performed as of December 31, 2022, there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2022 is shown below:

Actuarial present value of vested accumulated plan benefits:	
Participants currently receiving benefits	\$ 187,238,854
Other vested benefits	73,739,390
Total vested benefits	260,978,244
Actuarial present value of non-vested accumulated plan benefits	2,209,527
Total actuarial present value of accumulated plan benefits	<u>\$ 263,187,771</u>

The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

Actuarial present value of accumulated plan benefits - January 1, 2022	<u>\$ 265,715,371</u>
Benefits accumulated, net experience gain or loss, changes in data	1,999,850
Benefits paid	(22,282,642)
Interest	17,755,192
Total change	<u>(2,527,600)</u>
Actuarial present value of accumulated plan benefits - December 31, 2022	<u>\$ 263,187,771</u>



NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

Plan Amendment

Effective January 1, 2023, the Plan adopted the following accrual rate structure for future service earned on and after January 1, 2023:

- Accrual rates for active participants hired before April 1, 2011: \$135 for the first 20 pension credits, \$150 for the next 10 pension credits and \$170 for each pension credit in excess of 30.
- Accrual rates for active participants hired on or after April 1, 2011: \$90 for the first 20 pension credits and \$105 for each pension credit in excess of 20.

The impact of this plan amendment is not reflected in the actuarial present value of accumulated plan benefits as of December 31, 2022, and will be reflected in the next actuarial valuation.

Since information on the accumulated plan benefits at December 31, 2023, and changes therein for the year then ended are not included above, the financial statements do not purport to present the complete presentation of the financial status of the Plan as of December 31, 2023, and changes in its financial status for the year then ended. As permitted by accounting standards, the financial statements present the complete financial status of the Plan as of December 31, 2022.

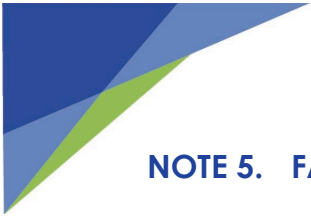
Pension Protection Act Filings

For each of the years ended December 31, 2023 and 2022, based on actuarial assumptions, participant and financial data, and plan provisions, the Plan's actuary certified that the Plan was in neither Endangered nor Critical Status (Green Zone) as defined in the Pension Protection Act of 2006 (PPA), as amended.

NOTE 5. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- 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 other significant observable inputs including:
- Quoted prices for similar assets or liabilities in active markets;



NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

- 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; and
- 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan uses valuation techniques to measure fair value that are consistent with the market approach. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable securities. Accounting standards permit the Plan, as a practical expedient, to estimate the fair value of their investment in certain entities that calculate net asset value (NAV) per share by using the NAV as reported by the management of the entity.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Cash equivalents - Cash equivalents consist of money market funds that are valued at cost, which approximates fair value.

Common stock - Valued at quoted market prices reported on the national securities exchange in which the individual securities are traded.

Limited partnership - Valued at the NAV per share at year end as reported by the partnership. NAV values are based on the current market value of the underlying securities.

Collective trust funds - Valued at the NAV per share at year end as reported by the investment manager. NAV values are based on the current market value of the underlying securities.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022.

Description	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 3,517,502	\$ 3,517,502	\$ -	\$ -
Common stock	34,203,634	34,203,634	-	-
Total assets in fair value hierarchy	37,721,136	<u>\$ 37,721,136</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV*	<u>213,662,053</u>			
Investments at fair value	<u>\$ 251,383,189</u>			

Description	Assets at Fair Value as of December 31, 2022			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 3,716,527	\$ 3,716,527	\$ -	\$ -
Common stock	31,948,457	31,948,457	-	-
Total assets in fair value hierarchy	35,664,984	<u>\$ 35,664,984</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV*	<u>211,589,979</u>			
Investments at fair value	<u>\$ 247,254,963</u>			

*As permitted by accounting standards, certain investments that were measured at NAV per share (or its equivalent) 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.

Fair Value of Investments That Calculate NAV

The following table on the next page summarizes the investments measured at fair value based on the NAV per share as of December 31, 2023 and 2022. Each investment entity, with the exception of the limited partnership, files U.S. Department of Labor Form 5500 as a Direct Filing Entity (DFE). Accordingly, disclosure of the significant investment strategies for these entities are not required. At December 31, 2023 and 2022, the Plan had no unfunded commitments towards these entities.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

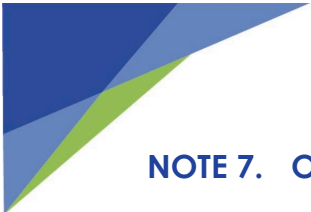
	Fair Value		Redemption Frequency	Redemption Notice Period
	12/31/23	12/31/22		
Collective Trust Funds				
Eaton Vance High Yield Bond Fund	\$ 25,025,082	\$ 22,434,469	Daily	3-5 days
AFL-CIO Equity Index Fund	25,549,337	28,571,073	Daily	1 day
BNY International Equity Fund	25,619,861	22,094,934	Weekly	2 days
JPM Strategic Property Fund	29,213,550	35,984,715	Quarterly	45 days
SSGA Russell 2000 Index Fund	22,798,068	19,490,184	Daily	2 days
Invesco Balanced Risk Allocation Fund	15,012,527	14,036,888	Daily	1 day
BNY Govt/Credit bond Index Fund	<u>33,022,996</u>	<u>34,144,116</u>	Daily	1 day
	176,241,421	176,756,379		
Limited Partnership				
IFM Global infrastructure, LP*	<u>37,420,632</u>	<u>34,833,600</u>	Quarterly	90 days
	<u>\$ 213,662,053</u>	<u>\$ 211,589,979</u>		

*The limited partnership invests in a diversified portfolio of global infrastructure assets. Infrastructure consists of physical facilities for the delivery, generation, and transportation of energy, information, people, products, and real property from which services to the community or government are delivered.

NOTE 6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan is related through common governance with the Local 553 Deferred Compensation Fund and the Local 553 Benefits Fund (related parties) and shares office space and administrative expenses. As part of a cost sharing arrangement that is based on the results of a time study, the Plan acts as a paying agent for payroll and payroll related expenses, occupancy expenses, and certain other shared administrative expenses. The related parties reimburse the Plan for their allocable share of these common administrative expenses through monthly on-account payments that are reconciled to actual expenses at the end of the year. For the years ended December 31, 2023 and 2022, reimbursable expenses for these related funds totaled \$159,943 and \$139,318, respectively. Amounts due (to)/from the related parties from the Plan at December 31, 2023 and 2022, totaled \$36,943 and \$16,318, respectively. These balances were subsequently settled amongst the related parties.

The Plan pays certain administrative, investment, and professional fees to various service providers. These transactions are considered exempt party-in-interest transactions under ERISA.



NOTE 7. OPERATING LEASE AS LESSEE

On August 1, 2018, the Plan signed a 7-year operating lease that expires on July 31, 2025, for office space at 80-90 Eighth Avenue New York, NY 10011, which it shares with two other related benefit funds. The lease does not contain a renewal option or an option to terminate the lease early. The Plan's allocable operating lease expense totaled \$94,143 and \$89,964 for the years ended December 31, 2023 and 2022, respectively.

The future payments due under the lease as of December 31, 2023, exclusive of reimbursements from the related funds, are as follows:

Year Ended December 31,	Amount
2024	\$ 120,274
2025	71,173
	<u>\$ 191,447</u>

NOTE 8. RISKS AND UNCERTAINTIES

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

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

NOTE 9. ASSESSED WITHDRAWAL LIABILITY

The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 (MPPAA), which requires imposition of a withdrawal liability on a participating employer that partially or totally withdraws from the Plan. Under the provisions of MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. A withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The Trustees, at times, may approve settlements and payment plan arrangements for assessment amounts owed to the Plan.

During the years ended December 31, 2023 and 2022, the Plan recognized withdrawal liability income of \$146,037 and \$487,223, respectively on the statements of changes in net assets available for benefits.



NOTE 10. SIGNIFICANT PARTICIPATING EMPLOYERS

Contributions from two employer represented 74% and 69% of total employer contributions for the years ended December 31, 2023 and 2022, respectively.

NOTE 11. PARTICIPATION IN MULTIEMPLOYER PLANS

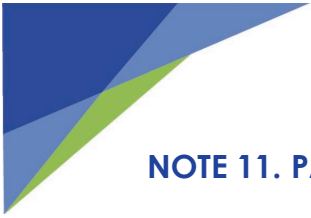
Defined Benefit Pension Plan

The Plan's office employees, which it shares with other affiliated benefit funds, are covered by this multiemployer defined benefit pension plan. The risks of participating in a multiemployer plan are different from single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- If an employer chooses to stop participating in this multiemployer plan, the employer may be required to pay an amount, referred to as a withdrawal liability, based on the under-funded status of the Plan.

The Plan's participation in this plan for the years ended December 31, 2023 and 2022, is outlined in the table below. The "EIN" and "Pension Plan Number" rows provide the Employer Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available in 2023 and 2022 is for the Plan's year end at December 31, 2023 and 2022, respectively. The zone status is based on information that the Plan received from the multiemployer plan and is certified by the Plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The FIP/RP Status row indicates whether a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the Plan is in the red zone. The "Surcharge Imposed" row indicates whether a surcharge has been imposed on contributions to the Plan. There have been no significant changes that affect the comparability of 2023 and 2022 contributions.

Legal Name of Plan:	Local 553 Pension Fund
EIN:	13-6637826
Pension Plan Number:	001
PPA Zone Status:	
2023	Neither endangered or critical status (Green Zone)
2022	Neither endangered or critical status (Green Zone)
FIP / RP Status:	N/A
Contributions:	
2023	\$55,699
2022	\$40,516
Surcharge Imposed	N/A



NOTE 11. PARTICIPATION IN MULTIEMPLOYER PLANS (CONTINUED)

Defined Contribution Retirement Plan

In addition to the preceding Plan, the Plan's office employees are covered by the Local 553 Deferred Compensation Fund. The Plan's contributions to this plan for the years ended December 31, 2023 and 2022, totaled \$29,610 and \$23,729, respectively.

NOTE 12. PLAN TERMINATION

Although they have not expressed any intention to do so, the Trustees reserve the right to terminate the Plan. 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.

The Pension Benefit Guaranty Corporation (PBGC) provides financial assistance to plans that become insolvent and guarantees certain benefits provided by insolvent plans. Generally, the PBGC guarantees a portion of vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

NOTE 13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of additions per the financial statements to income per the Form 5500 for the years ended December 31, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Total additions per the financial statements	\$ 28,054,111	\$ (19,127,243)
Add: investment expenses	<u>667,927</u>	<u>756,078</u>
Total income per the Form 5500	<u>\$ 28,722,038</u>	<u>\$ (18,371,165)</u>



NOTE 13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of deductions per the financial statements to expenses per the Form 5500 for the years ended December 31, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Total deductions per the financial statements	\$ 24,008,956	\$ 23,505,887
Add: investment expenses	<u>667,927</u>	<u>756,078</u>
Total expenses per the Form 5500	<u>\$ 24,676,883</u>	<u>\$ 24,261,965</u>

NOTE 14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 8, 2024, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



Section 3: Certificate of Actuarial Valuation

Exhibit K: Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	January 1 through December 31
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan
Regular Pension	• <i>Age Requirement:</i> 55 for those employees who entered prior to January 1, 1991; 62 for those employees who entered on or after January 1, 1991 and prior to January 1, 2011; 65 for those employees who entered on or after January 1, 2011 • <i>Service Requirement:</i> 10 pension credits • <i>Amount:</i> For pension credits earned prior to January 1, 2023: \$110 for participant's first 20 pension credits, plus \$125 for each pension credit in excess of 20 for participants hired prior to April 1, 2011 \$40 for participant's first 20 pension credits, plus \$48 for each pension credit in excess of 20 for participants hired on or after April 1, 2011 For pension credits earned on and after January 1, 2023: \$135 for participant's first 20 pension credits, plus \$150 for the next 10 pension credits, plus \$170 for each pension credit in excess of 30 for participants hired prior to April 1, 2011 \$90 for participant's first 20 pension credits, plus \$105 for each pension credit in excess of 20 for participants hired on or after April 1, 2011
Service Pension	• <i>Service Requirement:</i> 30 pension credits (only participants hired prior to January 1, 2011) • <i>Amount:</i> Regular pension accrued
Disability	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 10 pension credits • <i>Amount:</i> Regular pension accrued

Section 3: Certificate of Actuarial Valuation

Statutory	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Five years of Vesting Service • <i>Amount:</i> Regular pension accrued based on plan in effect when last active • <i>Normal Retirement:</i> Later of age 65 or fifth anniversary of participation
Spouse's Pre Retirement Death Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Five years of Vesting Service • <i>Amount:</i> 50% of the benefit participant would have received had the participant retired the day before death and elected the joint and survivor option. Payment of this benefit is deferred to the earliest date the participant would have received a benefit. • <i>Charge for Coverage:</i> None
Pre-Retirement 60 Payment Certain Death Benefit	If spouse's benefit has been rejected • <i>Age Requirement:</i> None • <i>Service Requirement:</i> Five years of Vesting Service • <i>Amount:</i> Monthly benefit to which employee would have been entitled had the employee retired the day before death. Payments cease upon death of beneficiary.
Post-Retirement Death Benefit	<i>Joint and Survivor:</i> If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the participant with 60 monthly payments guaranteed without reduction.
Optional Forms of Benefits	Single life annuity with 60 months guaranteed; 50% or 75% Joint-and-Survivor Pension
Participation	Earliest January 1 or July 1, following completion of a 12 consecutive month period during which at least 1,000 hours in covered employment were completed
Pension Credit	One quarter pension credit for each 250 hours of covered employment, to a maximum of one year of pension credit for 1,000 hours or more of covered employment
Vesting Service	Vesting Service is granted on the same basis as pension credit
Contribution Rate	Effective December 16, 2018, \$9.75 per hour Effective January 1, 2023, \$10.00 per hour Effective January 1, 2024, \$10.25 per hour Effective January 1, 2025, \$10.50 per hour

Section 3: Certificate of Actuarial Valuation

Changes in Plan Provisions

Effective January 1, 2023, the Trustees have adopted the following accrual rate structure for future service earned on and after January 1, 2023:

- Accrual rates for active participants hired before April 1, 2011: \$135 for the first 20 pension credits, \$150 for the next 10 pension credits and \$170 for each pension credit in excess of 30.
- Accrual rates for active participants hired on or after April 1, 2011: \$90 for the first 20 pension credits and \$105 for each pension credit in excess of 20.

This change is first reflected in the January 1, 2023 Funding Standard Account.

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ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 001050984780	2,127,696.960	2,127,696.96 1.0000	2,127,696.96	.00 .00	4,559.00	5.17
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 001050984787	371.900	371.90 1.0000	371.90	.00 .00	1.64	5.17
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 001050984788	243.470	243.47 1.0000	243.47	.00 .00	1.08	5.18
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 001050984789	326,707.980	326,707.98 1.0000	326,707.98	.00 .00	1,444.55	5.17
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 001050984790	662.040	662.04 1.0000	662.04	.00 .00	2.93	5.17
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 001050984792	263.650	263.65 1.0000	263.65	.00 .00	1.17	5.17
Total First Am US Treas Mm Cl Z	2,455,946.000	2,455,946.00	2,455,946.00	.00 .00	6,010.37	5.17

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
First Am Inst Prime Ob Fd Cl Z 31846V625 Asset Minor Code 43 ACCOUNT 001050984785	1,388,108.863	1,388,247.67 1.0001	1,388,240.75	6.92 - 234.00	6,543.52	5.28
Total Money Markets	3,844,054.863	3,844,193.67	3,844,186.75	6.92 - 234.00	12,553.89	5.21
Other Cash Equivalents						
Cash Balance Held Outside Inv Mgr *** 997500TG8 Asset Minor Code 10 ACCOUNT 001050984792	16.300	16.30 1.0000	16.30	.00 .00	.00	0.00
Total Other Cash Equivalents	16.300	16.30	16.30	.00 .00	.00	0.00
Total Cash And Equivalents	3,844,071.163	3,844,209.97	3,844,203.05	6.92 - 234.00	12,553.89	5.21
Domestic Common Stocks						
Acuity Brands Inc 00508Y102 Asset Minor Code 42 ACCOUNT 001050984785	5,441.000	1,114,480.03 204.8300	745,789.82	368,690.21 136,564.61	.00	0.29
Albertsons Cos Inc Common Stock 013091103 Asset Minor Code 42 ACCOUNT 001050984785	43,186.000	993,278.00 23.0000	806,924.88	186,353.12 82,653.67	.00	2.09
Allison Transmission Holdings 01973R101 Asset Minor Code 42 ACCOUNT 001050984785	25,541.000	1,485,209.15 58.1500	914,196.68	571,012.47 370,541.97	.00	1.58

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ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Amgen Inc 031162100 Asset Minor Code 42 ACCOUNT 001050984785	4,612.000	1,328,348.24 288.0200	769,527.00	558,821.24 77,972.54	.00	3.12
Elevance Health Inc 036752103 Asset Minor Code 42 ACCOUNT 001050984785	1,972.000	929,916.32 471.5600	366,806.80	563,109.52 - 165,689.88	.00	1.38
Apple Inc Com 037833100 Asset Minor Code 42 ACCOUNT 001050984785	3,414.000	657,297.42 192.5300	199,203.68	458,093.74 123,166.50	.00	0.50
Autozone Inc 053332102 Asset Minor Code 42 ACCOUNT 001050984785	280.000	723,970.80 2,585.6100	374,582.13	349,388.67 - 86,168.59	.00	0.00
Bank Of America Corp 060505104 Asset Minor Code 42 ACCOUNT 001050984785	30,334.000	1,021,345.78 33.6700	697,230.51	324,115.27 - 3,024.52	.00	2.85
Berkshire Hathaway Inc Cl B 084670702 Asset Minor Code 42 ACCOUNT 001050984785	3,539.000	1,262,219.74 356.6600	309,440.95	952,778.79 89,074.64	.00	0.00
Bristol Myers Squibb Co 110122108 Asset Minor Code 42 ACCOUNT 001050984785	15,764.000	808,850.84 51.3100	1,005,070.55	- 196,219.71 - 329,225.01	.00	4.68
Broadcom Inc 11135F101 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 1,116.2500	.00	.00 39,471.83	.00	0.00
Cvs Health Corp 126650100 Asset Minor Code 42 ACCOUNT 001050984785	13,508.000	1,066,591.68 78.9600	939,850.30	126,741.38 - 98,379.78	.00	3.37

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Capital One Finl Corp 14040H105 Asset Minor Code 42 ACCOUNT 001050984785	8,080.000	1,059,449.60 131.1200	701,924.96	357,524.64 276,334.75	.00	1.83
Cisco Systems Inc 17275R102 Asset Minor Code 42 ACCOUNT 001050984785	20,154.000	1,018,180.08 50.5200	730,425.51	287,754.57 28,241.08	.00	3.09
Citigroup Inc 172967424 Asset Minor Code 42 ACCOUNT 001050984785	16,062.000	826,229.28 51.4400	777,418.13	48,811.15 106,480.40	.00	4.12
Curtiss Wright Corp 231561101 Asset Minor Code 42 ACCOUNT 001050984785	4,292.000	956,214.68 222.7900	865,585.90	90,628.78 90,628.78	.00	0.36
E Bay Inc 278642103 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 43.6200	.00	.00 92,446.10	.00	0.00
Encore Wire Corp 292562105 Asset Minor Code 42 ACCOUNT 001050984785	4,031.000	861,021.60 213.6000	666,574.69	194,446.91 194,446.91	.00	0.04
Expedia Inc 30212P303 Asset Minor Code 42 ACCOUNT 001050984785	7,982.000	1,211,587.78 151.7900	793,282.34	418,305.44 418,305.44	.00	0.00
Meta Platforms Inc 30303M102 Asset Minor Code 42 ACCOUNT 001050984785	2,510.000	888,439.60 353.9600	490,198.24	398,241.36 899,486.17	.00	0.00
Goldman Sachs Group Inc 38141G104 Asset Minor Code 42 ACCOUNT 001050984785	3,267.000	1,260,310.59 385.7700	637,280.22	623,030.37 78,272.60	.00	2.85

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J P Morgan Chase Co Com 46625H100 Asset Minor Code 42 ACCOUNT 001050984785	7,796.000	1,326,099.60 170.1000	521,623.75	804,475.85 217,026.27	.00	2.47
Johnson Johnson 478160104 Asset Minor Code 42 ACCOUNT 001050984785	5,895.000	923,982.30 156.7400	722,361.85	201,620.45 - 141,924.81	.00	3.04
Landstar Sys Inc 515098101 Asset Minor Code 42 ACCOUNT 001050984785	4,669.000	904,151.85 193.6500	588,113.54	316,038.31 121,704.07	.00	0.68
Liberty Broadband A 530307107 Asset Minor Code 42 ACCOUNT 001050984785	9,350.000	753,984.00 80.6400	852,714.30	- 98,730.30 56,685.81	.00	0.00
Liberty Media Corp Delaware 531229607 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 22.5300	.00	.00 - 199,773.91	.00	0.00
Liberty Media Corp 531229722 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 37.3900	.00	.00 552,782.68	.00	0.00
Liberty Media Corp 531229789 Asset Minor Code 42 ACCOUNT 001050984785	33,163.000	954,431.14 28.7800	530,207.72	424,223.42 977,006.10	.00	0.00
M T Bank Corp 55261F104 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 137.0800	.00	.00 - 69,843.39	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Msc Indl Direct Co Inc Cl A 553530106 Asset Minor Code 42 ACCOUNT 001050984785	8,241.000	834,483.66 101.2600	508,202.48	326,281.18 141,321.79	.00	3.28
Netapp Inc 64110D104 Asset Minor Code 42 ACCOUNT 001050984785	14,181.000	1,250,196.96 88.1600	910,402.34	339,794.62 388,415.37	.00	2.27
Northrop Grumman Corporation 666807102 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 468.1400	.00	.00 - 293,594.28	.00	0.00
Progress Software Corp 743312100 Asset Minor Code 42 ACCOUNT 001050984785	14,041.000	762,426.30 54.3000	661,423.26	101,003.04 21,569.67	.00	1.29
Regeneron Pharmaceuticals Inc 75886F107 Asset Minor Code 42 ACCOUNT 001050984785	1,163.000	1,021,451.27 878.2900	456,031.06	565,420.21 131,305.45	.00	0.00
Robert Half Inc 770323103 Asset Minor Code 42 ACCOUNT 001050984785	8,926.000	784,773.92 87.9200	553,957.25	230,816.67 111,797.64	.00	2.18
Skyworks Solutions Inc Com 83088M102 Asset Minor Code 42 ACCOUNT 001050984785	7,763.000	872,716.46 112.4200	887,018.65	- 14,302.19 163,608.49	.00	2.42
Sysco Corp 871829107 Asset Minor Code 42 ACCOUNT 001050984785	10,402.000	760,698.26 73.1300	757,623.84	3,074.42 3,074.42	.00	2.73
Timken Co 887389104 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 80.1500	.00	.00 - 152,314.33	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Vmware Inc Cl A 928563402 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 .0000	.00	.00 233,320.20	.00	0.00
Walmart Inc Com 931142103 Asset Minor Code 42 ACCOUNT 001050984785	5,865.000	924,617.25 157.6500	554,869.72	369,747.53 58,622.45	3,343.05	1.45
Warner Bros Discovery Inc Series A 934423104 Asset Minor Code 42 ACCOUNT 001050984785	75,186.000	855,616.68 11.3800	1,435,096.73	- 579,480.05 148,136.76	.00	0.00
Wells Fargo Co New Com 949746101 Asset Minor Code 42 ACCOUNT 001050984785	19,873.000	978,149.06 49.2200	894,876.64	83,272.42 166,871.27	.00	2.84
Total Domestic Common Stocks	440,483.000	33,380,719.92	23,625,836.42	9,754,883.50 5,057,397.93	3,343.05	1.69
Foreign Stocks						
Amdocs Ltd G02602103 Asset Minor Code 53 ACCOUNT 001050984785	9,363.000	822,914.07 87.8900	803,890.58	19,023.49 19,023.49	4,072.91	1.98
Total Foreign Stocks	9,363.000	822,914.07	803,890.58	19,023.49 19,023.49	4,072.91	1.97

Miscellaneous

Partnerships/Joint Ventures

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Ev High Yield Class I *** 9SPMTHAM8 Asset Minor Code 77 ACCOUNT 001050984782	849,687.516	25,025,081.69 29.4521	7,897,415.59	17,127,666.10 2,590,612.27	.00	0.00
Afl-Cio Equity Index *** 9SPMTHAN6 Asset Minor Code 77 ACCOUNT 001050984789	551,487.884	25,222,629.28 45.7356	4,696,470.82	20,526,158.46 - 1,329,705.43	.00	0.00
EB Dv Acwi Ex-US Fund *** 9SPMTHAW6 Asset Minor Code 77 ACCOUNT 001050984788	157,571.425	25,619,861.33 162.5921	16,284,029.58	9,335,831.75 3,524,928.25	.00	0.00
Invesco Balanced Risk Allocation *** 9SPMTHD94 Asset Minor Code 77 ACCOUNT 001050984791	543,932.153	15,012,527.42 27.6000	9,017,179.74	5,995,347.68 1,009,421.75	.00	0.00
Ifm Global Inf US LP-CI A Hedged *** 96MSC0JF7 Asset Minor Code 77 ACCOUNT 001050984789	24,000,000.000	37,420,632.00 1.5592	24,000,000.00	13,420,632.00 2,587,032.00	.00	0.00
EB Dv Non-SI Int Govt/Cr Bif *** 97MSC9LL0 Asset Minor Code 77 ACCOUNT 001050984792	281,483.875	33,022,995.76 117.3175	29,361,929.29	3,661,066.47 1,468,251.70	.00	0.00
Jpmcb Strategic Property Fund *** 98MSCLV30 Asset Minor Code 76 ACCOUNT 001050984787	2,596,759.984	29,213,549.82 11.2500	23,206,317.67	6,007,232.15 - 6,618,748.03	.00	0.00
Total Partnerships/Joint Ventures	28,980,922.837	190,537,277.30	114,463,342.69	76,073,934.61 3,231,792.51	.00	0.00

Collective Investment Funds

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Ssga Russell 2000 Index NI Fund *** 9SPMTHDC7 Asset Minor Code 17 ACCOUNT 001050984790	148,802.741	22,798,067.95 153.2100	9,635,423.89	13,162,644.06 3,313,773.41	.00	0.00
Total Collective Investment Funds	148,802.741	22,798,067.95	9,635,423.89	13,162,644.06 3,313,773.41	.00	0.00
Miscellaneous Assets						
Pending Cash Held For Purchase *** 520JXW913 Asset Minor Code 75 ACCOUNT 001050984789	.010	.01 1.0000	.01	.00 .00	.00	0.00
Total Miscellaneous Assets	.010	.01	.01	.00 .00	.00	0.00
Total Miscellaneous	29,129,725.588	213,335,345.26	124,098,766.59	89,236,578.67 6,545,565.92	.00	0.00
Total Assets	33,423,642.751	251,383,189.22	152,372,696.64	99,010,492.58 11,621,753.34	19,969.85	0.31
Accrued Income	.000	19,969.85	19,969.85			
Grand Total	33,423,642.751	251,403,159.07	152,392,666.49			

Section 3: Certificate of Actuarial Valuation

Exhibit E: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2022.

Age	Total	Pension Credits								
		1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	9	9	—	—	—	—	—	—	—	—
25 - 29	12	6	6	—	—	—	—	—	—	—
30 - 34	26	15	7	3	1	—	—	—	—	—
35 - 39	18	7	4	4	3	—	—	—	—	—
40 - 44	32	11	8	5	5	3	—	—	—	—
45 - 49	37	8	9	3	7	8	2	—	—	—
50 - 54	56	3	13	6	11	15	3	5	—	—
55 - 59	68	8	10	8	9	9	10	7	7	—
60 - 64	49	6	6	1	9	7	10	5	2	3
65 - 69	19	2	4	—	1	4	2	3	—	3
70 & over	1	—	—	1	—	—	—	—	—	—
Unknown	4	4	—	—	—	—	—	—	—	—
Total	331	79	67	31	46	46	27	20	9	6

Note: Excludes 10 participants with less than one pension credit.

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
01/2023	\$23,209	\$0	\$23,209
02/2023	\$23,209	\$0	\$23,209
03/2023	\$23,209	\$0	\$23,209
04/2023	\$36,228	\$0	\$36,228
05/2023	\$10,190	\$0	\$10,190
06/2023	\$26,038	\$0	\$26,038
07/2023	\$20,380	\$0	\$20,380
08/2023	\$36,228	\$0	\$36,228
09/2023	\$13,019	\$0	\$13,019
10/2023	\$20,380	\$0	\$20,380
11/2023	\$23,209	\$0	\$23,209
12/2023	\$13,019	\$0	\$13,019

Note: Detail figures may not add to total due to rounding

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/1994	\$1,077,003	1	\$1,077,003
Plan amendment	01/01/1995	187,299	2	96,816
Assumption change	01/01/1996	1,568,626	3	558,624
Plan amendment	01/01/1996	3,403,350	3	1,212,011
Assumption change	01/01/1997	2,654,147	4	732,317
Plan amendment	01/01/1997	4,554,254	4	1,256,583
Plan amendment	01/01/1999	5,917,365	6	1,160,223
Plan amendment	01/01/2001	3,472,584	8	543,501
Plan amendment	01/01/2002	10,793,950	9	1,548,341
Plan amendment	01/01/2003	853,014	10	113,505
Plan amendment	01/01/2005	3,175,390	12	373,634
Assumption change	01/01/2006	751,187	13	84,000
Assumption change	01/01/2007	1,107,352	14	118,337
Actuarial loss	01/01/2009	198,441	1	198,441
Investment loss subject to relief	01/01/2009	21,247,179	15	2,180,211
Assumption change	01/01/2010	1,018,710	2	526,580
Investment loss subject to relief	01/01/2010	2,083,042	15	213,745
Investment loss subject to relief	01/01/2011	3,839,384	15	393,966
Plan amendment	01/01/2012	2,163,890	4	597,048
Investment loss subject to relief	01/01/2012	4,376,773	15	449,109
Investment loss subject to relief	01/01/2013	9,091,516	15	932,897
Assumption change	01/01/2014	896,449	6	175,768
Investment loss subject to relief	01/01/2014	8,379,808	15	859,867
Assumption change	01/01/2015	171,071	7	29,666

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	01/01/2015	2,328,951	7	403,873
Actuarial loss	01/01/2016	1,984,719	8	310,632
Assumption change	01/01/2017	2,127,675	9	305,205
Actuarial loss	01/01/2017	2,366,015	9	339,394
Actuarial loss	01/01/2018	387,816	10	51,604
Actuarial loss	01/01/2019	2,437,266	11	303,763
Assumption change	01/01/2021	3,502,453	13	391,656
Plan amendment	01/01/2023	1,994,478	15	204,657
Actuarial loss	01/01/2023	2,329,322	15	239,016
Total		\$112,440,479		\$17,981,993

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	01/01/1994	\$53,428	1	\$53,428
Plan amendment	01/01/1998	6,079	5	1,386
Assumption change	01/01/2009	183,250	1	183,250
Actuarial gain	01/01/2010	4,554,164	2	2,354,085
Actuarial gain	01/01/2011	885,184	3	315,234
Actuarial gain	01/01/2012	776,000	4	214,109
Actuarial gain	01/01/2013	3,744,238	5	853,444
Actuarial gain	01/01/2014	7,901,208	6	1,549,196
Plan amendment	01/01/2017	167,928	9	24,088
Actuarial gain	01/01/2020	1,545,420	12	181,842
Actuarial gain	01/01/2021	4,661,823	13	521,300
Actuarial gain	01/01/2022	7,669,778	14	819,626
Total		\$32,148,500		\$7,070,988

Section 3: Certificate of Actuarial Valuation

Current Liability Assumptions	<i>Interest:</i> 2.55%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally from 2006 using scale MP-2021 (previously, the MP-2020 scale was used)
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 6.0%, for the Plan Year ending December 31, 2022 <i>On current (market) value of assets (Schedule MB, line 6h):</i> -8.9%, for the Plan Year ending December 31, 2022
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.22% to 2.55% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Section 3: Certificate of Actuarial Valuation

Exhibit J: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Healthy: Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables projected generationally from 2012 using Scale MP-2021

Disabled: Pri-2012 Disabled Annuitant Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021.

Contingent Survivor: Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021.

The underlying tables with generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using generational projection under Scale MP-2021 to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of and liability change due to deaths and the projected number and liability change based on the prior years' assumption over the past several years.

Annuitant Mortality Rates

Age	Rate (%) ¹					
	Healthy		Disabled		Contingent Survivor	
	Male	Female	Male	Female	Male	Female
55	0.64	0.49	2.17	1.47	1.69	0.82
60	0.93	0.71	2.35	1.71	2.05	1.09
65	1.27	1.08	2.87	2.13	2.59	1.53
70	2.05	1.64	3.94	2.84	3.42	2.18
75	3.33	2.62	5.81	4.04	4.71	3.20
80	5.72	4.35	8.92	6.15	6.78	4.82
85	9.78	7.49	13.71	9.87	10.20	7.68
90	16.54	13.05	20.52	16.11	16.32	13.05

¹ Mortality rates shown for base table without generational projection.

Section 3: Certificate of Actuarial Valuation

Termination Rates

Age	Rate (%)						
	Mortality ¹		Disability ²	Withdrawal ²			
	Male	Female		Less than 2 Years	2 - 4 Years	5 - 9 Years	10 Years or More
20	0.07	0.02	0.10	21.59	17.03	--	--
25	0.07	0.03	0.10	26.09	20.57	15.55	--
30	0.07	0.03	0.10	22.33	16.30	10.07	5.81
35	0.07	0.04	0.12	20.14	13.22	8.58	6.02
40	0.09	0.06	0.18	19.09	12.42	7.21	4.98
45	0.12	0.09	0.36	18.58	11.36	6.98	4.48
50	0.18	0.13	0.80	18.72	10.68	6.38	4.19
55	0.28	0.20	1.70	16.22	9.38	3.11	1.06
60	0.44	0.30	3.48	16.36	9.41	2.54	0.24

¹ Mortality rates shown for base table without generational projection.

² Disability and withdrawal rates do not apply at or beyond earliest eligibility for a pension.

The termination rates and disability rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior years' assumption over the past several years.

Section 3: Certificate of Actuarial Valuation

Retirement Rates

Annual Retirement Rates (%)		
Age ¹	Active Participants	Inactive Vested Participants
50	25	--
51 – 52	5	--
53 – 54	20	--
55	25	35
56	20	10
57	5	10
58	5	5
59	20	5
60 – 61	20	10
62	20	20
63	15	15
64	5	25
65	50	25
66	20	20
67	25	5
68	40	10
69	60	5
70 and older	100	100

¹ if eligible

The retirement rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior years' assumption over the past several years.

Description of Weighted Average Retirement Age

Age 65, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2023 actuarial valuation.

Future Benefit Accruals

One pension credit per year.

The future benefit accruals were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the past several years.

Section 3: Certificate of Actuarial Valuation

Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as those with at least 250 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.
Exclusion of Inactive Vested Participants	90% of the liability of inactive vested participants aged 75 or older is excluded assuming some participants are either deceased or will not collect a benefit from the Fund. The exclusion of inactive vested participants assumption was based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Percent Married	50%
Age of Spouse	Spouses of male participants are three years younger and spouses of female participants are three years older.
Benefit Election	70% of all participants are assumed to elect the life annuity with 60 months guaranteed and 30% of all participants are assumed to elect the 50% Joint and Survivor annuity. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the past several years.
Eligibility for Delayed Retirement Factors	Active participants working in covered employment and inactive vested participants after attaining age 65.
Net Investment Return	7.00% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$1,300,000 for the year beginning January 1, 2023 (equivalent to \$1,253,457 payable at the beginning of the year). The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value if further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus pension credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit K.

Section 3: Certificate of Actuarial Valuation

Current Liability Assumptions	<i>Interest:</i> 2.55%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally from 2006 using scale MP-2021 (previously, the MP-2020 scale was used)
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 6.0%, for the Plan Year ending December 31, 2022 <i>On current (market) value of assets (Schedule MB, line 6h):</i> -8.9%, for the Plan Year ending December 31, 2022
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.22% to 2.55% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2023	\$626,369	\$400,307	\$22,124,296	\$23,150,972
2024	1,151,214	684,678	21,362,981	23,198,873
2025	1,652,833	948,326	20,587,257	23,188,416
2026	2,130,034	1,362,118	19,727,127	23,219,279
2027	2,515,891	1,597,724	18,853,244	22,966,859
2028	2,858,985	1,937,651	18,022,060	22,818,696
2029	3,158,201	2,169,997	17,200,156	22,528,354
2030	3,395,001	2,352,831	16,372,386	22,120,218
2031	3,638,128	2,616,221	15,541,705	21,796,054
2032	3,863,644	2,867,746	14,711,216	21,442,606
2033	4,005,645	3,031,169	13,884,182	20,920,996
2034	4,154,493	3,277,775	13,063,962	20,496,230
2035	4,254,532	3,399,969	12,253,871	19,908,372
2036	4,331,097	3,563,481	11,457,137	19,351,715
2037	4,388,396	3,667,233	10,676,840	18,732,469
2038	4,399,410	3,760,128	9,915,681	18,075,219
2039	4,402,292	3,920,675	9,175,893	17,498,860
2040	4,383,787	3,965,614	8,459,333	16,808,734

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment_SchMB_Line8b(1)

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2041	\$4,342,464	\$3,985,640	\$7,767,458	\$16,095,562
2042	4,300,365	3,956,929	7,101,516	15,358,810
2043	4,220,026	3,943,922	6,462,692	14,626,640
2044	4,125,907	3,880,834	5,852,109	13,858,850
2045	4,019,462	3,808,504	5,270,965	13,098,931
2046	3,903,654	3,733,504	4,720,544	12,357,702
2047	3,775,601	3,654,602	4,202,120	11,632,323
2048	3,626,864	3,563,459	3,716,947	10,907,270
2049	3,481,243	3,438,283	3,266,024	10,185,550
2050	3,319,912	3,289,936	2,849,987	9,459,835
2051	3,155,251	3,148,753	2,469,150	8,773,154
2052	2,975,388	2,987,651	2,123,374	8,086,413
2053	2,799,475	2,819,521	1,811,987	7,430,983
2054	2,625,402	2,647,403	1,533,912	6,806,717
2055	2,444,818	2,468,928	1,287,707	6,201,453
2056	2,265,341	2,284,407	1,071,628	5,621,376
2057	2,097,731	2,109,503	883,764	5,090,998
2058	1,926,429	1,938,792	722,037	4,587,258

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment_SchMB_Line8b(1)

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2059	\$1,775,533	\$1,771,238	\$584,238	\$4,131,009
2060	1,618,822	1,611,396	468,106	3,698,324
2061	1,470,368	1,454,841	371,328	3,296,537
2062	1,332,348	1,306,489	291,598	2,930,435
2063	1,201,907	1,165,734	226,676	2,594,317
2064	1,080,852	1,034,756	174,421	2,290,029
2065	971,755	913,576	132,849	2,018,180
2066	869,693	802,507	100,171	1,772,371
2067	773,952	701,141	74,789	1,549,882
2068	688,201	609,267	55,313	1,352,781
2069	609,642	526,439	40,548	1,176,629
2070	538,336	452,232	29,486	1,020,054
2071	474,478	386,167	21,291	881,936
2072	416,910	327,734	15,281	759,925

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment_SchMB_Line8b(1)

Section 2: Actuarial Valuation Results

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

Withdrawal liability assumptions

- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.
- The present value of vested benefits is based on a blend of two liability calculations. The first calculation is performed on a market value basis, using discount rates selected based on estimated annuity purchase rates available for benefits being settled, because withdrawal liability essentially settles an employer's obligation to the Plan. The second calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets. For benefits that could be settled immediately, because assets on hand are sufficient to cover their market value, the first calculation basis is used: annuity purchase rates promulgated by PBGC under ERISA Sec. 4044 for multiemployer plans terminating by mass withdrawal on the measurement date. For benefits that cannot be settled immediately because they are not currently funded, the calculation uses the second basis: the interest rate used for plan funding calculations.

Interest	For liabilities up to market value of assets, 3.90% for 20 years and 3.65% beyond (2.40% for 20 years and 2.11% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding as of December 31, 2022 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of December 31, 2022 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of December 31, 2022 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$5,254,500	\$268,393	\$5,522,893
2024	\$5,385,863	\$156,227	\$5,542,090
2025	\$5,517,225	\$156,227	\$5,673,452
2026	\$5,517,225	\$156,227	\$5,673,452
2027	\$5,517,225	\$156,227	\$5,673,452
2028	\$5,517,225	\$156,227	\$5,673,452
2029	\$5,517,225	\$156,227	\$5,673,452
2030	\$5,517,225	\$156,227	\$5,673,452
2031	\$5,517,225	\$156,227	\$5,673,452
2032	\$5,517,225	\$156,227	\$5,673,452

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1510-0110
1510-0089**2023****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

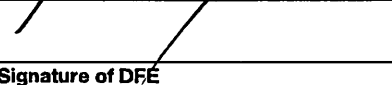
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒
- 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 LOCAL 553 PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 03/15/1956
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 LOCAL 553 PENSION FUND 265 WEST 14TH STREET NEW YORK NY 10011	2b Employer Identification Number (EIN) 13-6637826 2c Plan Sponsor's telephone number (212) 627-5553 2d Business code (see instructions) 454310

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 	09/03/2024	DEMOS P. DEMOPOULOS
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	09/03/2024	VINCENT THEURER
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 (2023)
v. 230728

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LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

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Period from January 1, 2023 to December 31, 2023

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					247,268,431.05		
COMPARATIVE VALUE (5%)					12,363,421.55		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
Broker: Direct From Issuer							
01/31/2023	S	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund - 7,185.743	13.1330		94,370	61,259	33,112
001050984787							
01/31/2023	S	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund - 32,311.559	13.1330		424,348	275,457	148,891
001050984787							
01/31/2023	S	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation - 171.367	26.7800		4,589	2,841	1,748
001050984791							
01/31/2023	B	Issue: 997500TG8 - Cash Balance Held Outside Inv Mgr .040	1.0000				
001050984792							
01/31/2023	S	Issue: 97MSC9LL0 - EB Dv Non-SI Int Govt/Cr Bif - 12,338.128	113.4694		1,400,000	1,287,005	112,995
001050984792							
02/28/2023	S	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation - 159.497	25.9500		4,139	2,644	1,495
001050984791							
02/28/2023	B	Issue: 997500TG8 - Cash Balance Held Outside Inv Mgr .040	1.0000				
001050984792							

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LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

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Period from January 1, 2023 to December 31, 2023

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/28/2023 001050984792	Issue: 97MSC9LL0 - EB Dv Non-SI Int Govt/Cr Bif S	- 12,485.396	112.1310		1,400,000	1,302,367	97,633
03/31/2023 001050984790	Issue: 9SPMTHDC7 - Ssga Russell 2000 Index NI Fund S	- 23.340	130.0064		3,034	1,511	1,523
03/31/2023 001050984791	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 171.287	26.4899		4,537	2,840	1,698
03/31/2023 001050984792	Issue: 997500TG8 - Cash Balance Held Outside Inv Mgr B	.040	1.0000				
04/28/2023 001050984787	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund S	- 31,627.628	12.7400		402,936	272,789	130,147
04/28/2023 001050984787	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund S	- 6,953.587	12.7400		88,589	59,975	28,614
04/28/2023 001050984791	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 168.391	26.5300		4,467	2,792	1,676
04/28/2023 001050984792	Issue: 997500TG8 - Cash Balance Held Outside Inv Mgr B	.040	1.0000				
05/31/2023 001050984789	Issue: 9SPMTHAN6 - Afl-Cio Equity Index S	- 25,320.558	39.4936		1,000,000	215,630	784,370
05/31/2023 001050984790	Issue: 9SPMTHDC7 - Ssga Russell 2000 Index NI Fund S	- 23.621	132.1870		3,122	1,530	1,593
05/31/2023 001050984791	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 176.409	25.8600		4,562	2,924	1,637

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05/31/2023	Issue: 997500TG8 - Cash Balance Held Outside Inv Mgr B	.040	1.0000				
001050984792							
06/30/2023	Issue: 9SPMTHAN6 - Afl-Cio Equity Index S	- 35,764.868	41.9406		1,500,000	304,574	1,195,426
001050984789							
06/30/2023	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 167.437	26.4099		4,422	2,776	1,646
001050984791							
06/30/2023	Issue: 997500TG8 - Cash Balance Held Outside Inv Mgr B	.040	1.0000				
001050984792							
07/31/2023	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund S	- 30,107.637	12.5622		378,217	262,617	115,600
001050984787							
07/31/2023	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund S	- 6,732.658	12.5397		84,426	58,726	25,699
001050984787							
07/31/2023	Issue: 9SPMTHAN6 - Afl-Cio Equity Index S	- 34,592.740	43.3617		1,500,000	294,592	1,205,408
001050984789							
07/31/2023	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 170.134	27.2100		4,629	2,820	1,809
001050984791							
07/31/2023	Issue: 997500TG8 - Cash Balance Held Outside Inv Mgr B	.040	1.0000				
001050984792							
08/31/2023	Issue: 9SPMTHAN6 - Afl-Cio Equity Index S	- 16,801.479	41.6630		700,000	143,081	556,919
001050984789							
08/31/2023	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 171.941	26.9200		4,629	2,850	1,778
001050984791							

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08/31/2023	Issue: 997500TG8 - Cash Balance Held Outside Inv Mgr B	.040	1.0000				
001050984792							
09/29/2023	Issue: 9SPMTHDC7 - Ssga Russell 2000 Index NI Fund S	- 21.602	139.3839		3,011	1,399	1,612
001050984790							
09/29/2023	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 170.441	26.3800		4,496	2,826	1,671
001050984791							
09/29/2023	Issue: 997500TG8 - Cash Balance Held Outside Inv Mgr B	.040	1.0000				
001050984792							
10/31/2023	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund S	- 21,382.374	12.1498		259,792	188,737	71,055
001050984787							
10/31/2023	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund S	- 6,781.766	12.1498		82,397	59,861	22,536
001050984787							
10/31/2023	Issue: 9SPMTHAN6 - Afl-Cio Equity Index S	- 43,223.929	41.6436		1,800,000	368,095	1,431,905
001050984789							
10/31/2023	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 174.905	25.8200		4,516	2,900	1,617
001050984791							
10/31/2023	Issue: 997500TG8 - Cash Balance Held Outside Inv Mgr B	.040	1.0000				
001050984792							
11/30/2023	Issue: 9SPMTHAN6 - Afl-Cio Equity Index S	- 41,713.788	43.1512		1,800,000	355,235	1,444,765
001050984789							
11/30/2023	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 165.174	26.8999		4,443	2,738	1,705
001050984791							

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11/30/2023	Issue: 997500TG8 - Cash Balance Held Outside Inv Mgr B	.040	1.0000				
001050984792							
12/19/2023	Issue: 9SPMTHAN6 - Afl-Cio Equity Index S	- 39,616.948	45.4351		1,800,000	337,378	1,462,622
001050984789							
12/29/2023	Issue: 9SPMTHDC7 - Ssga Russell 2000 Index NI Fund S	- 22.382	142.0351		3,179	1,449	1,730
001050984790							
12/29/2023	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 170.855	27.6000		4,716	2,832	1,883
001050984791							
12/29/2023	Issue: 997500TG8 - Cash Balance Held Outside Inv Mgr B	.040	1.0000				
001050984792							
Total For Direct From Issuer				0	14,781,566	5,887,050	8,894,518
GRAND TOTAL				0	14,781,566	5,887,050	8,894,518

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V450 - First Am US Treas Mm Cl Z							
01/04/2023	B	5,371.250	1.0000		- 5,371	5,371	
001050984780							
01/04/2023	B	.010	1.0000				
001050984787							
01/04/2023	B	.760	1.0000		- 1	1	
001050984788							
01/04/2023	B	.500	1.0000		- 1	1	
001050984789							

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01/04/2023 001050984790	B	2.060	1.0000		- 2	2	
01/04/2023 001050984792	B	189.520	1.0000		- 190	190	
01/10/2023 001050984780	B	424,942.080	1.0000		- 424,942	424,942	
01/18/2023 001050984780	B	1,400,323.000	1.0000		- 1,400,323	1,400,323	
01/20/2023 001050984780	B	1,451.000	1.0000		- 1,451	1,451	
01/20/2023 001050984780	B	923.250	1.0000		- 923	923	
01/23/2023 001050984780	B	1,044.000	1.0000		- 1,044	1,044	
02/02/2023 001050984780	B	6,281.590	1.0000		- 6,282	6,282	
02/02/2023 001050984787	B	.010	1.0000				
02/02/2023 001050984788	B	.800	1.0000		- 1	1	
02/02/2023 001050984789	B	.530	1.0000		- 1	1	
02/02/2023 001050984790	B	2.180	1.0000		- 2	2	
02/02/2023 001050984792	B	.810	1.0000		- 1	1	
02/07/2023 001050984780	B	1,479.000	1.0000		- 1,479	1,479	

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02/08/2023 001050984780	B	675.000	1.0000		- 675	675	
02/17/2023 001050984780	B	1,400,000.000	1.0000		- 1,400,000	1,400,000	
02/17/2023 001050984792	B	1,400,000.000	1.0000		- 1,400,000	1,400,000	
02/28/2023 001050984780	B	501,399.000	1.0000		- 501,399	501,399	
03/01/2023 001050984780	B	278.000	1.0000		- 278	278	
03/02/2023 001050984780	B	4,449.610	1.0000		- 4,450	4,450	
03/02/2023 001050984780	B	852.250	1.0000		- 852	852	
03/02/2023 001050984787	B	.010	1.0000				
03/02/2023 001050984788	B	.760	1.0000		- 1	1	
03/02/2023 001050984789	B	.510	1.0000		- 1	1	
03/02/2023 001050984790	B	2.080	1.0000		- 2	2	
03/02/2023 001050984792	B	.830	1.0000		- 1	1	
03/08/2023 001050984780	B	1,127.500	1.0000		- 1,128	1,128	
03/10/2023 001050984780	B	3,626.500	1.0000		- 3,627	3,627	

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03/10/2023 001050984780	B	2,150.500	1.0000		- 2,151	2,151	
03/15/2023 001050984780	B	1,400,000.000	1.0000		- 1,400,000	1,400,000	
03/17/2023 001050984780	B	260.000	1.0000		- 260	260	
03/21/2023 001050984780	B	400,000.000	1.0000		- 400,000	400,000	
04/04/2023 001050984787	B	.010	1.0000				
04/04/2023 001050984788	B	.870	1.0000		- 1	1	
04/04/2023 001050984789	B	.570	1.0000		- 1	1	
04/04/2023 001050984790	B	2.360	1.0000		- 2	2	
04/04/2023 001050984792	B	.940	1.0000		- 1	1	
04/11/2023 001050984780	B	1,147.130	1.0000		- 1,147	1,147	
04/11/2023 001050984780	B	1,400,000.000	1.0000		- 1,400,000	1,400,000	
04/12/2023 001050984780	B	403,626.020	1.0000		- 403,626	403,626	
04/12/2023 001050984787	B	403,626.020	1.0000		- 403,626	403,626	
04/19/2023 001050984780	B	379.130	1.0000		- 379	379	

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05/02/2023 001050984780	B	7,474.830	1.0000		- 7,475	7,475	
05/02/2023 001050984787	B	.010	1.0000				
05/02/2023 001050984788	B	.860	1.0000		- 1	1	
05/02/2023 001050984789	B	.570	1.0000		- 1	1	
05/02/2023 001050984790	B	2.330	1.0000		- 2	2	
05/02/2023 001050984792	B	.930	1.0000		- 1	1	
05/03/2023 001050984780	B	500,000.000	1.0000		- 500,000	500,000	
05/08/2023 001050984780	B	1,185.000	1.0000		- 1,185	1,185	
05/09/2023 001050984780	B	2,695.500	1.0000		- 2,696	2,696	
05/18/2023 001050984789	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
05/19/2023 001050984780	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
05/25/2023 001050984780	B	278.000	1.0000		- 278	278	
05/30/2023 001050984780	B	7,300.000	1.0000		- 7,300	7,300	
05/31/2023 001050984780	B	500,000.000	1.0000		- 500,000	500,000	

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06/02/2023 001050984780	B	6,168.170	1.0000		- 6,168	6,168	
06/02/2023 001050984787	B	.010	1.0000				
06/02/2023 001050984788	B	.910	1.0000		- 1	1	
06/02/2023 001050984789	B	123.520	1.0000		- 124	124	
06/02/2023 001050984790	B	2.480	1.0000		- 2	2	
06/02/2023 001050984792	B	.990	1.0000		- 1	1	
06/08/2023 001050984780	B	546.000	1.0000		- 546	546	
06/13/2023 001050984780	B	776.750	1.0000		- 777	777	
06/20/2023 001050984789	B	1,500,000.000	1.0000		- 1,500,000	1,500,000	
06/21/2023 001050984780	B	1,500,000.000	1.0000		- 1,500,000	1,500,000	
06/23/2023 001050984780	B	400,000.000	1.0000		- 400,000	400,000	
07/03/2023 001050984780	B	114.000	1.0000		- 114	114	
07/05/2023 001050984780	B	5,685.490	1.0000		- 5,685	5,685	
07/05/2023 001050984787	B	.010	1.0000				

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07/05/2023 001050984788	B	.950	1.0000		- 1	1	
07/05/2023 001050984789	B	200.670	1.0000		- 201	201	
07/05/2023 001050984790	B	2.570	1.0000		- 3	3	
07/05/2023 001050984792	B	1.020	1.0000		- 1	1	
07/11/2023 001050984780	B	776.750	1.0000		- 777	777	
07/12/2023 001050984780	B	2,700.000	1.0000		- 2,700	2,700	
07/12/2023 001050984787	B	378,216.950	1.0000		- 378,217	378,217	
07/19/2023 001050984780	B	378,216.950	1.0000		- 378,217	378,217	
07/20/2023 001050984780	B	1,500,000.000	1.0000		- 1,500,000	1,500,000	
07/20/2023 001050984789	B	1,500,000.000	1.0000		- 1,500,000	1,500,000	
07/25/2023 001050984780	B	350,000.000	1.0000		- 350,000	350,000	
07/31/2023 001050984780	B	229.250	1.0000		- 229	229	
07/31/2023 001050984789	B	320,561.660	1.0000		- 320,562	320,562	
08/02/2023 001050984780	B	7,624.730	1.0000		- 7,625	7,625	

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08/02/2023 001050984787	B	363.930	1.0000		- 364	364	
08/02/2023 001050984788	B	1.020	1.0000		- 1	1	
08/02/2023 001050984789	B	46.800	1.0000		- 47	47	
08/02/2023 001050984790	B	2.760	1.0000		- 3	3	
08/02/2023 001050984792	B	1.100	1.0000		- 1	1	
08/08/2023 001050984780	B	5,130.250	1.0000		- 5,130	5,130	
08/09/2023 001050984780	B	1,300.000	1.0000		- 1,300	1,300	
08/22/2023 001050984780	B	700,000.000	1.0000		- 700,000	700,000	
08/22/2023 001050984789	B	700,000.000	1.0000		- 700,000	700,000	
08/29/2023 001050984780	B	400,000.000	1.0000		- 400,000	400,000	
08/31/2023 001050984780	B	305.250	1.0000		- 305	305	
09/01/2023 001050984780	B	54.000	1.0000		- 54	54	
09/05/2023 001050984787	B	1.550	1.0000		- 2	2	
09/05/2023 001050984788	B	1.050	1.0000		- 1	1	

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09/05/2023 001050984789	B	1,407.590	1.0000		- 1,408	1,408	
09/05/2023 001050984790	B	2.850	1.0000		- 3	3	
09/05/2023 001050984792	B	1.140	1.0000		- 1	1	
09/06/2023 001050984780	B	888.000	1.0000		- 888	888	
09/12/2023 001050984780	B	197.000	1.0000		- 197	197	
09/20/2023 001050984780	B	1,200,000.000	1.0000		- 1,200,000	1,200,000	
09/29/2023 001050984780	B	428.250	1.0000		- 428	428	
10/03/2023 001050984787	B	1.570	1.0000		- 2	2	
10/03/2023 001050984788	B	1.030	1.0000		- 1	1	
10/03/2023 001050984789	B	1,375.470	1.0000		- 1,375	1,375	
10/03/2023 001050984790	B	2.790	1.0000		- 3	3	
10/03/2023 001050984792	B	1.110	1.0000		- 1	1	
10/04/2023 001050984780	B	23,770.010	1.0000		- 23,770	23,770	
10/10/2023 001050984780	B	260,264.520	1.0000		- 260,265	260,265	

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10/12/2023 001050984780	B	1,800,000.000	1.0000		- 1,800,000	1,800,000	
10/12/2023 001050984789	B	1,800,000.000	1.0000		- 1,800,000	1,800,000	
10/20/2023 001050984780	B	300.000	1.0000		- 300	300	
10/31/2023 001050984780	B	3,950.000	1.0000		- 3,950	3,950	
11/01/2023 001050984780	B	1,732.000	1.0000		- 1,732	1,732	
11/02/2023 001050984780	B	6,304.260	1.0000		- 6,304	6,304	
11/02/2023 001050984787	B	1.630	1.0000		- 2	2	
11/02/2023 001050984788	B	1.070	1.0000		- 1	1	
11/02/2023 001050984789	B	1,436.070	1.0000		- 1,436	1,436	
11/02/2023 001050984790	B	2.910	1.0000		- 3	3	
11/02/2023 001050984792	B	1.160	1.0000		- 1	1	
11/03/2023 001050984780	B	200,000.000	1.0000		- 200,000	200,000	
11/10/2023 001050984780	B	1,105.000	1.0000		- 1,105	1,105	
11/13/2023 001050984780	B	379.130	1.0000		- 379	379	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/17/2023 001050984780	B	1,800,000.000	1.0000		- 1,800,000	1,800,000	
12/04/2023 001050984787	B	1.590	1.0000		- 2	2	
12/04/2023 001050984788	B	1.040	1.0000		- 1	1	
12/04/2023 001050984789	B	1,399.770	1.0000		- 1,400	1,400	
12/04/2023 001050984790	B	2.840	1.0000		- 3	3	
12/04/2023 001050984792	B	1.130	1.0000		- 1	1	
12/08/2023 001050984780	B	296.000	1.0000		- 296	296	
12/12/2023 001050984780	B	1,320.000	1.0000		- 1,320	1,320	
12/12/2023 001050984780	B	1,320.000	1.0000		- 1,320	1,320	
12/20/2023 001050984780	B	1,800,000.000	1.0000		- 1,800,000	1,800,000	
12/20/2023 001050984789	B	1,800,000.000	1.0000		- 1,800,000	1,800,000	
12/29/2023 001050984780	B	994.000	1.0000		- 994	994	
Total For Buys				0	32,552,612	32,552,612	0
01/03/2023 001050984780	S	- 1,648,659.650	1.0000		1,648,660	1,648,660	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/05/2023 001050984780	S	- 7,140.000	1.0000		7,140	7,140	
01/23/2023 001050984780	S	- 15,573.000	1.0000		15,573	15,573	
02/01/2023 001050984780	S	- 1,848,295.400	1.0000		1,848,295	1,848,295	
02/06/2023 001050984780	S	- 1,044.000	1.0000		1,044	1,044	
02/08/2023 001050984780	S	- 675.000	1.0000		675	675	
02/16/2023 001050984780	S	- 29,118.500	1.0000		29,119	29,119	
02/17/2023 001050984792	S	- 1,400,000.000	1.0000		1,400,000	1,400,000	
02/22/2023 001050984780	S	- 12,597.500	1.0000		12,598	12,598	
02/24/2023 001050984780	S	- 1,479.000	1.0000		1,479	1,479	
03/01/2023 001050984780	S	- 1,855,374.650	1.0000		1,855,375	1,855,375	
03/03/2023 001050984780	S	- 1,831.500	1.0000		1,832	1,832	
03/08/2023 001050984780	S	- 1,044.000	1.0000		1,044	1,044	
03/16/2023 001050984780	S	- 2,914.880	1.0000		2,915	2,915	
03/17/2023 001050984780	S	- 1,004.500	1.0000		1,005	1,005	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/03/2023 001050984780	S	- 1,800,181.070	1.0000		1,800,181	1,800,181	
04/04/2023 001050984780	S	- 13,585.000	1.0000		13,585	13,585	
04/05/2023 001050984780	S	- 4,238.500	1.0000		4,239	4,239	
04/06/2023 001050984780	S	- 2,378.500	1.0000		2,379	2,379	
04/10/2023 001050984780	S	- 245.500	1.0000		246	246	
04/12/2023 001050984780	S	- 1,966.820	1.0000		1,967	1,967	
04/12/2023 001050984787	S	- 403,626.020	1.0000		403,626	403,626	
04/17/2023 001050984780	S	- 1,131.500	1.0000		1,132	1,132	
04/19/2023 001050984780	S	- 2,760.630	1.0000		2,761	2,761	
04/20/2023 001050984780	S	- 426.500	1.0000		427	427	
04/21/2023 001050984780	S	- 964.500	1.0000		965	965	
04/24/2023 001050984780	S	- 120.000	1.0000		120	120	
04/28/2023 001050984780	S	- 123.000	1.0000		123	123	
05/01/2023 001050984780	S	- 1,829,644.780	1.0000		1,829,645	1,829,645	

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05/03/2023 001050984780	S	- 9,490.250	1.0000		9,490	9,490	
05/04/2023 001050984780	S	- 4,521.500	1.0000		4,522	4,522	
05/05/2023 001050984780	S	- 420.000	1.0000		420	420	
05/09/2023 001050984780	S	- 1,040.000	1.0000		1,040	1,040	
05/16/2023 001050984780	S	- 6,362.750	1.0000		6,363	6,363	
05/19/2023 001050984780	S	- 24,661.500	1.0000		24,662	24,662	
05/19/2023 001050984789	S	- 1,000,000.000	1.0000		1,000,000	1,000,000	
05/26/2023 001050984780	S	- 7,300.000	1.0000		7,300	7,300	
06/01/2023 001050984780	S	- 1,840,961.530	1.0000		1,840,962	1,840,962	
06/05/2023 001050984780	S	- 2,283.000	1.0000		2,283	2,283	
06/12/2023 001050984780	S	- 31,392.500	1.0000		31,393	31,393	
06/13/2023 001050984780	S	- 776.750	1.0000		777	777	
06/14/2023 001050984780	S	- 2,967.750	1.0000		2,968	2,968	
06/21/2023 001050984789	S	- 1,500,000.000	1.0000		1,500,000	1,500,000	

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07/03/2023 001050984780	S	- 1,852,622.880	1.0000		1,852,623	1,852,623	
07/11/2023 001050984780	S	- 776.750	1.0000		777	777	
07/12/2023 001050984780	S	- 2,700.000	1.0000		2,700	2,700	
07/19/2023 001050984787	S	- 378,216.950	1.0000		378,217	378,217	
07/20/2023 001050984780	S	- 27,582.000	1.0000		27,582	27,582	
07/20/2023 001050984789	S	- 1,500,000.000	1.0000		1,500,000	1,500,000	
08/01/2023 001050984780	S	- 1,860,324.880	1.0000		1,860,325	1,860,325	
08/03/2023 001050984780	S	- 1,740.000	1.0000		1,740	1,740	
08/08/2023 001050984780	S	- 3,471.000	1.0000		3,471	3,471	
08/22/2023 001050984789	S	- 700,000.000	1.0000		700,000	700,000	
08/28/2023 001050984780	S	- 6,492.000	1.0000		6,492	6,492	
09/01/2023 001050984780	S	- 1,815,195.980	1.0000		1,815,196	1,815,196	
09/05/2023 001050984780	S	- 11,013.970	1.0000		11,014	11,014	
09/06/2023 001050984780	S	- 279.000	1.0000		279	279	

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09/07/2023 001050984780	S	- 6,677.500	1.0000		6,678	6,678	
09/08/2023 001050984780	S	- 1,155.500	1.0000		1,156	1,156	
09/15/2023 001050984780	S	- 2,741.000	1.0000		2,741	2,741	
09/19/2023 001050984780	S	- 26,273.400	1.0000		26,273	26,273	
09/22/2023 001050984780	S	- 2,657.000	1.0000		2,657	2,657	
10/02/2023 001050984780	S	- 1,634,702.190	1.0000		1,634,702	1,634,702	
10/10/2023 001050984780	S	- 348.000	1.0000		348	348	
10/12/2023 001050984789	S	- 1,800,000.000	1.0000		1,800,000	1,800,000	
10/13/2023 001050984780	S	- 1,500.000	1.0000		1,500	1,500	
10/24/2023 001050984780	S	- 491.000	1.0000		491	491	
11/01/2023 001050984780	S	- 1,863,754.380	1.0000		1,863,754	1,863,754	
11/07/2023 001050984780	S	- 1,065.750	1.0000		1,066	1,066	
11/09/2023 001050984780	S	- 1,560.000	1.0000		1,560	1,560	
11/13/2023 001050984780	S	- 379.130	1.0000		379	379	

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11/27/2023 001050984780	S	- 15,132.000	1.0000		15,132	15,132	
12/01/2023 001050984780	S	- 1,866,447.630	1.0000		1,866,448	1,866,448	
12/04/2023 001050984780	S	- 7,165.070	1.0000		7,165	7,165	
12/05/2023 001050984780	S	- 2,630.000	1.0000		2,630	2,630	
12/11/2023 001050984780	S	- 1,320.000	1.0000		1,320	1,320	
12/19/2023 001050984780	S	- 10,925.000	1.0000		10,925	10,925	
12/19/2023 001050984780	S	- 1,320.000	1.0000		1,320	1,320	
12/20/2023 001050984789	S	- 1,800,000.000	1.0000		1,800,000	1,800,000	
Total For Sells				0	32,528,991	32,528,991	0
Total First Am US Treas Mm CI Z				0	65,081,603	65,081,603	0

Issue: 31846V625 - First Am Inst Prime Ob Fd CI Z

01/04/2023 001050984785	B	4,210.309	1.0001		- 4,211	4,211	
01/20/2023 001050984785	B	10,520.948	1.0001		- 10,522	10,522	
01/23/2023 001050984785	B	236,184.932	1.0001		- 236,209	236,209	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/24/2023 001050984785	B	7,312.189	1.0001		- 7,313	7,313	
01/25/2023 001050984785	B	13,762.504	1.0001		- 13,764	13,764	
01/31/2023 001050984785	B	8,742.126	1.0001		- 8,743	8,743	
02/01/2023 001050984785	B	12,554.255	1.0001		- 12,556	12,556	
02/02/2023 001050984785	B	4,369.743	1.0001		- 4,370	4,370	
02/09/2023 001050984785	B	587,250.975	1.0001		- 587,310	587,310	
02/14/2023 001050984785	B	575.582	1.0001		- 576	576	
02/16/2023 001050984785	B	1,076.062	1.0001		- 1,076	1,076	
02/17/2023 001050984785	B	5,618.438	1.0001		- 5,619	5,619	
02/23/2023 001050984785	B	70,831.877	1.0001		- 70,839	70,839	
02/24/2023 001050984785	B	9,273.933	1.0001		- 9,275	9,275	
03/01/2023 001050984785	B	6,705.529	1.0001		- 6,706	6,706	
03/02/2023 001050984785	B	5,392.971	1.0001		- 5,394	5,394	
03/06/2023 001050984785	B	2,947.805	1.0001		- 2,948	2,948	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/07/2023 001050984785	B	6,483.292	1.0001		- 6,484	6,484	
03/08/2023 001050984785	B	11,147.305	1.0001		- 11,148	11,148	
03/10/2023 001050984785	B	1,578.142	1.0001		- 1,578	1,578	
03/14/2023 001050984785	B	1,169,412.687	1.0002		- 1,169,647	1,169,647	
03/17/2023 001050984785	B	6,663.814	1.0001		- 6,664	6,664	
03/20/2023 001050984785	B	3,303.540	1.0001		- 3,304	3,304	
03/21/2023 001050984785	B	4,783.300	1.0000		- 4,783	4,783	
03/24/2023 001050984785	B	72,962.690	1.0000		- 72,963	72,963	
03/27/2023 001050984785	B	95,301.080	1.0000		- 95,301	95,301	
03/30/2023 001050984785	B	9,182.500	1.0000		- 9,183	9,183	
03/31/2023 001050984785	B	96,407.660	1.0000		- 96,408	96,408	
04/03/2023 001050984785	B	3,641.160	1.0000		- 3,641	3,641	
04/04/2023 001050984785	B	5,126.780	1.0000		- 5,127	5,127	
04/10/2023 001050984785	B	1,340,906.410	1.0000		- 1,340,906	1,340,906	

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04/25/2023 001050984785	B	6,787.680	1.0000		- 6,788	6,788	
04/26/2023 001050984785	B	16,281.720	1.0000		- 16,282	16,282	
05/01/2023 001050984785	B	21,620.990	1.0000		- 21,621	21,621	
05/02/2023 001050984785	B	5,087.070	1.0000		- 5,087	5,087	
05/11/2023 001050984785	B	166,405.440	1.0000		- 166,405	166,405	
05/18/2023 001050984785	B	1,034.160	1.0000		- 1,034	1,034	
05/23/2023 001050984785	B	222,523.770	1.0000		- 222,524	222,524	
05/26/2023 001050984785	B	13,798.860	1.0000		- 13,799	13,799	
05/30/2023 001050984785	B	6,369.090	1.0000		- 6,369	6,369	
05/31/2023 001050984785	B	6,124.440	1.0000		- 6,124	6,124	
06/01/2023 001050984785	B	6,215.700	1.0000		- 6,216	6,216	
06/02/2023 001050984785	B	4,006.260	1.0000		- 4,006	4,006	
06/06/2023 001050984785	B	6,335.560	1.0000		- 6,336	6,336	
06/08/2023 001050984785	B	10,241.040	1.0000		- 10,241	10,241	

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06/14/2023 001050984785	B	2,251.480	1.0000		- 2,251	2,251	
06/15/2023 001050984785	B	7,036.960	1.0000		- 7,037	7,037	
06/20/2023 001050984785	B	5,017.660	1.0000		- 5,018	5,018	
06/23/2023 001050984785	B	3,042.880	1.0000		- 3,043	3,043	
06/29/2023 001050984785	B	8,515.000	1.0000		- 8,515	8,515	
06/30/2023 001050984785	B	13,934.600	1.0000		- 13,935	13,935	
07/05/2023 001050984785	B	4,031.380	1.0000		- 4,031	4,031	
07/21/2023 001050984785	B	146,236.820	1.0000		- 146,237	146,237	
07/25/2023 001050984785	B	6,787.680	1.0000		- 6,788	6,788	
07/26/2023 001050984785	B	15,587.180	1.0000		- 15,587	15,587	
07/31/2023 001050984785	B	8,128.000	1.0000		- 8,128	8,128	
08/01/2023 001050984785	B	16,625.310	1.0000		- 16,625	16,625	
08/02/2023 001050984785	B	4,227.680	1.0000		- 4,228	4,228	
08/10/2023 001050984785	B	5,402.880	1.0000		- 5,403	5,403	

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08/14/2023 001050984785	B	62,581.362	1.0001		- 62,588	62,588	
08/15/2023 001050984785	B	262,644.326	1.0001		- 262,671	262,671	
08/25/2023 001050984785	B	10,480.772	1.0001		- 10,482	10,482	
08/31/2023 001050984785	B	6,123.828	1.0001		- 6,124	6,124	
09/01/2023 001050984785	B	7,250.925	1.0001		- 7,252	7,252	
09/05/2023 001050984785	B	8,400.720	1.0001		- 8,402	8,402	
09/07/2023 001050984785	B	7,313.009	1.0001		- 7,314	7,314	
09/08/2023 001050984785	B	10,240.016	1.0001		- 10,241	10,241	
09/12/2023 001050984785	B	782,206.099	1.0001		- 782,284	782,284	
09/15/2023 001050984785	B	7,028.007	1.0001		- 7,029	7,029	
09/18/2023 001050984785	B	1,345,719.178	1.0001		- 1,345,854	1,345,854	
09/19/2023 001050984785	B	5,502.690	1.0001		- 5,503	5,503	
09/22/2023 001050984785	B	3,042.576	1.0001		- 3,043	3,043	
09/28/2023 001050984785	B	9,365.563	1.0001		- 9,367	9,367	

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Period from January 1, 2023 to December 31, 2023

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/29/2023 001050984785	B	14,565.643	1.0001		- 14,567	14,567	
10/03/2023 001050984785	B	5,945.085	1.0001		- 5,946	5,946	
10/12/2023 001050984785	B	636.736	1.0001		- 637	637	
10/20/2023 001050984785	B	80.612	1.0001		- 81	81	
10/26/2023 001050984785	B	571,393.561	1.0001		- 571,451	571,451	
10/31/2023 001050984785	B	8,184.982	1.0001		- 8,186	8,186	
11/01/2023 001050984785	B	15,944.736	1.0001		- 15,946	15,946	
11/02/2023 001050984785	B	6,280.570	1.0000		- 6,281	6,281	
11/14/2023 001050984785	B	5,181.802	1.0001		- 5,182	5,182	
11/16/2023 001050984785	B	819.278	1.0001		- 819	819	
11/22/2023 001050984785	B	8,512.009	1.0001		- 8,513	8,513	
11/24/2023 001050984785	B	5,733.027	1.0001		- 5,734	5,734	
11/27/2023 001050984785	B	494,949.645	1.0001		- 494,999	494,999	
11/28/2023 001050984785	B	6,839.346	1.0001		- 6,840	6,840	

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LOCAL 553 PEN FUND CONSOLIDATED
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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/30/2023 001050984785	B	5,873.843	1.0001		- 5,874	5,874	
12/01/2023 001050984785	B	9,353.785	1.0001		- 9,355	9,355	
12/04/2023 001050984785	B	6,639.166	1.0001		- 6,640	6,640	
12/08/2023 001050984785	B	9,822.578	1.0001		- 9,824	9,824	
12/12/2023 001050984785	B	396,925.427	1.0001		- 396,965	396,965	
12/21/2023 001050984785	B	2,984.762	1.0001		- 2,985	2,985	
12/28/2023 001050984785	B	197,030.627	1.0001		- 197,050	197,050	
12/29/2023 001050984785	B	7,279.432	1.0001		- 7,280	7,280	
Total For Buys				0	8,863,535	8,863,535	0
01/03/2023 001050984785	S	- 145,310.029	1.0001		145,325	145,296	28
02/10/2023 001050984785	S	- 318,204.130	1.0001		318,236	318,202	34
02/22/2023 001050984785	S	- 274,480.292	1.0001		274,508	274,478	29
03/15/2023 001050984785	S	- 1,389,302.150	1.0002		1,389,580	1,389,424	156
03/16/2023 001050984785	S	- 299,143.556	1.0001		299,173	299,170	4

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LOCAL 553 PEN FUND CONSOLIDATED
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Period from January 1, 2023 to December 31, 2023

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/11/2023 001050984785	S	- 1,400,000.000	1.0000		1,400,000	1,400,047	- 47
05/08/2023 001050984785	S	- 186,591.960	1.0000		186,592	186,598	- 6
05/09/2023 001050984785	S	- 226,776.100	1.0000		226,776	226,783	- 7
05/10/2023 001050984785	S	- 236,562.560	1.0000		236,563	236,570	- 8
05/24/2023 001050984785	S	- 102,584.630	1.0000		102,585	102,587	- 2
07/11/2023 001050984785	S	- 130,956.620	1.0000		130,957	130,959	- 2
08/16/2023 001050984785	S	- 177,967.503	1.0001		177,985	177,974	12
08/17/2023 001050984785	S	- 130,745.295	1.0001		130,758	130,750	9
08/18/2023 001050984785	S	- 31,123.568	1.0001		31,127	31,125	2
09/13/2023 001050984785	S	- 213,041.166	1.0001		213,062	213,055	8
09/14/2023 001050984785	S	- 455,746.055	1.0001		455,792	455,775	17
09/20/2023 001050984785	S	- 1,199,880.012	1.0001		1,200,000	1,199,979	21
10/24/2023 001050984785	S	- 118,065.343	1.0001		118,077	118,075	2
10/25/2023 001050984785	S	- 456,272.463	1.0001		456,318	456,310	8

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LOCAL 553 PEN FUND CONSOLIDATED
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Period from January 1, 2023 to December 31, 2023

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/05/2023 001050984785	S	- 492,834.137	1.0001		492,883	492,880	4
12/06/2023 001050984785	S	- 79,638.636	1.0001		79,647	79,646	1
12/13/2023 001050984785	S	- 318,110.609	1.0001		318,142	318,141	2
12/15/2023 001050984785	S	- 89,110.358	1.0002		89,128	89,119	9
12/18/2023 001050984785	S	- 36,624.635	1.0002		36,632	36,628	4
12/20/2023 001050984785	S	- 167,860.548	1.0002		167,894	167,876	18
12/26/2023 001050984785	S	- 30,958.524	1.0001		30,962	30,961	
Total For Sells				0	8,708,702	8,708,408	296
Total First Am Inst Prime Ob Fd Cl Z				0	17,572,237	17,571,943	296
GRAND TOTAL				0	82,653,840	82,653,546	296

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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 LOCAL 553 PENSION 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 LOCAL 553 PENSION FUND	D Employer Identification Number (EIN) 13-6637826

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

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 247,345,063
(2) Actuarial value of assets for funding standard account	1b(2) 263,702,489
c (1) Accrued liability for plan using immediate gain methods	1c(1) 273,538,722
(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) 263,187,771
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) 433,729,492
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 5,184,213
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 23,216,754
(3) Expected plan disbursements for the plan year	1d(3) 24,516,754

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 Brian Lehman BL Signature of actuary BRIAN LEHMAN, ASA, MAAA Type or print name of actuary SEGAL Firm name 333 WEST 34TH STREET NEW YORK NY 10001-2402 Address of the firm	08/19/2024 Date 2308555 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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a Current value of assets (see instructions)		2a	247,623,567
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		1,234	278,254,351
(2) For terminated vested participants		447	70,675,219
(3) For active participants:			
(a) Non-vested benefits			3,482,871
(b) Vested benefits			81,317,051
(c) Total active		331	84,799,922
(4) Total		2,012	433,729,492
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	57.09 %

(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
07/15/2023	5,351,187				

a	Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	100.2 %
b	Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c	Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d	If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e	If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f	If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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):						

i If box h is checked, enter period of use of shortfall method	5j	
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- 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	2.55 %
	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)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-8.9 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,253,457
(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	2,329,322	239,016
3	1,994,478	204,657

8 Miscellaneous information:

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

e If box 5h is checked or 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**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any

9a

0

b Employer's normal cost for plan year as of valuation date

9b

2,018,665

c Amortization charges as of valuation date:

Outstanding balance

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

9c(1)

112,440,479

17,981,993

(2) Funding waivers

9c(2)

0

0

(3) Certain bases for which the amortization period has been extended

9c(3)

0

0

d Interest as applicable on lines 9a, 9b, and 9c

9d

1,400,046

e Total charges. Add lines 9a through 9d

9e

21,400,704

Credits to funding standard account:

f Prior year credit balance, if any

9f

70,455,746

g Employer contributions. Total from column (b) of line 3

9g

5,351,187

Outstanding balance

h Amortization credits as of valuation date

9h

32,148,500

7,070,988

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i

5,598,555

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

105,574,835

(2) "RPA '94" override (90% current liability FFL)

9j(2)

127,188,304

(3) FFL credit

9j(3)

0

k (1) Waived funding deficiency

9k(1)

0

(2) Other credits

9k(2)

0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l

88,476,476

m Credit balance: If line 9l is greater than line 9e, enter the difference

9m

67,075,772

n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year

9o(1)

0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)

10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions



Yes



No