

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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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: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                                                |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                         |
| 1a      | Name of plan<br>WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND                                                                                                                                                                                                                                                                                                 |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                             |
| 1c      | Effective date of plan<br>01/01/1963                                                                                                                                                                                                                                                                                                                           |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>WAREHOUSE EMPLOYEES LOCAL NO. 570<br><br>1005 NORTH POINT BOULEVARD STE 726<br>BALTIMORE, MD 21224-3405 |
| 2b      | Employer Identification Number (EIN)<br>52-6048848                                                                                                                                                                                                                                                                                                             |
| 2c      | Plan Sponsor's telephone number<br>410-282-0510                                                                                                                                                                                                                                                                                                                |
| 2d      | Business code (see instructions)<br>493100                                                                                                                                                                                                                                                                                                                     |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 07/08/2024 | SEAN CEDENIO                                                 |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 07/11/2024 | WILLIAM CAVANAUGH                                            |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                    |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 2958                                                                                                                                                                                                                                       |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 771<br><b>6a(2)</b> 795<br><b>6b</b> 1104<br><b>6c</b> 843<br><b>6d</b> 2742<br><b>6e</b> 332<br><b>6f</b> 3074<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b> 21                                                                                                                                                                                                                                         |

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

1A

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

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                             |                                                      |     |
|---------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023  |                                                      |     |
| A Name of plan<br>WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND                            | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>WAREHOUSE EMPLOYEES LOCAL NO. 570 | D Employer Identification Number (EIN)<br>52-6048848 |     |

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

1 Coverage Information:

(a) Name of insurance carrier  
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-1050034 | 93629         | 017094                                | 3074                                                                        | 01/01/2023              | 12/31/2023 |

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

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

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

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

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

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

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                               |          |  |
|----------|-----------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

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

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

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

|          |                                                                                                |              |          |
|----------|------------------------------------------------------------------------------------------------|--------------|----------|
| <b>b</b> | Balance at the end of the previous year .....                                                  | <b>7b</b>    | 11967197 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |          |
|          | (2) Dividends and credits .....                                                                | <b>7c(2)</b> |          |
|          | (3) Interest credited during the year .....                                                    | <b>7c(3)</b> | 228893   |
|          | (4) Transferred from separate account.....                                                     | <b>7c(4)</b> |          |
|          | (5) Other (specify below) .....                                                                | <b>7c(5)</b> |          |
|          |                                                                                                |              |          |
|          | (6) Total additions .....                                                                      | <b>7c(6)</b> | 228893   |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 12196090 |
| <b>e</b> | Deductions:                                                                                    |              |          |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                | <b>7e(1)</b> |          |
|          | (2) Administration charge made by carrier .....                                                | <b>7e(2)</b> |          |
|          | (3) Transferred to separate account.....                                                       | <b>7e(3)</b> |          |
|          | (4) Other (specify below) .....                                                                | <b>7e(4)</b> | 3724061  |
|          |                                                                                                |              |          |
|          | (5) Total deductions .....                                                                     | <b>7e(5)</b> | 3724061  |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 8472029  |

▶ CASH, CONTRACT EXPENSE CHARGE

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                      | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....                                                                                                   | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....                                                                                                    | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....                                                                                                                          | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                          |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public<br/>Inspection</div> |
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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.

|                                                                                                                           |                                                                         |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND</div>                                       | <div>B Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>WAREHOUSE EMPLOYEES LOCAL NO. 570</div> | <div>D Employer Identification Number (EIN)</div> <div>52-6048848</div> |

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

|                                                                                                                    |                                          |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <div>1a Enter the valuation date:</div> <div>Month 01 Day 01 Year 2023</div>                                       |                                          |
| <div>b Assets</div>                                                                                                |                                          |
| <div>(1) Current value of assets</div>                                                                             | <div>1b(1)</div> <div>207692543</div>    |
| <div>(2) Actuarial value of assets for funding standard account</div>                                              | <div>1b(2)</div> <div>227750461</div>    |
| <div>c (1) Accrued liability for plan using immediate gain methods</div>                                           | <div>1c(1)</div> <div>184360052</div>    |
| <div>(2) Information for plans using spread gain methods:</div>                                                    |                                          |
| <div>(a) Unfunded liability for methods with bases</div>                                                           | <div>1c(2)(a)</div>                      |
| <div>(b) Accrued liability under entry age normal method</div>                                                     | <div>1c(2)(b)</div>                      |
| <div>(c) Normal cost under entry age normal method</div>                                                           | <div>1c(2)(c)</div>                      |
| <div>(3) Accrued liability under unit credit cost method</div>                                                     | <div>1c(3)</div> <div>184360052</div>    |
| <div>d Information on current liabilities of the plan:</div>                                                       |                                          |
| <div>(1) Amount excluded from current liability attributable to pre-participation service (see instructions)</div> | <div>1d(1)</div>                         |
| <div>(2) "RPA '94" information:</div>                                                                              |                                          |
| <div>(a) Current liability</div>                                                                                   | <div>1d(2)(a)</div> <div>310232524</div> |
| <div>(b) Expected increase in current liability due to benefits accruing during the plan year</div>                | <div>1d(2)(b)</div> <div>7540454</div>   |
| <div>(c) Expected release from "RPA '94" current liability for the plan year</div>                                 | <div>1d(2)(c)</div> <div>14167428</div>  |
| <div>(3) Expected plan disbursements for the plan year</div>                                                       | <div>1d(3)</div> <div>14642428</div>     |

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.

|                                                                                    |                                                                  |
|------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>SIGN HERE</div>                                                               | <div>09/27/2024</div>                                            |
| <div>Signature of actuary</div> <div>JAMES RITCHIE, ASA, EA, FCA, MAAA</div>       | <div>Date</div> <div>23-05643</div>                              |
| <div>Type or print name of actuary</div> <div>BOLTON PARTNERS, INC.</div>          | <div>Most recent enrollment number</div> <div>410-547-0500</div> |
| <div>Firm name</div> <div>1 W. PENNSYLVANIA AVE, SUITE 600, TOWSON, MD 21204</div> | <div>Telephone number (including area code)</div>                |
| <div>Address of the firm</div>                                                     |                                                                  |

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:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 207692543                    |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 1465                              | 160196670                    |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 720                               | 60570248                     |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 9315248                      |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 80150358                     |
| <b>(c)</b> Total active .....                                                                                                       | 772                               | 89465606                     |
| <b>(4)</b> Total .....                                                                                                              | 2957                              | 310232524                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 66.95 %                      |

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

| (a) Date<br>(MM/DD/YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/01/2023                                                                      | 6803094                           | 0                               |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 6803094                           | <b>3(c)</b> 0                   |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | <b>3(d)</b> 2680308             |

**4** Information on plan status:

|                                                                                                                                                                            |           |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                           | <b>4a</b> | 123.5 %                                                  |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....     | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....      | <b>4e</b> |                                                          |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                       | <b>4f</b> |                                                          |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                     |           |                                                          |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here. .... <input type="checkbox"/>                      |           |                                                          |
| • 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):

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                                                |                                                                                                  |                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                                   | <b>6a</b>                                                                                        | 2.55 %                                                                                                                                          |
|                                                                                                                                | Pre-retirement                                                                                   | Post-retirement                                                                                                                                 |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                |
| <b>c</b> Mortality table code for valuation purposes:                                                                          |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Males .....                                                                                                         | <b>6c(1)</b>                                                                                     | A                                                                                                                                               |
| <b>(2)</b> Females .....                                                                                                       | <b>6c(2)</b>                                                                                     | A                                                                                                                                               |
| <b>d</b> Valuation liability interest rate .....                                                                               | <b>6d</b>                                                                                        | 6.50 %                                                                                                                                          |
| <b>e</b> Salary scale .....                                                                                                    | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |
| <b>f</b> Withdrawal liability interest rate:                                                                                   |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Type of interest rate .....                                                                                         | <b>6f(1)</b>                                                                                     | <input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b>                                                                                     | %                                                                                                                                               |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                  | <b>6g</b>                                                                                        | 5.3 %                                                                                                                                           |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                    | <b>6h</b>                                                                                        | -11.5 %                                                                                                                                         |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                        | <b>6i</b>                                                                                        | <input type="checkbox"/> N/A                                                                                                                    |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b>                                                                                     | %                                                                                                                                               |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b>                                                                                     | 475000                                                                                                                                          |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |

**7** New amortization bases established in the current plan year:

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

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                             |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> 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 .....                                                                                             | <b>8a</b>                                                           |  |
| <b>b</b> Demographic, benefit, and contribution information                                                                                                                                                                                                 |                                                                     |  |
| <b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>c</b> 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? .....                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                  |                                                                     |  |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                               | <b>8d(2)</b>                                                        |  |
| <b>(3)</b> 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? .....                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(4)</b> 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)) .....                                                                                                | <b>8d(4)</b>                                                        |  |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                        | <b>8d(5)</b>                                                        |  |
| <b>(6)</b> 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? .....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>e</b> 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) ..... | <b>8e</b>                                                           |  |

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

|                                                                          |           |         |
|--------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> |         |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 3771019 |

**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 |         |
|--------------|---------------------|---------|
| <b>9c(1)</b> | 44818145            | 6808466 |
| <b>9c(2)</b> |                     |         |
| <b>9c(3)</b> |                     |         |

**d** Interest as applicable on lines 9a, 9b, and 9c .....**9d** 687667**e** Total charges. Add lines 9a through 9d .....**9e** 11267152**Credits to funding standard account:****f** Prior year credit balance, if any .....**9f** 36140016**g** Employer contributions. Total from column (b) of line 3 .....**9g** 6803094**h** Amortization credits as of valuation date .....

|           | Outstanding balance |         |
|-----------|---------------------|---------|
| <b>9h</b> | 10846935            | 2452704 |

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 2729628**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL) .....**9j(1)** 17656150**(2)** "RPA '94" override (90% current liability FFL) .....**9j(2)** 52954816**(3)** FFL credit .....**9j(3)****k (1)** Waived funding deficiency .....**9k(1)****(2)** Other credits .....**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....**9l** 48125442**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m** 36858290**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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND                            | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                             |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>WAREHOUSE EMPLOYEES LOCAL NO. 570 | D Employer Identification Number (EIN)<br>52-6048848 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| CORRY CAPITAL ADVISORS, LLC                                                                                |
| 26-0510274                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| INVESCO TRUST COMPANY                                                                                      |
| 58-1707262                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| BOYD WATTERSON ASSET MGMT                                                                                  |
| 34-1922005                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| ENTRUST                                                                                                    |
| 90-0644478                                                                                                 |

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

CRESCENT CAPITAL GROUP

11100 SANTA MONICA BLVD, 2000  
LOS ANGELES, CA 90025

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

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

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

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

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

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

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**(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)

ULLICO INVESTMENT ADVISORS INC.

52-6435649

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | NONE                                                                                              | 259712                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

RBC GLOBAL ASSET MANAGEMENT

41-1460668

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | NONE                                                                                              | 87526                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BROWN ADVISORY

26-0680642

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | NONE                                                                                              | 84315                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

INTERCONTINENTAL REAL ESTATE CORP

11-3786306

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | NONE                                                                                              | 79951                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ABATO, RUBENSTEIN & ABATO

52-0904713

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | NONE                                                                                              | 78890                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BOLTON PARTNERS, INC

52-1231144

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 76284                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

REYNOLDS CONSULTING SERVICES, LLC

20-1899564

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | NONE                                                                                              | 49500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WILMINGTON TRUST

16-1486454

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 62                  | NONE                                                                                              | 44846                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

CALIBRE CPA GROUP, PLLC

47-0900880

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 33540                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

CHARTWELL INVESTMENT PARTNERS

23-2891243

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | NONE                                                                                              | 24448                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TAMMY F. DIXON, FSA, MAAA

23 GRANT ST  
PORT TOWNSEND, WA 98368

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 22377                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HILL MANAGEMENT SERVICES

PO BOX 4835  
TIMONIUM, MD 21094

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | NONE                                                                                              | 17541                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

BRIDGEWAY BENEFIT TECHNOLOGIES

23-2182079

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | NONE                                                                                              | 15858                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PITNEY BOWES

PO BOX 371874  
PITTSBURGH, PA 15250

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | NONE                                                                                              | 13095                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AMERICAN ARBITRATION ASSOCIATION

1120 CONNECTICUT AVE, NW, STE 490  
WASHINGTON, DC 20036

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | NONE                                                                                              | 9800                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                  |                                                                    |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND</u>                                   | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>WAREHOUSE EMPLOYEES LOCAL NO. 570</u> | <b>D</b> Employer Identification Number (EIN)<br><u>52-6048848</u> |

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX FUND

**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST, NA

|                                       |                               |                                                                                                                      |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>20-3802168-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>118245093</u> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CRESCENT CAPITAL TRUST II

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

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>32-6471303-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5615693</u> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RBC GAM INTERNATIONAL FUND

**b** Name of sponsor of entity listed in (a): RBC GLOBAL ASSET MANAGEMENT

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>04-3405915-001</u> | <b>d</b> Entity code <u>E</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11585158</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX-EXEMPT FD

**b** Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>90-0622302-001</u> | <b>d</b> Entity code <u>E</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16891928</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

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

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                           |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>  |                                                                    |            |
| <b>A</b> Name of plan<br><b>WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND</b>                            | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                           |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>WAREHOUSE EMPLOYEES LOCAL NO. 570</b> | <b>D</b> Employer Identification Number (EIN)<br><b>52-6048848</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | 1348180               | 1141892         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 356642                | 362409          |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 1191906               | 367187          |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 461144                | 906511          |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    | 2028678               | 2633857         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> | 3357075               | 2852689         |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> | 12400631              | 16657294        |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    | 50898824              | 48032537        |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 100327827             | 123860786       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 25119060              | 28477086        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 11967197              | 8472029         |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 16192                 | 40574           |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 209473356             | 233804851       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 69296                 | 142125          |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 43581                 | 42496           |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 112877                | 184621          |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 209360479             | 233620230       |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 4122786    |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 4122786   |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 18194      |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> | 49011      |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> | 105504     |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 172709    |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> | 147191     |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 147191    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> | 2668774    |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> | 2529831    |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            | 138943    |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> | 532664     |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 25078601  |
| (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)  |            | 4108327   |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            | 3468451   |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 37769672  |

**Expenses**

|                                                                                      |        |          |          |
|--------------------------------------------------------------------------------------|--------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |        |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 12288216 |          |
| (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)  |          | 12288216 |
| 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)  | 79520    |          |
| (2) Contract administrator fees.....                                                 | 2i(2)  |          |          |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |          |          |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 33540    |          |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 664157   |          |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |          |          |
| (7) Actuarial fees .....                                                             | 2i(7)  | 76284    |          |
| (8) Legal fees .....                                                                 | 2i(8)  | 123112   |          |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |          |          |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |          |          |
| (11) Other expenses .....                                                            | 2i(11) | 245092   |          |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |          | 1221705  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |          | 13509921 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 24259751 |
| 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  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |         |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |         |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <b>j</b> 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.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     |                                     |         |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 521969.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>WAREHOUSE EMPLOYEES LOCAL NO. 570                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>52-6048848                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                                | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1                                                                                               |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____<br><br>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 4                                                                                             |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. .... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2023 v. 230707                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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 **BIMBO BAKERIES**

**b** EIN **75-2491201**

**c** Dollar amount contributed by employer **1023596**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **29** Year **2023**

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

(1) Contribution rate (in dollars and cents) **3.63**

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

**a** Name of contributing employer **BREAKTHRU BEVERAGE**

**b** EIN **52-2348529**

**c** Dollar amount contributed by employer **414740**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **01** Year **2024**

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

(1) Contribution rate (in dollars and cents) **2.37**

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

**a** Name of contributing employer **REPUBLIC NATIONAL DIST**

**b** EIN **52-0615639**

**c** Dollar amount contributed by employer **278439**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **1.89**

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

**a** Name of contributing employer **TOYOTA**

**b** EIN **95-1958272**

**c** Dollar amount contributed by employer **964272**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **03** 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) **6.40**

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

**a** Name of contributing employer **SOUTHERN GLAZERS**

**b** EIN **59-1285786**

**c** Dollar amount contributed by employer **193748**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.25**

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

**a** Name of contributing employer **LINEAGE LOGISTICS**

**b** EIN **83-2072741**

**c** Dollar amount contributed by employer **193485**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **10** Year **2024**

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

(1) Contribution rate (in dollars and cents) **2.41**

(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 **LEONARD PAPER COMPANY**

**b** EIN **52-0640253**

**c** Dollar amount contributed by employer **187287**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **23** 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) **3.20**

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

**a** Name of contributing employer **ARAMARK UNIFORM SVCS**

**b** EIN **95-3082883**

**c** Dollar amount contributed by employer **145846**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **07** Year **2024**

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

(1) Contribution rate (in dollars and cents) **2.28**

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

**a** Name of contributing employer **P. FLANIGAN & SONS**

**b** EIN **52-0313970**

**c** Dollar amount contributed by employer **120076**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **10** Year **2024**

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

(1) Contribution rate (in dollars and cents) **3.75**

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

**a** Name of contributing employer **WHITING-TURNER**

**b** EIN **52-0529450**

**c** Dollar amount contributed by employer **96332**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **10.15**

(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):

|                                                                                                                                                                                                                                                                                                                                  |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>14</b> 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:                                                                                                             |            |         |
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) ..... | <b>14a</b> |         |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                 | <b>14b</b> |         |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                            | <b>14c</b> |         |
| <b>15</b> 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:                                                                                                                                           |            |         |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                                                                                            | <b>15a</b> | 999.99  |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                       | <b>15b</b> | 999.99  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |         |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                         | <b>16a</b> | 1       |
| <b>b</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 .....                                                                                                                                                           | <b>16b</b> | 1126444 |
| <b>17</b> 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..... <input type="checkbox"/>                                                                    |            |         |

**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: 65.8 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 4.3 %

High-Yield Debt: 0.0 % Real Assets: 22.3 % Cash or Cash Equivalents: 0.3 % Other: 7.3 %

**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 \_\_\_\_\_.



**WAREHOUSE EMPLOYEES' LOCAL NO. 570  
PENSION PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2023





**WAREHOUSE EMPLOYEES' LOCAL NO. 570  
PENSION PLAN**

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the  
Warehouse Employees' Local No. 570 Pension Plan

### Opinion

We have audited the accompanying financial statements of the Warehouse Employees' Local No. 570 Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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 Warehouse Employees' Local No. 570 Pension Plan as of December 31, 2023 and 2022, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

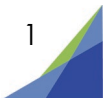
### Basis for Opinion

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 Warehouse Employees' Local No. 570 Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that 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, including omissions, 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 schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

## Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Calibre CPA Group, PLLC*

Bethesda, MD  
September 10, 2024



## WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2023 AND 2022

|                                          | 2023                  | 2022                  |
|------------------------------------------|-----------------------|-----------------------|
|                                          | <u>2023</u>           | <u>2022</u>           |
| <b>Assets</b>                            |                       |                       |
| <b>Assets</b>                            |                       |                       |
| Investments, at fair value               | \$ 223,420,760        | \$ 194,593,239        |
| Investments, at contract value           | <u>7,740,156</u>      | <u>11,425,705</u>     |
|                                          | <u>231,160,916</u>    | <u>206,018,944</u>    |
| Receivables                              |                       |                       |
| Employer contributions                   | 362,409               | 356,642               |
| Interest and dividends                   | 51,038                | 44,531                |
| Other receivables                        | 6,618                 | 1,236                 |
| Withdrawal liability                     | 289,384               | 1,126,444             |
| Due from administrator's account         | <u>11,000</u>         | <u>11,000</u>         |
| Total receivables                        | <u>720,449</u>        | <u>1,539,853</u>      |
| Other assets                             |                       |                       |
| Cash, noninterest-bearing                | 1,141,892             | 1,348,180             |
| Prepaid expenses                         | 9,147                 | 8,695                 |
| Property and equipment (net)             | -                     | 256                   |
| Operating right-of-use asset             | <u>40,574</u>         | <u>15,936</u>         |
|                                          | <u>1,191,613</u>      | <u>1,373,067</u>      |
| Total assets                             | <u>233,072,978</u>    | <u>208,931,864</u>    |
| <b>Liabilities and Net Assets</b>        |                       |                       |
| <b>Liabilities</b>                       |                       |                       |
| Accounts payable                         | 128,663               | 55,036                |
| Due to administrator's account           | 13,462                | 14,260                |
| Securities purchased                     | -                     | 27,309                |
| Operating lease liability                | <u>42,496</u>         | <u>16,272</u>         |
| Total liabilities                        | <u>184,621</u>        | <u>112,877</u>        |
| <b>Net assets available for benefits</b> | <u>\$ 232,888,357</u> | <u>\$ 208,818,987</u> |

See accompanying notes to the financial statements.



## WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2023 AND 2022

|                                                                 | <u>2023</u>               | <u>2022</u>               |
|-----------------------------------------------------------------|---------------------------|---------------------------|
| <b>Additions</b>                                                |                           |                           |
| Investment income                                               |                           |                           |
| Net appreciation (depreciation) in<br>fair value of investments | \$ 29,668,154             | \$ (29,282,560)           |
| Interest                                                        | 172,709                   | 317,415                   |
| Dividends                                                       | <u>1,770,587</u>          | <u>1,918,599</u>          |
|                                                                 | 31,611,450                | (27,046,546)              |
| Less: investment expenses                                       | <u>(664,157)</u>          | <u>(566,418)</u>          |
| Net investment income (loss)                                    | <u>30,947,293</u>         | <u>(27,612,964)</u>       |
| <br>Employer contributions                                      | <br><u>4,122,786</u>      | <br><u>4,057,101</u>      |
| <br>Withdrawal liability                                        | <br><u>1,843,248</u>      | <br><u>1,206,752</u>      |
| <br>Other income                                                | <br><u>1,807</u>          | <br><u>5,000</u>          |
| <br>Total additions                                             | <br><u>36,915,134</u>     | <br><u>(22,344,111)</u>   |
| <b>Deductions</b>                                               |                           |                           |
| Benefits paid directly to participants                          | 12,288,216                | 12,198,782                |
| Administrative expenses                                         | <u>557,548</u>            | <u>445,320</u>            |
| Total deductions                                                | <u>12,845,764</u>         | <u>12,644,102</u>         |
| <br><b>Net change</b>                                           | <br>24,069,370            | <br>(34,988,213)          |
| <br><b>Net assets available for benefits</b>                    |                           |                           |
| Beginning of year                                               | <u>208,818,987</u>        | <u>243,807,200</u>        |
| <br>End of year                                                 | <br><u>\$ 232,888,357</u> | <br><u>\$ 208,818,987</u> |

See accompanying notes to the financial statements.



## WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

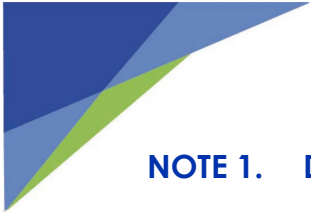
#### NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Warehouse Employees' Local No. 570 Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

**General** - The Plan is a defined benefit pension plan covering union employees of participating employers as described in the collective bargaining agreements (CBA) with the respective employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees governance of the Plan.

**Benefits and Vesting** - Participants reaching the age of 62 and their fifth anniversary of participation are entitled to pension benefits beginning at normal retirement age. The pension benefit is determined by an actuarial calculation considering credited future service benefits and credited past service benefits. The Plan permits early retirement for participants age 55 with at least 10 years of credited future service, or any age with 25 years of credited service. Participants may elect to receive their benefits in the form of a single life annuity, a joint and survivor annuity or a 10 year certain and life annuity. If employees terminate prior to rendering five years of service, they forfeit their right to receive the portion of their accumulated plan benefits attributable to their employer's contributions.

**Death and Disability Benefits** - If a participant is receiving a normal, early, service or disability pension, and dies when at least age 55 and has 10 years of credited service, a \$1,000 death benefit is paid to the participant's beneficiary. If a participant dies before retiring and has earned at least five years of future service credits and is unmarried or has been married for less than one year, an ancillary death benefit of \$10,000 will be paid to the beneficiary or beneficiaries named by the participant, except that such beneficiary or beneficiaries may only include the participant's spouse or children. Active participants, where age plus the credited future services (minimum of five years) equals or exceeds 50, are eligible to receive a disability benefit based on credited service at the date of disability with no reduction for early payment. Effective January 1, 1992, a supplemental benefit of \$300 per month is paid from age 62 to age 65 to permit a retiree to continue his/her health insurance coverage. For those retirees who have not reached 62, they will be given up to \$10,800 towards health coverage until age 65. However, only those participants with 15 years of vesting service are eligible.



## NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

**Participation** - An employee becomes a participant on the first day of the January following the completion of 300 hours of covered employment in a 12 month period.

**Funding Policy** - The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA and subject to the minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code (IRC). Hourly contribution rates vary by collective bargaining agreement. Contributions by participants are not permitted by the Plan. The Plan Trustees design the benefit structure based on information from actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2023.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

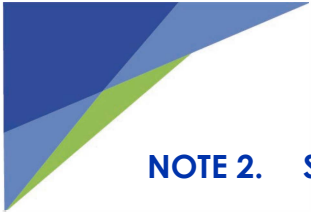
**Basis of Accounting** - The financial statements of the Plan are prepared using the accrual method of accounting. Under this basis, revenue is recognized when earned and expense are recognized when incurred.

**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 and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

**Investment Valuation and Income Recognition** - Investments are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. The 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 Board of Trustees determines the Plan's valuation policies and procedures and monitors investment performance. See Note 5 for discussion of fair value measurements.

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

**Property and Equipment** - Property and equipment is carried at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, which range from three to seven years. Expenditures for maintenance and repairs are recorded as an expense in the period incurred. Renewals and betterments that materially extend the life of the asset are capitalized.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Lease Policy** - In its statements of net assets available for benefits, the Plan records a right-of-use asset and lease liability, initially measured at the present value of total lease payments using a risk-free rate that approximates the remaining term of the lease. The Plan considers the likelihood of exercising renewal or termination clauses (if any) in measuring its right-of-use assets and lease liabilities. A single lease cost calculated so that the cost of the lease is allocated over the lease term on straight-line basis. Short-term leases (those with an initial term of twelve months or less and no purchase option) are expensed over their terms, with no corresponding right-of-use asset or lease liability recorded. The Plan does not separate non-lease components (if any) from lease components in determining the lease payments for leases of office equipment.

**Cash and Cash Equivalents** - Cash includes noninterest-bearing deposit accounts used for operating purposes. Cash and cash equivalents, which are held for investments purposes, includes certain investments in highly liquid debt instruments with original maturities of three months or less.

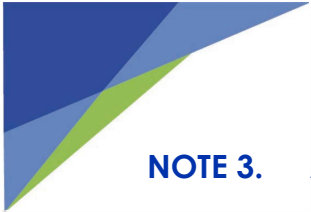
**Payment of Benefits** - Benefit payments to participants are recorded upon distribution.

**Administrative Expenses** - Administrative expenses incurred in connection with the general administration of the Plan are reported as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

**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 nonprofit entities to immediately recognize the estimated expected credit losses over the life of a financial instrument, including trade receivables and membership dues. 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.

**Significant Plan Amendments** - Effective January 1, 2024, participants who worked at least one hour of service after January 1, 2024 and had not commenced any pension benefit from the Plan before January 1, 2024, the total amount of pension benefit earned as of December 31, 2023 will be increased by twelve and one-half percent.



### NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

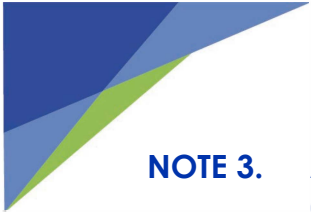
Actuarial present value of accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on participants' years of credited service. The accumulated plan benefits for active employees will equal the accumulation of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits on the basis of funding assumptions is shown below as of January 1, 2023:

|                                                            |                       |
|------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits       |                       |
| Vested benefits                                            |                       |
| Participants currently receiving payments                  | \$ 107,877,899        |
| Other participants                                         | <u>71,617,295</u>     |
|                                                            | 179,495,194           |
| Nonvested benefits                                         | <u>4,864,858</u>      |
| Total actuarial present value of accumulated plan benefits | <u>\$ 184,360,052</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       |                       |
| Beginning of year                                          | \$ 182,191,687        |
| Change attributable to                                     |                       |
| Interest                                                   | 11,445,999            |
| Plan experience                                            | 2,921,148             |
| Benefits paid                                              | <u>(12,198,782)</u>   |
| Total actuarial present value of accumulated plan benefits | <u>\$ 184,360,052</u> |



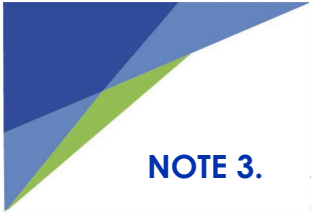
### NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Significant actuarial assumptions used in the valuation as of January 1, 2023, the latest actuarial valuation, are as follows:

The Traditional Unit Credit (accrued benefit) cost method has been used to develop the funding requirement presented in the actuarial valuation. Under this method, the normal cost is equal to the actuarial present value of benefits accrued during the plan year. The actuarial liability represents the actuarial present value of benefits which have been accrued in all prior plan years. Actuarial gains or losses resulting from plan experience which differs from the actuarial assumptions, plan amendments, or changes in the actuarial assumptions are considered new pieces of actuarial liability and must be funded over no more than fifteen years.

The actuarial value of assets is a calculated value determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return based on the prior year actuarial value) during each of the last five years at the rate of 20% per year. The actuarial value is subject to a restriction that it not be less than 80% nor more than 120% of market value.

|                          |                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rate:           | Valuation - 6.5%, compounded annually.<br>Current liability - 2.55% per year, compounded annually.<br>2.22% for the prior year.                                                                                                                                                                                                                                  |
| Mortality:               | Healthy lives - 120% of the RP-2014 Blue collar Health Annuitant Tables (Sex Distinct), projected generationally using Scale MP-2019 from 2014.<br><br>Disabled lives - 130% of the RP-2014 Disabled Retiree Mortality Tables (Sex Distinct) projected generationally using Scale MP-2019 from 2014.<br><br>Current liability – 2023 IRS Static Mortality Table. |
| Administrative Expenses: | \$475,000, projected to increase 3% annually. The expense assumption is based on the plan's experience and the actuary's expectations for future expense inflation.                                                                                                                                                                                              |
| Active Participant:      | A member is considered active if he works 300 or more hours during the plan year. For projecting future contributions only, we assume that the number of active participants will remain constant with replacements entering the plan immediately upon pension, death, or disability.                                                                            |



### **NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)**

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining 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.

Since the information on the accumulated plan benefits at December 31, 2023 do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2023, and the changes therein for the year then ended, but provides a presentation of only the net assets available for benefits and the changes therein as of and for the year ended December 31, 2023. The complete financial status of the Plan is presented as of December 31, 2022.

### **NOTE 4. TAX STATUS**

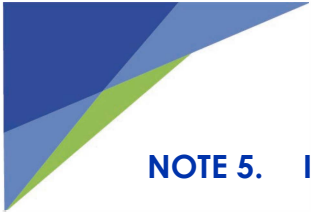
The Internal Revenue Service has determined and informed the Plan, by a letter dated December 21, 2015, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **NOTE 5. INVESTMENTS AND 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.



## NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 Inputs to the valuation methodology include other significant observable inputs including:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

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

*Short-term investments:* Valued at fair value, which approximates amortized cost.

*Common stock:* Valued at the closing price reported on the active market on which the individual securities are traded.

*U.S. Government notes and bonds:* U.S. Treasury notes and bills are valued based on quoted market prices. Government agency bonds are valued based on pricing models maximizing the use of observable inputs for similar securities.

*Corporate notes and bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

*Common collective trusts, 103-12 entities and limited partnerships:* Valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

## NOTE 5. INVESTMENTS AND 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:

|                                             | Total<br>Investments<br>at<br>12/31/2023 | Quoted Market<br>Prices for<br>(Level 1) | Significant Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|---------------------------------------------|------------------------------------------|------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
| Short-term investments                      | \$ 906,511                               | \$ 906,511                               | \$ -                                                   | \$ -                                               |
| Common stocks                               | 16,657,294                               | 16,657,294                               | -                                                      | -                                                  |
| U.S. Government notes and bonds             | 2,633,857                                | -                                        | 2,633,857                                              | -                                                  |
| Corporate bonds                             | 2,852,689                                | -                                        | 2,852,689                                              | -                                                  |
| Total assets in the fair<br>value hierarchy | <u>23,050,351</u>                        | <u>\$ 17,563,805</u>                     | <u>\$ 5,486,546</u>                                    | <u>\$ -</u>                                        |
| Investment measured at net asset<br>value*  |                                          |                                          |                                                        |                                                    |
| Common collective trusts                    | 123,860,786                              |                                          |                                                        |                                                    |
| 103-12 Entities                             | 28,477,086                               |                                          |                                                        |                                                    |
| Limited partnerships                        | 48,032,537                               |                                          |                                                        |                                                    |
|                                             | <u>200,370,409</u>                       |                                          |                                                        |                                                    |
| Total assets at fair value                  | <u>\$ 223,420,760</u>                    |                                          |                                                        |                                                    |
|                                             | Total<br>Investments<br>at<br>12/31/2022 | Quoted Market<br>Prices for<br>(Level 1) | Significant Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| Short-term investments                      | \$ 461,144                               | \$ 461,144                               | \$ -                                                   | \$ -                                               |
| Common stocks                               | 12,400,631                               | 12,400,631                               | -                                                      | -                                                  |
| U.S. Government notes and bonds             | 2,028,678                                | -                                        | 2,028,678                                              | -                                                  |
| Corporate bonds                             | 3,357,075                                | -                                        | 3,357,075                                              | -                                                  |
| Total assets in the fair<br>value hierarchy | <u>18,247,528</u>                        | <u>\$ 12,861,775</u>                     | <u>\$ 5,385,753</u>                                    | <u>\$ -</u>                                        |
| Investment measured at net asset<br>value*  |                                          |                                          |                                                        |                                                    |
| Common collective trusts                    | 100,327,827                              |                                          |                                                        |                                                    |
| 103-12 Entities                             | 25,119,060                               |                                          |                                                        |                                                    |
| Limited partnership                         | 50,898,824                               |                                          |                                                        |                                                    |
|                                             | <u>176,345,711</u>                       |                                          |                                                        |                                                    |
| Total assets at fair value                  | <u>\$ 194,593,239</u>                    |                                          |                                                        |                                                    |

\*In accordance with Accounting Standards Codification, investments that are measured at net asset value 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 line items presented in the statements of net assets available for benefits.

## NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

### Changes in Fair Value of Level 3 Assets

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

### Fair Value of Investments that Calculate Net Asset Value

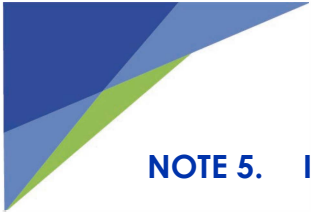
The following table summarizes investments measured at fair value based on the NAV per share as of December 31, 2023 and 2022:

| Description                                                    | Fair Value            |                       | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice<br>Period |
|----------------------------------------------------------------|-----------------------|-----------------------|-------------------------|-------------------------|--------------------------------|
|                                                                | 2023                  | 2022                  |                         |                         |                                |
| Common Collective Trusts                                       |                       |                       |                         |                         |                                |
| Blackrock Equity Index, Class R                                | \$ 118,245,093        | \$ 93,983,850         | N/A                     | Daily                   | None                           |
| Crescent Capital Trust II                                      | 5,615,693             | 6,343,977             | \$ 796,329              | Discretionary           | Discretionary                  |
| 103-12 Entities                                                |                       |                       |                         |                         |                                |
| RBC International Equity Fund                                  | 11,585,158            | 9,464,207             | N/A                     | Monthly                 | None                           |
| Ullico Infrastructure Tax-Exempt Fund                          | 16,891,928            | 15,654,853            | N/A                     | Discretionary           | 45 days                        |
| Limited Partnerships                                           |                       |                       |                         |                         |                                |
| EnTrust Capital Diversified Fund<br>Class X, Series 12/31/2016 | 9,429                 | 13,083                | N/A                     | Discretionary           | Discretionary                  |
| EnTrust Capital Diversified Fund<br>Class X, Series 03/31/2017 | 9,365                 | 13,022                | N/A                     | Discretionary           | Discretionary                  |
| Boyd Watterson GSA Fund                                        | 18,652,815            | 19,540,272            | N/A                     | Quarterly               | 60 days                        |
| U.S. Real Estate Investment Fund, LLC                          | 8,783,052             | 10,450,588            | N/A                     | Quarterly               | 90 days                        |
| CCA Black, LP                                                  | 9,026,551             | 9,562,749             | N/A                     | Discretionary           | Discretionary                  |
| CCA Longevity Fund VI, LP                                      | 832,203               | 891,877               | N/A                     | Discretionary           | Discretionary                  |
| Boyd Watterson State<br>Government Fund                        | 7,163,090             | 7,438,428             | N/A                     | Quarterly               | 60 days                        |
| Crescent Credit Solutions VIII                                 | 3,556,032             | 2,988,805             | 3,464,071               | Discretionary           | Discretionary                  |
|                                                                | <u>\$ 200,370,409</u> | <u>\$ 176,345,711</u> |                         |                         |                                |

The following describes the investment objective for NAV investments in the table above which do not report as a direct filing entity (DFE).

EnTrust Capital Diversified Fund, Class X has the objective to seek above-average rates of return and long-term capital growth through investments as a fund of funds in or with a diversified portfolio of private investment entities and/or separately managed accounts managed by the investment managers.

The Boyd Watterson GSA Fund was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest mainly in real estate primarily leased to the U.S. federal government either through the General Services Administration or other federal government agencies.



## **NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)**

The U.S. Real Estate Investment Fund, LLC was established as a means for collective investment in real estate assets by qualified employee benefit plans.

The CCA Black, LP primary investments consist of in-force, non-variable universal life insurance policies (the Policies) insuring the lives of individuals of at least seventy years of age who have a life expectancy as of the date of purchase of between three and fifteen years at a price greater than the cash surrender value offered by the life insurance companies but less than the face amount of or the death benefit payable under such policies.

The CCA Longevity Fund VI, LP primarily consist of in-force, non-variable universal life insurance policies.

The Boyd Watterson State Government Fund was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to the state government agencies.

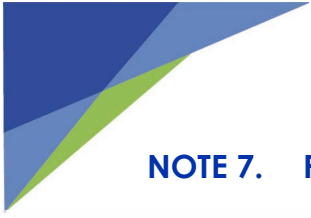
The Crescent Credit Solutions VIII provides junior debt capital to middle-market companies to fund shareholder transitions on behalf of private equity firms.

## **NOTE 6. GUARANTEED INVESTMENT CONTRACT**

The Plan entered into a fully benefit-responsive guaranteed investment contract with Prudential Retirement Insurance and Annuity Company (PRIAC) totaling \$7,740,156 and \$11,425,705 for the years ended December 31, 2023 and 2022, respectively. PRIAC maintains the contributions in an unallocated general account fund to which it adds interest at a rate of 2.50% to 3.50% per annum.

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by the Plan if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Fund by the PRIAC, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The contracts are credited an interest rate, which generally varies with each deposit. There is no specific formula used to credit interest rates, and the interest rates are not tied to the performance of a set of assets. The interest rates are credited based upon a number of factors, including, but not limited to, the level of net investment income that the company can earn on its newly purchased general account assets, the absolute level of interest rates, the shape of the yield curve, how interest rates have moved since the inception of the contract, the minimum guaranteed interest rate, and interest rates on alternative investments. The contract has a minimum guaranteed interest rate of 2.45%. The interest received by the Plan was \$228,893 and \$176,070 for the years ended December 31, 2023 and 2022.



## NOTE 7. PROPERTY AND EQUIPMENT

Property and equipment consist of the following:

|                                | 2023            | 2022            |
|--------------------------------|-----------------|-----------------|
| Computers and office equipment | \$ 73,645       | \$ 73,645       |
| Less: accumulated depreciation | <u>(73,645)</u> | <u>(73,389)</u> |
|                                | <u>\$ -</u>     | <u>\$ 256</u>   |

Depreciation expense was \$256 and \$1,025 for the years ended December 31, 2023 and 2022, respectively.

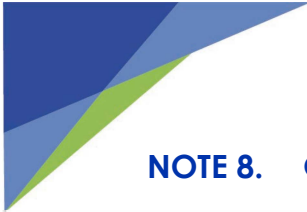
## NOTE 8. OPERATING LEASE

The Plan leases its office space. The agreement provides for rent to increase at a rate of 3% per year. The tenant bears a portion of operating costs and is responsible for 2.8% of the increase in such costs. The Plan also shares in the increased cost of real property assessments and other charges. The original lease has been renewed and expires in May 2024.

Operating lease expense totaled \$17,541 and \$15,958 for the years ended December 31, 2023 and 2022, respectively. The Plan had no variable or short-term lease expense in 2023 or 2022 and does not have any finance leases.

Supplemental qualitative information related to operating leases is as follows:

|                                                                                               | Year Ended<br>December 31,<br>2023 |
|-----------------------------------------------------------------------------------------------|------------------------------------|
| Cash paid for amounts included in the measurement of lease liabilities - operating cash flows | \$ -                               |
| Right-of-use assets obtained in exchange for lease obligations                                | 40,574                             |
| Weighted-average remaining lease term (in years)                                              | 3.42                               |
| Weighted-average discount rate                                                                | 1.03%                              |



## NOTE 8. OPERATING LEASE (CONTINUED)

The maturity of the lease liability under the Plan's operating lease as of December 31, 2023 is as follows:

| Year ended December 31,                                  |                  |
|----------------------------------------------------------|------------------|
| 2024                                                     | \$ 12,234        |
| 2025                                                     | 12,601           |
| 2026                                                     | 12,979           |
| 2027                                                     | <u>5,474</u>     |
| Undiscounted future cash flows                           | 43,288           |
| Less discount to present<br>value (with a rate of 1.03%) | <u>(792)</u>     |
| Total lease liability                                    | <u>\$ 42,496</u> |

## NOTE 9. RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

The Plan is related to the Warehouse Employees' Local No. 570 Trust Fund (the Trust Fund) through common Board of Trustee membership.

The Joint Board of Trustees of the Warehouse Employees' Local No. 570 Benefit Funds has established an Administration Account to pay for the common expenses of the Warehouse Employees' Local No. 570 Benefit Funds. Payments made from the Administration Account are for the purpose of covering shared services to the Benefit Funds and are therefore exempted as a prohibited transaction as defined in ERISA.

Payments to the Administration Account were provided in accordance with a predetermined rate based on budgeted expenses of the respective Funds. The applicable rate established for the Plan for 2023 and 2022 was 25%. The administration expenses for the years ended December 31, 2023 and 2022 were \$154,339 and \$145,191, respectively. These administrative expenses have been allocated to their respective functional expense accounts for financial statement purposes. As of December 31, 2023 and 2022, the Plan owed the Administration Account \$13,462 and \$14,260, respectively, for expenses incurred.

In prior years, the Plan had advanced the Administration Account \$11,000 to cover payroll and other expenses. As of December 31, 2023 and 2022, \$11,000 was still outstanding from the Administration Account.

As disclosed in Note 2, the Plan pays certain expenses related to plan operations, investment activity to various service providers and affiliated entities. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules under ERISA.



## NOTE 10. PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants.

In the event the Plan terminates, termination shall be carried out pursuant to ERISA section 4041A and other applicable provisions of ERISA Title IV. The net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, to provide benefits among the pensioners, beneficiaries, and participants as described in the Plan Agreement.

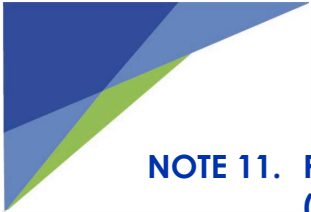
Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Plan has an investment in an insurance contract. This contract is valued at fair value on the financial statements but at contract value on the Form 5500. The following is a reconciliation of Plan's unrealized appreciation in the fair value of investments reported on the financial statements to the value reported on the Schedule H of Form 5500:

|                                                             |                      |
|-------------------------------------------------------------|----------------------|
| Unrealized gains and losses per<br>the financial statements | \$ 29,280,842        |
| Less: adjustment for contract value                         | <u>190,381</u>       |
| Unrealized gains and losses<br>per the Form 5500            | <u>\$ 29,471,223</u> |



## NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of the Plan's net assets available for benefits per the accompanying financial statements to the Form 5500:

|                                                                | <u>2023</u>           | <u>2022</u>           |
|----------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements | \$ 232,888,357        | \$ 208,818,987        |
| Market value adjustment for investment in insurance contract   | <u>731,873</u>        | <u>541,492</u>        |
| Net assets available for benefits per the Form 5500            | <u>\$ 233,620,230</u> | <u>\$ 209,360,479</u> |

The following is a reconciliation of the Plan's total additions to net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended December 31, 2023 and 2022:

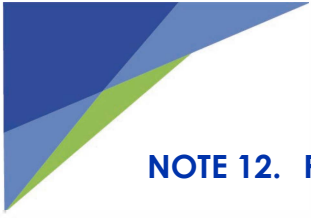
|                                                                                   | <u>2023</u>          | <u>2022</u>            |
|-----------------------------------------------------------------------------------|----------------------|------------------------|
| Total additions to net assets available for benefits per the financial statements | \$ 36,915,134        | \$ (22,344,111)        |
| Adjustment for contract value                                                     | 190,381              | 664,664                |
| Investment fees                                                                   | <u>664,157</u>       | <u>566,418</u>         |
| Total additions per the Form 5500                                                 | <u>\$ 37,769,672</u> | <u>\$ (21,113,029)</u> |

The following is a reconciliation of the Plan's total deductions to net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended December 31, 2023 and 2022:

|                                                                                    | <u>2023</u>          | <u>2022</u>          |
|------------------------------------------------------------------------------------|----------------------|----------------------|
| Total deductions to net assets available for benefits per the financial statements | \$ 12,845,764        | \$ 12,644,102        |
| Investment expenses                                                                | <u>664,157</u>       | <u>566,418</u>       |
| Total deductions per the Form 5500                                                 | <u>\$ 13,509,921</u> | <u>\$ 13,210,520</u> |

## NOTE 12. RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with these investments, 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 financial statements.



## NOTE 12. RISK AND UNCERTAINTIES (CONTINUED)

Plan contributions are made and 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 13. CONCENTRATION

Contributions from three employers accounted for 58% of total contributions received by the Plan during the years ended December 31, 2023 and 2022. If contributions from these employers were to cease, it could have a significant impact of the Plan and its net assets available for benefits.

## NOTE 14. PARTICIPATION IN MULTIEMPLOYER PLANS

### *Defined Benefit Pension Plan*

The Plan's office employees are covered by a multiemployer defined benefit pension plan. The risks of participating in a multiemployer plan are different than those of a single-employer plan in the following respects: (a) assets contributed to such a plan are pooled and may be used to provide benefits to employees of other participating employers; (b) if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers; and (c) if the Plan chooses to stop participating in the plan, the Plan may be required to pay an amount based on the underfunded status of the multiemployer plan, referred to as a withdrawal liability.

The "EIN/Pension Plan Number" column provides the Employer Identification Number (EIN) and the three-digit plan number. The zone status is based on information that is certified by the Plan's actuary. Among other factors, plans in the red zone are generally less than 65% funded; plans in the yellow zone are less than 80% funded; and plans in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which 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" column indicates whether a surcharge has been imposed on contributions to the plan. There have been no significant changes that affect the comparability of the 2023 and 2022 contributions.



## NOTE 14. PARTICIPATION IN MULTIEMPLOYER PLANS (CONTINUED)

| Plan Name                                       | EIN/Pension Plan Number | Pension Protection Act Zone Status |       | FIP/RP Status Pending/ Implemented | Employer Contributions |          | Surcharge Imposed |
|-------------------------------------------------|-------------------------|------------------------------------|-------|------------------------------------|------------------------|----------|-------------------|
|                                                 |                         | 2023                               | 2022  |                                    | 2023                   | 2022     |                   |
| Warehouse Employees' Local No. 570 Pension Plan | 52-6048848 Plan 001     | Green                              | Green | N/A                                | \$ 8,650               | \$ 7,392 | No                |

Contributions are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan was not listed in the plan's previous Form 5500 as providing more than 5% of the total contributions for the plan years ended December 31, 2023 and 2022.

### *Defined Contribution Retirement Plan*

In addition to the preceding plan, office employees are covered by the MARCC Severance & Annuity Fund. Contributions to this plan are made monthly under the terms of a participation agreement. The Plan's contributions to this plan totaled \$1,752 and \$1,752 for the years ended December 31, 2023 and 2022, respectively.

### *Welfare Plan that Provides Postretirement Benefits*

The Plan's office employees are covered by the Warehouse Employees' Local Union No. 570 Trust Fund, which provides medical benefits to retirees prior to Medicare eligibility and to eligible employees and their dependents. Contributions to this plan totaled \$14,544 and \$13,815 for the years ended December 31, 2023 and 2022, respectively.

## NOTE 15. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 10, 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**





**WAREHOUSE EMPLOYEES' LOCAL NO. 570  
PENSION PLAN**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2023 AND 2022

|                           | 2023              | 2022              |
|---------------------------|-------------------|-------------------|
| Actuarial fees            | \$ 76,284         | \$ 101,730        |
| Computer software support | 15,858            | 18,641            |
| Conference expense        | 4,233             | 6,156             |
| Depreciation              | 256               | 1,025             |
| Employee benefits         | 25,320            | 23,343            |
| Insurance                 | 119,801           | 112,993           |
| Maintenance agreements    | 3,920             | 3,585             |
| Meetings                  | 768               | 803               |
| Miscellaneous             | 28,999            | 13,075            |
| Office expense            | 3,479             | 3,610             |
| Payroll taxes             | 6,083             | 5,665             |
| Postage                   | 13,095            | 11,644            |
| Printing                  | 4,284             | 3,335             |
| Professional fees         | 156,652           | 47,794            |
| Rent                      | 17,541            | 15,958            |
| Salaries                  | 79,520            | 74,053            |
| Telephone                 | 1,455             | 1,910             |
| Total                     | <u>\$ 557,548</u> | <u>\$ 445,320</u> |

# WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848  
Plan No. 001

|     |                                                           | (c) Description of investment including maturity date,<br>rate of interest, collateral, par/maturity value or shares |                  |                     |                                        |                  |                         |
|-----|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------|---------------------|----------------------------------------|------------------|-------------------------|
| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | Description                                                                                                          | Maturity<br>Date | Rate of<br>Interest | Par/<br>Maturity<br>Value<br>or Shares | (d) Cost         | (e)<br>Current<br>Value |
|     | Cash Equivalents                                          |                                                                                                                      |                  |                     |                                        |                  |                         |
|     | Wilmington Trusts Company                                 | Blackrock Liquidity Treas Tr                                                                                         | N/A              | Varies              | 642,102                                | \$ 642,102       | \$ 642,102              |
|     | Wilmington Trusts Company                                 | US Govt MM Fund                                                                                                      | N/A              | Varies              | 264,409                                | 264,409          | 264,409                 |
|     |                                                           |                                                                                                                      |                  |                     |                                        | <u>906,511</u>   | <u>906,511</u>          |
|     | Common stocks                                             |                                                                                                                      |                  |                     |                                        |                  |                         |
|     | ACCENTURE PLC- CL A                                       | Equity                                                                                                               | N/A              | N/A                 | 696                                    | 42,961           | 244,233                 |
|     | ADOBE INC                                                 | Equity                                                                                                               | N/A              | N/A                 | 480                                    | 143,617          | 286,368                 |
|     | AGILENT TECHNOLOGIES INC COM                              | Equity                                                                                                               | N/A              | N/A                 | 1,898                                  | 181,443          | 263,879                 |
|     | ALIGN TECHNOLOGY INCORPORATED                             | Equity                                                                                                               | N/A              | N/A                 | 884                                    | 178,552          | 242,216                 |
|     | ALPHABET INC CL A                                         | Equity                                                                                                               | N/A              | N/A                 | 3,200                                  | 38,774           | 447,008                 |
|     | ALPHABET INC CL C                                         | Equity                                                                                                               | N/A              | N/A                 | 4,240                                  | 50,793           | 597,543                 |
|     | AMAZON.COM INC                                            | Equity                                                                                                               | N/A              | N/A                 | 3,887                                  | 454,049          | 590,591                 |
|     | AMERIPRISE FINANCIAL INC                                  | Equity                                                                                                               | N/A              | N/A                 | 573                                    | 59,234           | 217,643                 |
|     | ANALOG DEVICES INC                                        | Equity                                                                                                               | N/A              | N/A                 | 1,315                                  | 124,813          | 261,106                 |
|     | APPLE INC                                                 | Equity                                                                                                               | N/A              | N/A                 | 3,470                                  | 75,303           | 668,079                 |
|     | AVANTOR INC                                               | Equity                                                                                                               | N/A              | N/A                 | 10,459                                 | 316,306          | 238,779                 |
|     | BAKER HUGHES COMPANY                                      | Equity                                                                                                               | N/A              | N/A                 | 5,952                                  | 168,116          | 203,439                 |
|     | BANK AMER CORP                                            | Equity                                                                                                               | N/A              | N/A                 | 10,276                                 | 219,018          | 345,993                 |
|     | BERKSHIRE HATHAWAY INC DEL CL B                           | Equity                                                                                                               | N/A              | N/A                 | 1,880                                  | 150,554          | 670,521                 |
|     | BLACKSTONE INC                                            | Equity                                                                                                               | N/A              | N/A                 | 1,373                                  | 82,880           | 179,753                 |
|     | BOOKING HOLDINGS INC                                      | Equity                                                                                                               | N/A              | N/A                 | 108                                    | 129,467          | 383,100                 |
|     | BRIGHT HORIZONS FAMILY SOLUTIONS                          | Equity                                                                                                               | N/A              | N/A                 | 1,642                                  | 189,380          | 154,742                 |
|     | CANADIAN NATIONAL RAILWAY COMPANY                         | Equity                                                                                                               | N/A              | N/A                 | 1,594                                  | 45,698           | 200,254                 |
|     | CARMAX INC                                                | Equity                                                                                                               | N/A              | N/A                 | 2,721                                  | 126,864          | 208,810                 |
|     | CARRIER GLOBAL CORP                                       | Equity                                                                                                               | N/A              | N/A                 | 3,056                                  | 59,231           | 175,567                 |
|     | EDWARDS LIFESCIENCES CORP COM                             | Equity                                                                                                               | N/A              | N/A                 | 4,691                                  | 82,583           | 357,689                 |
|     | ELEVANCE HEALTH INC                                       | Equity                                                                                                               | N/A              | N/A                 | 731                                    | 103,345          | 344,710                 |
|     | FERGUSON PLC                                              | Equity                                                                                                               | N/A              | N/A                 | 1,627                                  | 260,040          | 314,125                 |
|     | FIRST CITIZENS BANCSHARES INC CL A                        | Equity                                                                                                               | N/A              | N/A                 | 232                                    | 178,859          | 329,201                 |
|     | FISERV INC                                                | Equity                                                                                                               | N/A              | N/A                 | 1,963                                  | 204,139          | 260,765                 |
|     | GE AEROSPACE                                              | Equity                                                                                                               | N/A              | N/A                 | 1,746                                  | 194,901          | 222,842                 |
|     | INTUIT INC COM                                            | Equity                                                                                                               | N/A              | N/A                 | 680                                    | 189,302          | 425,020                 |
|     | KKR & CO INC CL A                                         | Equity                                                                                                               | N/A              | N/A                 | 7,188                                  | 251,552          | 595,526                 |
|     | LOWES COMPANIES INC                                       | Equity                                                                                                               | N/A              | N/A                 | 907                                    | 36,295           | 201,853                 |
|     | MASTERCARD INC CL A                                       | Equity                                                                                                               | N/A              | N/A                 | 1,903                                  | 33,786           | 811,649                 |
|     | MERCK & CO INC                                            | Equity                                                                                                               | N/A              | N/A                 | 1,424                                  | 76,220           | 155,244                 |
|     | META PLATFORMS, INC-A                                     | Equity                                                                                                               | N/A              | N/A                 | 1,858                                  | 261,772          | 657,658                 |
|     | MICROSOFT CORP                                            | Equity                                                                                                               | N/A              | N/A                 | 3,337                                  | 156,824          | 1,254,845               |
|     | NETFLIX INC.                                              | Equity                                                                                                               | N/A              | N/A                 | 368                                    | 84,951           | 179,172                 |
|     | NOMAD FOODS LTD                                           | Equity                                                                                                               | N/A              | N/A                 | 12,138                                 | 218,971          | 205,739                 |
|     | PINTEREST INC CL A                                        | Equity                                                                                                               | N/A              | N/A                 | 4,153                                  | 235,993          | 153,827                 |
|     | PROGRESSIVE CORP COM                                      | Equity                                                                                                               | N/A              | N/A                 | 1,456                                  | 170,104          | 231,912                 |
|     | SBA COMMUNICATIONS CORP CL A REIT                         | Equity                                                                                                               | N/A              | N/A                 | 809                                    | 144,650          | 205,235                 |
|     | SUNCOR ENERGY INC                                         | Equity                                                                                                               | N/A              | N/A                 | 9,551                                  | 268,468          | 306,014                 |
|     | TAIWAN SEMICONDUCTOR SPON ADR                             | Equity                                                                                                               | N/A              | N/A                 | 3,735                                  | 230,618          | 388,440                 |
|     | TJX COMPANIES COM                                         | Equity                                                                                                               | N/A              | N/A                 | 2,783                                  | 98,871           | 261,073                 |
|     | T-MOBILE US INC                                           | Equity                                                                                                               | N/A              | N/A                 | 1,462                                  | 188,694          | 234,402                 |
|     | UBER TECHNOLOGIES INC                                     | Equity                                                                                                               | N/A              | N/A                 | 3,135                                  | 113,549          | 193,022                 |
|     | UNITED RENTALS INC COM                                    | Equity                                                                                                               | N/A              | N/A                 | 647                                    | 54,114           | 371,003                 |
|     | UNITEDHEALTH GROUP INC                                    | Equity                                                                                                               | N/A              | N/A                 | 1,107                                  | 244,653          | 582,802                 |
|     | VISA INC                                                  | Equity                                                                                                               | N/A              | N/A                 | 3,203                                  | 118,834          | 833,902                 |
|     |                                                           |                                                                                                                      |                  |                     |                                        | <u>7,039,141</u> | <u>16,657,294</u>       |

# WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848  
Plan No. 001

|     |                                                           | (c) Description of investment including maturity date,<br>rate of interest, collateral, par/maturity value or shares |                  |                     |                                        |            |                         |
|-----|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------|---------------------|----------------------------------------|------------|-------------------------|
| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | Description                                                                                                          | Maturity<br>Date | Rate of<br>Interest | Par/<br>Maturity<br>Value<br>or Shares | (d) Cost   | (e)<br>Current<br>Value |
|     | U.S. Government Notes and Bonds                           |                                                                                                                      |                  |                     |                                        |            |                         |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                                | 06/15/24         | 0.250%              | 130,000                                | \$ 123,803 | \$ 127,161              |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                                | 09/15/24         | 0.375%              | 115,000                                | 112,464    | 111,371                 |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                                | 03/31/25         | 2.625%              | 320,000                                | 324,911    | 312,426                 |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                                | 09/30/26         | 1.625%              | 335,000                                | 339,701    | 314,089                 |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                                | 04/15/27         | 0.125%              | 59,934                                 | 56,427     | 56,314                  |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                                | 05/15/27         | 2.375%              | 45,000                                 | 42,866     | 42,741                  |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                                | 01/15/28         | 1.750%              | 58,746                                 | 62,358     | 58,379                  |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                                | 08/31/28         | 1.125%              | 190,000                                | 175,080    | 167,749                 |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                                | 05/15/30         | 0.625%              | 65,000                                 | 50,443     | 53,117                  |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                                | 02/15/31         | 1.125%              | 150,000                                | 142,898    | 125,210                 |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                                | 11/15/31         | 1.375%              | 290,000                                | 250,837    | 240,767                 |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                                | 08/15/32         | 2.750%              | 180,000                                | 163,938    | 164,840                 |
|     | FED HOME LOAN MTGE CORP POOL                              | Bonds                                                                                                                | 05/01/38         | 4.500%              | 53,557                                 | 53,105     | 53,260                  |
|     | FED HOME LOAN MTGE CORP POOL                              | Bonds                                                                                                                | 09/01/38         | 5.500%              | 54,831                                 | 54,531     | 55,615                  |
|     | FED HOME LOAN MTGE CORP POOL                              | Bonds                                                                                                                | 09/01/53         | 6.000%              | 39,416                                 | 39,059     | 40,038                  |
|     | FEDERAL HOME LOAN BANK                                    | Bonds                                                                                                                | 12/20/24         | 1.250%              | 35,000                                 | 35,000     | 33,747                  |
|     | FEDERAL HOME LOAN BANK                                    | Bonds                                                                                                                | 10/26/26         | 1.150%              | 65,000                                 | 65,000     | 59,542                  |
|     | FEDERAL HOME LOAN BANK                                    | Bonds                                                                                                                | 11/23/26         | 1.500%              | 80,000                                 | 80,000     | 73,830                  |
|     | FEDERAL FARM CREDIT BANK                                  | Bonds                                                                                                                | 10/24/29         | 5.870%              | 20,000                                 | 20,000     | 19,992                  |
|     | FEDERAL FARM CREDIT BANK                                  | Bonds                                                                                                                | 06/28/30         | 5.650%              | 50,000                                 | 50,000     | 49,963                  |
|     | FEDERAL HOME LOAN BANK                                    | Bonds                                                                                                                | 02/26/31         | 1.150%              | 100,000                                | 100,000    | 84,822                  |
|     | FEDERAL HOME LOAN BANK                                    | Bonds                                                                                                                | 03/17/31         | 1.250%              | 100,000                                | 100,000    | 87,934                  |
|     | FEDERAL HOME LOAN BANK                                    | Bonds                                                                                                                | 01/27/32         | 2.000%              | 100,000                                | 100,000    | 86,835                  |
|     | FEDERAL FARM CREDIT BANK                                  | Bonds                                                                                                                | 05/17/32         | 4.300%              | 40,000                                 | 40,000     | 38,112                  |
|     | FEDERAL FARM CREDIT BANK                                  | Bonds                                                                                                                | 07/20/32         | 4.980%              | 50,000                                 | 50,000     | 49,654                  |
|     | FEDERAL NATIONAL MORTGAGE ASSN                            | Bonds                                                                                                                | 08/28/25         | 4.125%              | 50,000                                 | 50,000     | 49,741                  |
|     | FEDL NATL MTGE ASSN POOL                                  | Bonds                                                                                                                | 03/01/30         | 7.000%              | 4,745                                  | 4,744      | 4,895                   |
|     | FEDL NATL MTGE ASSN POOL                                  | Bonds                                                                                                                | 04/01/38         | 5.000%              | 1,117                                  | 1,180      | 1,136                   |
|     | FEDL NATL MTGE ASSN POOL                                  | Bonds                                                                                                                | 07/01/38         | 4.000%              | 46,932                                 | 45,076     | 46,039                  |
|     | SMALL BUSINESS ADMINISTRATION                             | Bonds                                                                                                                | 01/01/38         | 2.920%              | 26,634                                 | 25,616     | 24,538                  |
|     |                                                           |                                                                                                                      |                  |                     |                                        | 316,616    | 2,633,857               |
|     | Corporate Notes and Bonds                                 |                                                                                                                      |                  |                     |                                        |            |                         |
|     | AMGEN INC                                                 | Bonds                                                                                                                | 03/02/33         | 5.250%              | 65,000                                 | 64,884     | 66,640                  |
|     | ANHEUSER-BUSCH                                            | Bonds                                                                                                                | 06/01/30         | 3.500%              | 25,000                                 | 25,840     | 23,785                  |
|     | ANTHEM INC                                                | Bonds                                                                                                                | 12/01/27         | 3.650%              | 75,000                                 | 74,039     | 72,749                  |
|     | ARES CAPITAL CORP                                         | Bonds                                                                                                                | 07/15/25         | 3.250%              | 80,000                                 | 80,914     | 76,642                  |
|     | ARES CAPITAL CORP                                         | Bonds                                                                                                                | 01/15/26         | 3.875%              | 55,000                                 | 55,486     | 52,836                  |
|     | ARIZONA PUBLIC SVC                                        | Bonds                                                                                                                | 12/15/31         | 2.200%              | 55,000                                 | 55,160     | 44,684                  |
|     | AUTONATION INC                                            | Bonds                                                                                                                | 11/15/24         | 3.500%              | 60,000                                 | 56,872     | 58,723                  |
|     | BANK OF AMER MTN 6                                        | Bonds                                                                                                                | 02/05/26         | 6.304%              | 45,000                                 | 45,034     | 44,932                  |
|     | BANK OF AMER MTN V-Q                                      | Bonds                                                                                                                | 09/25/25         | 0.981%              | 100,000                                | 100,002    | 96,513                  |
|     | BANK OF NOVA SCOTIA                                       | Bonds                                                                                                                | 02/11/24         | 3.400%              | 20,000                                 | 20,464     | 19,938                  |
|     | CHARLES SCHWAB CORP                                       | Bonds                                                                                                                | 03/18/24         | 0.750%              | 65,000                                 | 64,991     | 64,332                  |
|     | CHOICE HOTELS                                             | Bonds                                                                                                                | 12/01/29         | 3.700%              | 25,000                                 | 25,471     | 22,154                  |
|     | CITIGROUP INC V-Q                                         | Bonds                                                                                                                | 04/24/25         | 3.352%              | 85,000                                 | 85,601     | 84,349                  |
|     | COMCAST CORP                                              | Bonds                                                                                                                | 10/15/28         | 4.150%              | 90,000                                 | 92,126     | 88,746                  |
|     | COMCAST CORP                                              | Bonds                                                                                                                | 10/15/30         | 4.250%              | 65,000                                 | 71,885     | 64,063                  |
|     | CVS HEALTH CORP                                           | Bonds                                                                                                                | 08/15/29         | 3.250%              | 70,000                                 | 72,088     | 65,229                  |
|     | DELL INT / EMC                                            | Bonds                                                                                                                | 02/01/33         | 5.750%              | 45,000                                 | 44,802     | 47,408                  |

# WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848  
Plan No. 001

| (c) Description of investment including maturity date,<br>rate of interest, collateral, par/maturity value or shares |                                                           |                                  |                  |                     |                                        |                   |                         |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|------------------|---------------------|----------------------------------------|-------------------|-------------------------|
| (a)                                                                                                                  | (b) Identity of Issuer, Borrower, Lessor or Similar Party | Description                      | Maturity<br>Date | Rate of<br>Interest | Par/<br>Maturity<br>Value<br>or Shares | (d) Cost          | (e)<br>Current<br>Value |
|                                                                                                                      | ENTERGY MISSISSIPPI                                       | Bonds                            | 07/01/24         | 3.750%              | 45,000                                 | \$ 44,987         | \$ 44,437               |
|                                                                                                                      | EXTRA SPACE STORAGE                                       | Bonds                            | 10/15/30         | 2.200%              | 50,000                                 | 49,917            | 41,589                  |
|                                                                                                                      | FHLB                                                      | Bonds                            | 03/23/26         | 1.000%              | 68,250                                 | 68,250            | 63,399                  |
|                                                                                                                      | FMC CORP                                                  | Bonds                            | 05/18/26         | 5.150%              | 35,000                                 | 34,979            | 34,963                  |
|                                                                                                                      | FMC CORP                                                  | Bonds                            | 10/01/29         | 3.450%              | 30,000                                 | 30,821            | 27,112                  |
|                                                                                                                      | FYBR CMO                                                  | Bonds                            | 08/20/53         | 6.600%              | 40,000                                 | 38,459            | 39,793                  |
|                                                                                                                      | GENERAL MOTORS FINL                                       | Bonds                            | 01/17/29         | 5.650%              | 30,000                                 | 30,439            | 30,728                  |
|                                                                                                                      | GOLDMAN SACHS GP V-Q                                      | Bonds                            | 06/05/28         | 3.691%              | 100,000                                | 100,304           | 95,544                  |
|                                                                                                                      | HEALTHPEAK PROPERTIE                                      | Bonds                            | 01/15/31         | 2.875%              | 55,000                                 | 55,155            | 47,737                  |
|                                                                                                                      | INTEL CORP                                                | Bonds                            | 03/25/30         | 3.900%              | 45,000                                 | 44,908            | 43,602                  |
|                                                                                                                      | INTEL CORP                                                | Bonds                            | 02/10/33         | 5.200%              | 30,000                                 | 29,934            | 31,340                  |
|                                                                                                                      | INTERCONTIN EXCHANGE                                      | Bonds                            | 03/15/33         | 4.600%              | 25,000                                 | 24,974            | 24,837                  |
|                                                                                                                      | JBS USA LUX SA                                            | Bonds                            | 02/01/28         | 5.125%              | 65,000                                 | 64,027            | 64,639                  |
|                                                                                                                      | JEFFERIES FIN GROUP                                       | Bonds                            | 07/21/28         | 5.875%              | 35,000                                 | 34,823            | 35,889                  |
|                                                                                                                      | JP MORGAN CMO V-M                                         | Bonds                            | 04/25/54         | 6.000%              | 75,711                                 | 74,020            | 75,834                  |
|                                                                                                                      | JPMORGAN CHASE V-D                                        | Bonds                            | 02/24/26         | 2.595%              | 75,000                                 | 75,000            | 72,632                  |
|                                                                                                                      | JPMORGAN CHASE V-Q                                        | Bonds                            | 12/05/29         | 4.452%              | 65,000                                 | 71,166            | 63,699                  |
|                                                                                                                      | LINCOLN NATL CRP                                          | Bonds                            | 01/15/31         | 3.400%              | 35,000                                 | 34,971            | 31,364                  |
|                                                                                                                      | MARRIOTT INTERNATION                                      | Bonds                            | 04/15/29         | 4.900%              | 20,000                                 | 19,782            | 20,130                  |
|                                                                                                                      | MERRILL LYNCH V-Q 6.                                      | Bonds                            | 09/15/26         | 6.351%              | 50,000                                 | 46,948            | 49,357                  |
|                                                                                                                      | MORGAN STAN MTN V-A                                       | Bonds                            | 04/28/26         | 2.188%              | 65,000                                 | 65,253            | 62,443                  |
|                                                                                                                      | MORGAN STANLEY V-D                                        | Bonds                            | 04/20/28         | 4.210%              | 40,000                                 | 39,147            | 39,097                  |
|                                                                                                                      | ORACLE CORP                                               | Bonds                            | 11/09/32         | 6.250%              | 35,000                                 | 34,943            | 38,076                  |
|                                                                                                                      | OWL ROCK CAP CORP                                         | Bonds                            | 07/15/26         | 3.400%              | 60,000                                 | 60,376            | 55,781                  |
|                                                                                                                      | PHILIP MORRIS INTL                                        | Bonds                            | 09/07/33         | 5.625%              | 35,000                                 | 34,213            | 36,555                  |
|                                                                                                                      | PRECISION CAST                                            | Bonds                            | 06/15/25         | 3.250%              | 25,000                                 | 25,738            | 24,481                  |
|                                                                                                                      | ROCKWELL AUTOMATION                                       | Bonds                            | 03/01/29         | 3.500%              | 55,000                                 | 59,234            | 53,070                  |
|                                                                                                                      | SAFEHOLD OPERATING                                        | Bonds                            | 06/15/31         | 2.800%              | 70,000                                 | 69,263            | 57,517                  |
|                                                                                                                      | SAFEHOLD OPERATING                                        | Bonds                            | 01/15/32         | 2.850%              | 55,000                                 | 54,518            | 44,570                  |
|                                                                                                                      | SIM ON PPTY GROUP LP                                      | Bonds                            | 09/13/29         | 2.450%              | 95,000                                 | 93,023            | 84,547                  |
|                                                                                                                      | SIM ON PROP GP LP                                         | Bonds                            | 09/01/25         | 3.500%              | 25,000                                 | 25,948            | 24,420                  |
|                                                                                                                      | THERMO FISHER                                             | Bonds                            | 10/18/24         | 1.215%              | 45,000                                 | 45,000            | 43,567                  |
|                                                                                                                      | TRACTOR SUPPLY CO                                         | Bonds                            | 05/15/33         | 5.250%              | 45,000                                 | 44,874            | 46,162                  |
|                                                                                                                      | TRUIST BANK                                               | Bonds                            | 03/11/30         | 2.250%              | 90,000                                 | 86,453            | 74,595                  |
|                                                                                                                      | VERIZON COMM INC                                          | Bonds                            | 03/21/31         | 2.550%              | 60,000                                 | 59,959            | 51,735                  |
|                                                                                                                      | VIRGINIA EL & PWR                                         | Bonds                            | 02/15/24         | 3.450%              | 20,000                                 | 20,109            | 19,936                  |
|                                                                                                                      | VIRGINIA EL&PWR                                           | Bonds                            | 03/15/27         | 3.500%              | 40,000                                 | 42,958            | 38,660                  |
|                                                                                                                      | WALT DISNEY COMPANY                                       | Bonds                            | 11/15/26         | 3.375%              | 45,000                                 | 47,338            | 43,685                  |
|                                                                                                                      | WARNERMEDIA HLDG INC                                      | Bonds                            | 03/15/27         | 3.755%              | 85,000                                 | 85,062            | 81,444                  |
|                                                                                                                      |                                                           |                                  |                  |                     |                                        | <u>3,002,932</u>  | <u>2,852,689</u>        |
| Common Collective Trusts                                                                                             |                                                           |                                  |                  |                     |                                        |                   |                         |
|                                                                                                                      | Wilmington Trust Company                                  | Blackrock Equity Index, Class R  | N/A              | N/A                 | 178,708                                | 68,808,221        | 118,245,093             |
|                                                                                                                      | Crescent Capital Trust II                                 | Crescent Capital Trust II        | N/A              | N/A                 | -                                      | <u>4,019,238</u>  | <u>5,615,693</u>        |
|                                                                                                                      |                                                           |                                  |                  |                     |                                        | <u>72,827,459</u> | <u>123,860,786</u>      |
| 103-12 Investment Entities                                                                                           |                                                           |                                  |                  |                     |                                        |                   |                         |
|                                                                                                                      | RBC Global Asset Management                               | International Equity Fund        | N/A              | N/A                 | 145,104                                | 4,297,141         | 11,585,158              |
|                                                                                                                      | Ullico Investment Advisors, Inc.                          | Ullico Infrastructure Tax-Exempt | N/A              | N/A                 | 62,222                                 | <u>13,489,373</u> | <u>16,891,928</u>       |
|                                                                                                                      |                                                           |                                  |                  |                     |                                        | <u>17,786,514</u> | <u>28,477,086</u>       |

# WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848  
Plan No. 001

|     |                                                           | (c) Description of investment including maturity date,<br>rate of interest, collateral, par/maturity value or shares |                  |                     |                                        |                       |                         |
|-----|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------|---------------------|----------------------------------------|-----------------------|-------------------------|
| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | Description                                                                                                          | Maturity<br>Date | Rate of<br>Interest | Par/<br>Maturity<br>Value<br>or Shares | (d) Cost              | (e)<br>Current<br>Value |
|     | Limited Partnerships                                      |                                                                                                                      |                  |                     |                                        |                       |                         |
|     | EnTrust Global                                            | EnTrust Capital Diversified Fund<br>Class X, Series 12/31/2016                                                       | N/A              | N/A                 | 1,859                                  | \$ 185,945            | \$ 9,429                |
|     | EnTrust Global                                            | EnTrust Capital Diversified Fund<br>Class X, Series 03/31/2017                                                       | N/A              | N/A                 | 1,843                                  | 184,320               | 9,365                   |
|     | Boyd Watterson Asset Management                           | GSA Fund                                                                                                             | N/A              | N/A                 | 16,806                                 | 19,639,293            | 18,652,815              |
|     | Intercontinental Real Estate Corporation                  | U.S. Real Estate Investment Fund                                                                                     | N/A              | N/A                 | 7,033                                  | 7,340,335             | 8,783,052               |
|     | Corry Capital Advisors, LLC                               | CCA Black, LLP                                                                                                       | N/A              | N/A                 | -                                      | 7,743,130             | 9,026,551               |
|     | Corry Capital Advisors, LLC                               | CCA Longevity Fund VI, LP                                                                                            | N/A              | N/A                 | -                                      | 623,791               | 832,203                 |
|     | Boyd Watterson Asset Management                           | State Government Fund                                                                                                | N/A              | N/A                 | 6,416                                  | 7,177,895             | 7,163,090               |
|     | Crescent Capital                                          | Crescent Credit Solutions VIII                                                                                       | N/A              | N/A                 | -                                      | 3,034,893             | 3,556,032               |
|     |                                                           |                                                                                                                      |                  |                     |                                        | <u>45,929,602</u>     | <u>48,032,537</u>       |
|     | Guaranteed Investment Contract                            |                                                                                                                      |                  |                     |                                        |                       |                         |
|     | Prudential Insurance Company                              | Prudential Fixed Rate Fund                                                                                           | N/A              | Varies              | -                                      | 8,472,029             | 7,740,156               |
|     | Total assets (held at end of year)                        |                                                                                                                      |                  |                     |                                        | <u>\$ 156,280,804</u> | <u>\$ 231,160,916</u>   |

## Schedule MB, Line 6

### Summary of Plan Provisions

**Effective Date** January 1, 1963. The Plan merged with Teamsters Allied Pension Fund of Maryland ("Teamsters 311") effective January 1, 2021.

**Plan Year** January 1 through December 31

**Eligibility** An employee engaged in Covered Employment during which he worked at least 300 hours.

**Vesting Service**

- Warehouse 570 Participants: Sum of:

- a. Each year of Credited Future Service prior to January 1, 1976;
- b. For each Plan Year since January 1, 1976, service in accordance with the following table:

| Hours         | Vesting Service |
|---------------|-----------------|
| 1,000 or more | 1               |
| 700 to 999    | 0.75            |
| 500 to 699    | 0.5             |
| 300 to 499    | 0.25            |
| Less than 300 | 0               |

- Baltimore Beer Distributor Participants: For the period July 1, 2006 – December 31, 2006, participants will accrue credited and vesting service based on the Warehouse 570 credit tables divided in half. As an example, if a participant works 750 hours during this period, he will earn 0.5 service credit (750 is half of 1500, 1500 hours corresponds to 1.0 credit, half of 1.0 credit is 0.5 credit). Vesting service would be calculated in a similar fashion.

For the period January 1, 2007 and after, service will be calculated based on the table below:

| Hours         | Vesting Service |
|---------------|-----------------|
| 1,000 or more | 1               |
| 700 to 999    | 0.75            |
| 500 to 699    | 0.5             |
| 300 to 499    | 0.25            |
| Less than 300 | 0               |

- Teamsters 311 Participants: One year of service for each Plan Year in which 1,000 hours were worked.

Warehouse Employees' Local No. 570

Pension Fund

EIN/PN: 52-6048848/001

## Schedule MB, Line 6

### Summary of Plan Provisions

**Credited Service  
(Warehouse 570)**

- Prior to 1/1/1963 (Past Service): Continuous employment with Local No. 570 to January 1, 1963, to a maximum of 10 years. There is no credited past service for Baltimore Beer distribution participants.
- After 12/31/1962 (Future Service): For Warehouse 570 participants, the number of hours worked in each Plan Year since January 1, 1963, in accordance with the table below. For Baltimore Beer Distributor participants, the number of hours worked in each plan year since June 30, 2006, in accordance with the table below:

| Hours          | Credited Future Service |
|----------------|-------------------------|
| 1,500 or more  | 1                       |
| 1,400 to 1,499 | 0.9                     |
| 1,300 to 1,399 | 0.8                     |
| 1,200 to 1,299 | 0.7                     |
| 1,100 to 1,199 | 0.6                     |
| 1,000 to 1,099 | 0.5                     |
| 900 to 999     | 0.4                     |
| 800 to 899     | 0.3                     |
| 700 to 799     | 0.2                     |
| 300 to 699     | 0.1                     |
| Less than 300  | 0                       |

**Pension Credit  
(Teamsters 311)**

- Prior to 9/1/1976: One credit for each Plan Year in which 1,200 hours were worked in covered employment.
- 9/1/1976 – 8/31/1982: One credit for each Plan Year in which 1,000 hours were worked in covered employment.
- After 8/31/1982: One credit for each Plan Year in which 1,000 hours were worked in covered employment (1/2 credit if 500 hours or more are worked).

**Normal Pension  
(Warehouse 570)**

- Eligibility Requirement: Attaining the later of age 62 or fifth anniversary of participation.



## Schedule MB, Line 6 Summary of Plan Provisions

Normal Pension  
(Warehouse 570  
cont.)

- Amount: Sum of:

| Credited Future Service | Benefit Rate per \$.10 Hourly Contribution |
|-------------------------|--------------------------------------------|
| Prior to 1/1/72         | \$ 7.26 per month                          |
| 1/1/72 - 12/31/73       | 6.66 per month                             |
| 1/1/74 - 12/31/84       | 6.05 per month                             |
| 1/1/85 - 12/31/89       | 5.50 per month                             |
| 1/1/90 - 12/31/91       | 5.00 per month                             |
| 1/1/92 - 12/31/02       | 4.00 per month                             |
| 1/1/03 to present       | 3.00 per month                             |

- a) Multiplied by the Credited Service earned while working in Warehouse 570 during the year. For 1500 hours which earns 1.0 credits, this is equivalent to a 2% benefit rate. Contribution increases after 2008 are not used when calculating a participant's accrued benefit after 2018. The contribution limit previously existed for all years after 2008 but has been removed for this valuation for active participants as of January 1, 2019. For former Baltimore Beer Distribution participants, credited service begins on July 1, 2006.
- b) Credited Past Service Benefit based upon either:
- 1) The average of the highest ten of eleven years of Benefit Rates if participant has ten or more years of Credited Future Service as of January 1, 1974.
  - 2) The average Benefit Rate based on actual number of years completed if participant has less than ten years of Credited Future Service as of January 1, 1974, but not less than \$6.00.

From time to time the trustees have increased the accrued benefit to active participants and the actual benefit of retirees. For active participants as of January 1, 2019, the contribution limit that existed for accrued benefits was removed for benefits accrued from 2008 through 2018. The most recent increase to retirees was 3% as of January 1, 2001.

- c) The accrued benefit earned under Baltimore Beer Distributors as of June 30, 2006.

## Schedule MB, Line 6

### Summary of Plan Provisions

#### Normal Pension (Teamsters 311)

- Eligibility Requirement: Attaining the later of age 65 (age 62 for all service earned prior to 9/1/2012) or fifth anniversary of participation.
- Amount: Accrued benefit plus the monthly accrued listed below, depending on hourly contribution rate:

| Hourly Contribution Rate | Accrual Per Year of Service                |
|--------------------------|--------------------------------------------|
| \$0.10 to \$0.20         | \$5.24                                     |
| \$0.20 to \$0.30         | \$10.48                                    |
| \$0.30 to \$0.50         | \$23.06                                    |
| \$0.50 to \$0.60         | \$26.21                                    |
| \$0.60 to \$0.70         | \$31.45                                    |
| \$0.70 to \$0.75         | \$31.83                                    |
| Greater than \$0.75      | Contribution Rate<br>Multiplied by \$42.02 |

#### Early Pension (Warehouse 570)

- Eligibility Requirement: Age 55 with at least 10 years of Credited Future Service. Any age with 25 years of Credited Service if participant entered plan prior to 1/1/2010.
- Amount:

Warehouse 570 benefit (Pre-2009 Participation):

Accrued Benefit based on Credited Service earned while working for Warehouse 570, at early retirement, reduced by 3% for each year that payment precedes Normal Retirement Date. With 25 years of Credited Service, there is no benefit reduction. If the participant is at least 55 at retirement and has 15 years of service, the supplemental benefit is also provided.

Warehouse 570 benefit (Post-2009 Participation):

Accrued Benefit based on Credited Service earned while working for local 570, at early retirement, reduced 6% for each year that payment precedes Normal Retirement Date. With 30 years of Credited Service, there is no benefit reduction. If the participant has 15 years of service, the supplemental benefit is also provided.

Baltimore Beer Distributors:

Accrued benefit as of June 30, 2006 at early retirement, reduced actuarially for early payment.

## Schedule MB, Line 6

### Summary of Plan Provisions

**Early Pension  
(Teamsters 311)**

- Eligibility Requirement: Age 57 with at least 10 Pension Credits.
- Amount: Accrued Benefit while working under Teamsters 311 accrual rules, reduced 4.44% for each year that payment precedes Normal Retirement Date.

**Disability Pension  
(Warehouse 570)**

- Eligibility Requirement: Age plus Credited Future Service (minimum of years) equals or exceeds 50.
- Amount: Accrued Benefit based on Credited Service at date of disability, with no reduction for early payment.

**Disability Pension  
(Teamsters 311)**

- Eligibility Requirement: Any age with 5 Pension Credits.
- Amount: Accrued Benefit while working under Teamsters 311 accrual rules, with no reduction for early payment.

**Vested Pension  
(Warehouse 570)**

- Eligibility Requirement: Age 55 and Participant attained Vesting Status (5 years of Vesting Service)
- Amount:  
  
Warehouse 570 benefit:  
  
Vested Accrued Benefit based on Credited Service at date of termination, deferred until Normal Retirement Date. With 10 years of service, participants who entered the plan prior to 1/1/2010 can retire on or after age 55 with a 3% per year reduction. The reduction is 6% per year for participants who entered the plan after 12/31/2009.

Baltimore Beer Distributors benefit:

Accrued benefit under old plan, reduced actuarially from age 62.

**Vested Pension  
(Teamsters 311)**

- Eligibility Requirement: Attaining the later of age 65 (age 62 for all service earned prior to 9/1/2012) or fifth anniversary of participation, and Vesting Status (5 years of Vesting Service)
- Amount: Same as Normal Pension amount.

## Schedule MB, Line 6

### Summary of Plan Provisions

**Supplemental  
Benefit  
(Warehouse 570)**

A supplemental benefit effective January 1, 1992 of \$300 per month payable from age 62 to age 65 to permit an employee to continue his health insurance coverage. The payment will be made over a term certain.

If a participant is over age 62, he will still be entitled to the \$300 payable monthly until age 65.

If a participant is not yet age 62, he will be entitled to the full \$10,800 payable over the term from retirement to age 65.

In addition, 15 years of vesting service will be required to be eligible for this benefit. Anyone covered by reciprocal service will have the service credited for purposes of eligibility for the benefit but the \$300 will be pro-rated based on their years of vesting service earned in the Local 570 fund.

To be eligible for the benefit, the participant must be eligible for COBRA. Therefore, terminated vested employees are excluded. This supplement is not payable if the participant elects to receive an early retirement benefit unless the participant is 55 or older as of the benefit commencement date.

For former participants of the Baltimore Beer Distributors plan, eligibility for this benefit begins on July 1, 2006. No prior service earned under the old plan is taken into account for eligibility.

**Pre-Retirement  
Death Benefit  
(Warehouse 570)**

- **Married Participant:** Upon the death of a married vested participant, his spouse shall receive a monthly benefit, payable for life, equal to the spouse's portion of the Joint and 50% Survivor Annuity. If the participant was eligible to retire, the benefit is payable immediately, otherwise deferred to earliest retirement date.
- **Unmarried Participant:** Upon the death of an unmarried participant or participant who has been married less than one year who has at least 5 years of future service credits, a \$10,000 death benefit is payable to the designated beneficiary or beneficiaries. Beneficiaries may only include the surviving spouse and/or children.

**Pre-Retirement  
Death Benefit  
(Teamsters 311)**

- **Married Participant:** Upon the death of a married vested participant, his spouse shall receive a monthly benefit, payable for life, equal to the spouse's portion of the Joint and 50% Survivor Annuity. If the participant was eligible to retire, the benefit is payable immediately, otherwise deferred to earliest retirement date.

Warehouse Employees' Local No. 570

Pension Fund

EIN/PN: 52-6048848/001

## Schedule MB, Line 6

### Summary of Plan Provisions

Pre-Retirement  
Lump Sum Death  
Benefit  
(Teamsters 311)

Upon the death of an Active Employee, a pre-retirement death benefit of \$25,000 shall be payable to the designated beneficiary. If the Participant's death is deemed to be an Accidental Death, an additional \$20,000 is payable to the designated beneficiary.

An employee is considered to be "Active" if the participant a) has not retired, and b) has earned not less than one Pension Credit in either the Plan Year in which his or her death occurs or the Plan Year immediately preceding the date of death.

Post-Retirement  
Additional Death  
Benefit  
(Warehouse 570)

- Eligibility Requirement: Age 55, and 10 years of Credited Service
- Amount: \$1,000

Post-Retirement  
Additional Death  
Benefit  
(Teamsters 311)

- Eligibility Requirement: Last Credited Service prior to Retirement was earned under Teamsters 311 rules.
- Amount: \$5,000

Vesting Status

- Age Requirement: none
- Service Requirement: 5 years of Vesting Service

Forms of Benefit  
(Warehouse 570)

- Normal: Single Life Annuity for unmarried participants; qualified 50% Joint & Survivor Annuity (with spouse as beneficiary) for married participants.
- Optional: 75% Joint & Survivor Annuity, 100% Joint & Survivor Annuity, 10-Year Certain & Life Annuity.

Forms of Benefit  
(Teamsters 311)

- Normal: Qualified 50% Joint & Survivor Annuity with Pop-Up (with spouse as beneficiary) for married participants.
- Optional: Single Life Annuity, 66 2/3% Joint & Survivor Annuity with Pop-Up, 75% Joint & Survivor Annuity with Pop-Up, 100% Joint & Survivor Annuity with Pop-Up, 5-Year Certain & Life Annuity, 10-Year Certain & Life Annuity, 15-Year Certain & Life Annuity, 20-Year Certain & Life Annuity.

# WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848  
Plan No. 001

|     |                                                           | (c) Description of investment including maturity date,<br>rate of interest, collateral, par/maturity value or shares |                  |                     |                                        |                  |                         |
|-----|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------|---------------------|----------------------------------------|------------------|-------------------------|
| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | Description                                                                                                          | Maturity<br>Date | Rate of<br>Interest | Par/<br>Maturity<br>Value<br>or Shares | (d) Cost         | (e)<br>Current<br>Value |
|     | Cash Equivalents                                          |                                                                                                                      |                  |                     |                                        |                  |                         |
|     | Wilmington Trusts Company                                 | Blackrock Liquidity Treas Tr                                                                                         | N/A              | Varies              | 642,102                                | \$ 642,102       | \$ 642,102              |
|     | Wilmington Trusts Company                                 | US Govt MM Fund                                                                                                      | N/A              | Varies              | 264,409                                | 264,409          | 264,409                 |
|     |                                                           |                                                                                                                      |                  |                     |                                        | <u>906,511</u>   | <u>906,511</u>          |
|     | Common stocks                                             |                                                                                                                      |                  |                     |                                        |                  |                         |
|     | ACCENTURE PLC- CL A                                       | Equity                                                                                                               | N/A              | N/A                 | 696                                    | 42,961           | 244,233                 |
|     | ADOBE INC                                                 | Equity                                                                                                               | N/A              | N/A                 | 480                                    | 143,617          | 286,368                 |
|     | AGILENT TECHNOLOGIES INC COM                              | Equity                                                                                                               | N/A              | N/A                 | 1,898                                  | 181,443          | 263,879                 |
|     | ALIGN TECHNOLOGY INCORPORATED                             | Equity                                                                                                               | N/A              | N/A                 | 884                                    | 178,552          | 242,216                 |
|     | ALPHABET INC CL A                                         | Equity                                                                                                               | N/A              | N/A                 | 3,200                                  | 38,774           | 447,008                 |
|     | ALPHABET INC CL C                                         | Equity                                                                                                               | N/A              | N/A                 | 4,240                                  | 50,793           | 597,543                 |
|     | AMAZON.COM INC                                            | Equity                                                                                                               | N/A              | N/A                 | 3,887                                  | 454,049          | 590,591                 |
|     | AMERIPRISE FINANCIAL INC                                  | Equity                                                                                                               | N/A              | N/A                 | 573                                    | 59,234           | 217,643                 |
|     | ANALOG DEVICES INC                                        | Equity                                                                                                               | N/A              | N/A                 | 1,315                                  | 124,813          | 261,106                 |
|     | APPLE INC                                                 | Equity                                                                                                               | N/A              | N/A                 | 3,470                                  | 75,303           | 668,079                 |
|     | AVANTOR INC                                               | Equity                                                                                                               | N/A              | N/A                 | 10,459                                 | 316,306          | 238,779                 |
|     | BAKER HUGHES COMPANY                                      | Equity                                                                                                               | N/A              | N/A                 | 5,952                                  | 168,116          | 203,439                 |
|     | BANK AMER CORP                                            | Equity                                                                                                               | N/A              | N/A                 | 10,276                                 | 219,018          | 345,993                 |
|     | BERKSHIRE HATHAWAY INC DEL CL B                           | Equity                                                                                                               | N/A              | N/A                 | 1,880                                  | 150,554          | 670,521                 |
|     | BLACKSTONE INC                                            | Equity                                                                                                               | N/A              | N/A                 | 1,373                                  | 82,880           | 179,753                 |
|     | BOOKING HOLDINGS INC                                      | Equity                                                                                                               | N/A              | N/A                 | 108                                    | 129,467          | 383,100                 |
|     | BRIGHT HORIZONS FAMILY SOLUTIONS                          | Equity                                                                                                               | N/A              | N/A                 | 1,642                                  | 189,380          | 154,742                 |
|     | CANADIAN NATIONAL RAILWAY COMPANY                         | Equity                                                                                                               | N/A              | N/A                 | 1,594                                  | 45,698           | 200,254                 |
|     | CARMAX INC                                                | Equity                                                                                                               | N/A              | N/A                 | 2,721                                  | 126,864          | 208,810                 |
|     | CARRIER GLOBAL CORP                                       | Equity                                                                                                               | N/A              | N/A                 | 3,056                                  | 59,231           | 175,567                 |
|     | EDWARDS LIFESCIENCES CORP COM                             | Equity                                                                                                               | N/A              | N/A                 | 4,691                                  | 82,583           | 357,689                 |
|     | ELEVANCE HEALTH INC                                       | Equity                                                                                                               | N/A              | N/A                 | 731                                    | 103,345          | 344,710                 |
|     | FERGUSON PLC                                              | Equity                                                                                                               | N/A              | N/A                 | 1,627                                  | 260,040          | 314,125                 |
|     | FIRST CITIZENS BANCSHARES INC CL A                        | Equity                                                                                                               | N/A              | N/A                 | 232                                    | 178,859          | 329,201                 |
|     | FISERV INC                                                | Equity                                                                                                               | N/A              | N/A                 | 1,963                                  | 204,139          | 260,765                 |
|     | GE AEROSPACE                                              | Equity                                                                                                               | N/A              | N/A                 | 1,746                                  | 194,901          | 222,842                 |
|     | INTUIT INC COM                                            | Equity                                                                                                               | N/A              | N/A                 | 680                                    | 189,302          | 425,020                 |
|     | KKR & CO INC CL A                                         | Equity                                                                                                               | N/A              | N/A                 | 7,188                                  | 251,552          | 595,526                 |
|     | LOWES COMPANIES INC                                       | Equity                                                                                                               | N/A              | N/A                 | 907                                    | 36,295           | 201,853                 |
|     | MASTERCARD INC CL A                                       | Equity                                                                                                               | N/A              | N/A                 | 1,903                                  | 33,786           | 811,649                 |
|     | MERCK & CO INC                                            | Equity                                                                                                               | N/A              | N/A                 | 1,424                                  | 76,220           | 155,244                 |
|     | META PLATFORMS, INC-A                                     | Equity                                                                                                               | N/A              | N/A                 | 1,858                                  | 261,772          | 657,658                 |
|     | MICROSOFT CORP                                            | Equity                                                                                                               | N/A              | N/A                 | 3,337                                  | 156,824          | 1,254,845               |
|     | NETFLIX INC.                                              | Equity                                                                                                               | N/A              | N/A                 | 368                                    | 84,951           | 179,172                 |
|     | NOMAD FOODS LTD                                           | Equity                                                                                                               | N/A              | N/A                 | 12,138                                 | 218,971          | 205,739                 |
|     | PINTEREST INC CL A                                        | Equity                                                                                                               | N/A              | N/A                 | 4,153                                  | 235,993          | 153,827                 |
|     | PROGRESSIVE CORP COM                                      | Equity                                                                                                               | N/A              | N/A                 | 1,456                                  | 170,104          | 231,912                 |
|     | SBA COMMUNICATIONS CORP CL A REIT                         | Equity                                                                                                               | N/A              | N/A                 | 809                                    | 144,650          | 205,235                 |
|     | SUNCOR ENERGY INC                                         | Equity                                                                                                               | N/A              | N/A                 | 9,551                                  | 268,468          | 306,014                 |
|     | TAIWAN SEMICONDUCTOR SPON ADR                             | Equity                                                                                                               | N/A              | N/A                 | 3,735                                  | 230,618          | 388,440                 |
|     | TJX COMPANIES COM                                         | Equity                                                                                                               | N/A              | N/A                 | 2,783                                  | 98,871           | 261,073                 |
|     | T-MOBILE US INC                                           | Equity                                                                                                               | N/A              | N/A                 | 1,462                                  | 188,694          | 234,402                 |
|     | UBER TECHNOLOGIES INC                                     | Equity                                                                                                               | N/A              | N/A                 | 3,135                                  | 113,549          | 193,022                 |
|     | UNITED RENTALS INC COM                                    | Equity                                                                                                               | N/A              | N/A                 | 647                                    | 54,114           | 371,003                 |
|     | UNITEDHEALTH GROUP INC                                    | Equity                                                                                                               | N/A              | N/A                 | 1,107                                  | 244,653          | 582,802                 |
|     | VISA INC                                                  | Equity                                                                                                               | N/A              | N/A                 | 3,203                                  | 118,834          | 833,902                 |
|     |                                                           |                                                                                                                      |                  |                     |                                        | <u>7,039,141</u> | <u>16,657,294</u>       |

# WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848  
Plan No. 001

|     |                                                           | (c) Description of investment including maturity date, rate of interest, collateral, par/maturity value or shares |               |                  |                               |            |                   |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------|------------------|-------------------------------|------------|-------------------|
| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | Description                                                                                                       | Maturity Date | Rate of Interest | Par/ Maturity Value or Shares | (d) Cost   | (e) Current Value |
|     | U.S. Government Notes and Bonds                           |                                                                                                                   |               |                  |                               |            |                   |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                             | 06/15/24      | 0.250%           | 130,000                       | \$ 123,803 | \$ 127,161        |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                             | 09/15/24      | 0.375%           | 115,000                       | 112,464    | 111,371           |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                             | 03/31/25      | 2.625%           | 320,000                       | 324,911    | 312,426           |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                             | 09/30/26      | 1.625%           | 335,000                       | 339,701    | 314,089           |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                             | 04/15/27      | 0.125%           | 59,934                        | 56,427     | 56,314            |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                             | 05/15/27      | 2.375%           | 45,000                        | 42,866     | 42,741            |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                             | 01/15/28      | 1.750%           | 58,746                        | 62,358     | 58,379            |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                             | 08/31/28      | 1.125%           | 190,000                       | 175,080    | 167,749           |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                             | 05/15/30      | 0.625%           | 65,000                        | 50,443     | 53,117            |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                             | 02/15/31      | 1.125%           | 150,000                       | 142,898    | 125,210           |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                             | 11/15/31      | 1.375%           | 290,000                       | 250,837    | 240,767           |
|     | U.S. TREASURY NOTES                                       | Notes                                                                                                             | 08/15/32      | 2.750%           | 180,000                       | 163,938    | 164,840           |
|     | FED HOME LOAN MTGE CORP POOL                              | Bonds                                                                                                             | 05/01/38      | 4.500%           | 53,557                        | 53,105     | 53,260            |
|     | FED HOME LOAN MTGE CORP POOL                              | Bonds                                                                                                             | 09/01/38      | 5.500%           | 54,831                        | 54,531     | 55,615            |
|     | FED HOME LOAN MTGE CORP POOL                              | Bonds                                                                                                             | 09/01/53      | 6.000%           | 39,416                        | 39,059     | 40,038            |
|     | FEDERAL HOME LOAN BANK                                    | Bonds                                                                                                             | 12/20/24      | 1.250%           | 35,000                        | 35,000     | 33,747            |
|     | FEDERAL HOME LOAN BANK                                    | Bonds                                                                                                             | 10/26/26      | 1.150%           | 65,000                        | 65,000     | 59,542            |
|     | FEDERAL HOME LOAN BANK                                    | Bonds                                                                                                             | 11/23/26      | 1.500%           | 80,000                        | 80,000     | 73,830            |
|     | FEDERAL FARM CREDIT BANK                                  | Bonds                                                                                                             | 10/24/29      | 5.870%           | 20,000                        | 20,000     | 19,992            |
|     | FEDERAL FARM CREDIT BANK                                  | Bonds                                                                                                             | 06/28/30      | 5.650%           | 50,000                        | 50,000     | 49,963            |
|     | FEDERAL HOME LOAN BANK                                    | Bonds                                                                                                             | 02/26/31      | 1.150%           | 100,000                       | 100,000    | 84,822            |
|     | FEDERAL HOME LOAN BANK                                    | Bonds                                                                                                             | 03/17/31      | 1.250%           | 100,000                       | 100,000    | 87,934            |
|     | FEDERAL HOME LOAN BANK                                    | Bonds                                                                                                             | 01/27/32      | 2.000%           | 100,000                       | 100,000    | 86,835            |
|     | FEDERAL FARM CREDIT BANK                                  | Bonds                                                                                                             | 05/17/32      | 4.300%           | 40,000                        | 40,000     | 38,112            |
|     | FEDERAL FARM CREDIT BANK                                  | Bonds                                                                                                             | 07/20/32      | 4.980%           | 50,000                        | 50,000     | 49,654            |
|     | FEDERAL NATIONAL MORTGAGE ASSN                            | Bonds                                                                                                             | 08/28/25      | 4.125%           | 50,000                        | 50,000     | 49,741            |
|     | FEDL NATL MTGE ASSN POOL                                  | Bonds                                                                                                             | 03/01/30      | 7.000%           | 4,745                         | 4,744      | 4,895             |
|     | FEDL NATL MTGE ASSN POOL                                  | Bonds                                                                                                             | 04/01/38      | 5.000%           | 1,117                         | 1,180      | 1,136             |
|     | FEDL NATL MTGE ASSN POOL                                  | Bonds                                                                                                             | 07/01/38      | 4.000%           | 46,932                        | 45,076     | 46,039            |
|     | SMALL BUSINESS ADMINISTRATION                             | Bonds                                                                                                             | 01/01/38      | 2.920%           | 26,634                        | 25,616     | 24,538            |
|     |                                                           |                                                                                                                   |               |                  |                               | 316,616    | 2,633,857         |
|     | Corporate Notes and Bonds                                 |                                                                                                                   |               |                  |                               |            |                   |
|     | AMGEN INC                                                 | Bonds                                                                                                             | 03/02/33      | 5.250%           | 65,000                        | 64,884     | 66,640            |
|     | ANHEUSER-BUSCH                                            | Bonds                                                                                                             | 06/01/30      | 3.500%           | 25,000                        | 25,840     | 23,785            |
|     | ANTHEM INC                                                | Bonds                                                                                                             | 12/01/27      | 3.650%           | 75,000                        | 74,039     | 72,749            |
|     | ARES CAPITAL CORP                                         | Bonds                                                                                                             | 07/15/25      | 3.250%           | 80,000                        | 80,914     | 76,642            |
|     | ARES CAPITAL CORP                                         | Bonds                                                                                                             | 01/15/26      | 3.875%           | 55,000                        | 55,486     | 52,836            |
|     | ARIZONA PUBLIC SVC                                        | Bonds                                                                                                             | 12/15/31      | 2.200%           | 55,000                        | 55,160     | 44,684            |
|     | AUTONATION INC                                            | Bonds                                                                                                             | 11/15/24      | 3.500%           | 60,000                        | 56,872     | 58,723            |
|     | BANK OF AMER MTN 6                                        | Bonds                                                                                                             | 02/05/26      | 6.304%           | 45,000                        | 45,034     | 44,932            |
|     | BANK OF AMER MTN V-Q                                      | Bonds                                                                                                             | 09/25/25      | 0.981%           | 100,000                       | 100,002    | 96,513            |
|     | BANK OF NOVA SCOTIA                                       | Bonds                                                                                                             | 02/11/24      | 3.400%           | 20,000                        | 20,464     | 19,938            |
|     | CHARLES SCHWAB CORP                                       | Bonds                                                                                                             | 03/18/24      | 0.750%           | 65,000                        | 64,991     | 64,332            |
|     | CHOICE HOTELS                                             | Bonds                                                                                                             | 12/01/29      | 3.700%           | 25,000                        | 25,471     | 22,154            |
|     | CITIGROUP INC V-Q                                         | Bonds                                                                                                             | 04/24/25      | 3.352%           | 85,000                        | 85,601     | 84,349            |
|     | COMCAST CORP                                              | Bonds                                                                                                             | 10/15/28      | 4.150%           | 90,000                        | 92,126     | 88,746            |
|     | COMCAST CORP                                              | Bonds                                                                                                             | 10/15/30      | 4.250%           | 65,000                        | 71,885     | 64,063            |
|     | CVS HEALTH CORP                                           | Bonds                                                                                                             | 08/15/29      | 3.250%           | 70,000                        | 72,088     | 65,229            |
|     | DELL INT / EMC                                            | Bonds                                                                                                             | 02/01/33      | 5.750%           | 45,000                        | 44,802     | 47,408            |

# WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848  
Plan No. 001

| (c) Description of investment including maturity date,<br>rate of interest, collateral, par/maturity value or shares |                                                           |                                  |                  |                     |                                        |                   |                         |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|------------------|---------------------|----------------------------------------|-------------------|-------------------------|
| (a)                                                                                                                  | (b) Identity of Issuer, Borrower, Lessor or Similar Party | Description                      | Maturity<br>Date | Rate of<br>Interest | Par/<br>Maturity<br>Value<br>or Shares | (d) Cost          | (e)<br>Current<br>Value |
|                                                                                                                      | ENTERGY MISSISSIPPI                                       | Bonds                            | 07/01/24         | 3.750%              | 45,000                                 | \$ 44,987         | \$ 44,437               |
|                                                                                                                      | EXTRA SPACE STORAGE                                       | Bonds                            | 10/15/30         | 2.200%              | 50,000                                 | 49,917            | 41,589                  |
|                                                                                                                      | FHLB                                                      | Bonds                            | 03/23/26         | 1.000%              | 68,250                                 | 68,250            | 63,399                  |
|                                                                                                                      | FMC CORP                                                  | Bonds                            | 05/18/26         | 5.150%              | 35,000                                 | 34,979            | 34,963                  |
|                                                                                                                      | FMC CORP                                                  | Bonds                            | 10/01/29         | 3.450%              | 30,000                                 | 30,821            | 27,112                  |
|                                                                                                                      | FYBR CMO                                                  | Bonds                            | 08/20/53         | 6.600%              | 40,000                                 | 38,459            | 39,793                  |
|                                                                                                                      | GENERAL MOTORS FINL                                       | Bonds                            | 01/17/29         | 5.650%              | 30,000                                 | 30,439            | 30,728                  |
|                                                                                                                      | GOLDMAN SACHS GP V-Q                                      | Bonds                            | 06/05/28         | 3.691%              | 100,000                                | 100,304           | 95,544                  |
|                                                                                                                      | HEALTHPEAK PROPERTIE                                      | Bonds                            | 01/15/31         | 2.875%              | 55,000                                 | 55,155            | 47,737                  |
|                                                                                                                      | INTEL CORP                                                | Bonds                            | 03/25/30         | 3.900%              | 45,000                                 | 44,908            | 43,602                  |
|                                                                                                                      | INTEL CORP                                                | Bonds                            | 02/10/33         | 5.200%              | 30,000                                 | 29,934            | 31,340                  |
|                                                                                                                      | INTERCONTIN EXCHANGE                                      | Bonds                            | 03/15/33         | 4.600%              | 25,000                                 | 24,974            | 24,837                  |
|                                                                                                                      | JBS USA LUX SA                                            | Bonds                            | 02/01/28         | 5.125%              | 65,000                                 | 64,027            | 64,639                  |
|                                                                                                                      | JEFFERIES FIN GROUP                                       | Bonds                            | 07/21/28         | 5.875%              | 35,000                                 | 34,823            | 35,889                  |
|                                                                                                                      | JP MORGAN CMO V-M                                         | Bonds                            | 04/25/54         | 6.000%              | 75,711                                 | 74,020            | 75,834                  |
|                                                                                                                      | JPMORGAN CHASE V-D                                        | Bonds                            | 02/24/26         | 2.595%              | 75,000                                 | 75,000            | 72,632                  |
|                                                                                                                      | JPMORGAN CHASE V-Q                                        | Bonds                            | 12/05/29         | 4.452%              | 65,000                                 | 71,166            | 63,699                  |
|                                                                                                                      | LINCOLN NATL CRP                                          | Bonds                            | 01/15/31         | 3.400%              | 35,000                                 | 34,971            | 31,364                  |
|                                                                                                                      | MARRIOTT INTERNATION                                      | Bonds                            | 04/15/29         | 4.900%              | 20,000                                 | 19,782            | 20,130                  |
|                                                                                                                      | MERRILL LYNCH V-Q 6.                                      | Bonds                            | 09/15/26         | 6.351%              | 50,000                                 | 46,948            | 49,357                  |
|                                                                                                                      | MORGAN STAN MTN V-A                                       | Bonds                            | 04/28/26         | 2.188%              | 65,000                                 | 65,253            | 62,443                  |
|                                                                                                                      | MORGAN STANLEY V-D                                        | Bonds                            | 04/20/28         | 4.210%              | 40,000                                 | 39,147            | 39,097                  |
|                                                                                                                      | ORACLE CORP                                               | Bonds                            | 11/09/32         | 6.250%              | 35,000                                 | 34,943            | 38,076                  |
|                                                                                                                      | OWL ROCK CAP CORP                                         | Bonds                            | 07/15/26         | 3.400%              | 60,000                                 | 60,376            | 55,781                  |
|                                                                                                                      | PHILIP MORRIS INTL                                        | Bonds                            | 09/07/33         | 5.625%              | 35,000                                 | 34,213            | 36,555                  |
|                                                                                                                      | PRECISION CAST                                            | Bonds                            | 06/15/25         | 3.250%              | 25,000                                 | 25,738            | 24,481                  |
|                                                                                                                      | ROCKWELL AUTOMATION                                       | Bonds                            | 03/01/29         | 3.500%              | 55,000                                 | 59,234            | 53,070                  |
|                                                                                                                      | SAFEHOLD OPERATING                                        | Bonds                            | 06/15/31         | 2.800%              | 70,000                                 | 69,263            | 57,517                  |
|                                                                                                                      | SAFEHOLD OPERATING                                        | Bonds                            | 01/15/32         | 2.850%              | 55,000                                 | 54,518            | 44,570                  |
|                                                                                                                      | SIMON PPTY GROUP LP                                       | Bonds                            | 09/13/29         | 2.450%              | 95,000                                 | 93,023            | 84,547                  |
|                                                                                                                      | SIMON PROP GP LP                                          | Bonds                            | 09/01/25         | 3.500%              | 25,000                                 | 25,948            | 24,420                  |
|                                                                                                                      | THERMO FISHER                                             | Bonds                            | 10/18/24         | 1.215%              | 45,000                                 | 45,000            | 43,567                  |
|                                                                                                                      | TRACTOR SUPPLY CO                                         | Bonds                            | 05/15/33         | 5.250%              | 45,000                                 | 44,874            | 46,162                  |
|                                                                                                                      | TRUIST BANK                                               | Bonds                            | 03/11/30         | 2.250%              | 90,000                                 | 86,453            | 74,595                  |
|                                                                                                                      | VERIZON COMM INC                                          | Bonds                            | 03/21/31         | 2.550%              | 60,000                                 | 59,959            | 51,735                  |
|                                                                                                                      | VIRGINIA EL & PWR                                         | Bonds                            | 02/15/24         | 3.450%              | 20,000                                 | 20,109            | 19,936                  |
|                                                                                                                      | VIRGINIA EL&PWR                                           | Bonds                            | 03/15/27         | 3.500%              | 40,000                                 | 42,958            | 38,660                  |
|                                                                                                                      | WALT DISNEY COMPANY                                       | Bonds                            | 11/15/26         | 3.375%              | 45,000                                 | 47,338            | 43,685                  |
|                                                                                                                      | WARNERMEDIA HLDG INC                                      | Bonds                            | 03/15/27         | 3.755%              | 85,000                                 | 85,062            | 81,444                  |
|                                                                                                                      |                                                           |                                  |                  |                     |                                        | <u>3,002,932</u>  | <u>2,852,689</u>        |
| Common Collective Trusts                                                                                             |                                                           |                                  |                  |                     |                                        |                   |                         |
|                                                                                                                      | Wilmington Trust Company                                  | Blackrock Equity Index, Class R  | N/A              | N/A                 | 178,708                                | 68,808,221        | 118,245,093             |
|                                                                                                                      | Crescent Capital Trust II                                 | Crescent Capital Trust II        | N/A              | N/A                 | -                                      | <u>4,019,238</u>  | <u>5,615,693</u>        |
|                                                                                                                      |                                                           |                                  |                  |                     |                                        | <u>72,827,459</u> | <u>123,860,786</u>      |
| 103-12 Investment Entities                                                                                           |                                                           |                                  |                  |                     |                                        |                   |                         |
|                                                                                                                      | RBC Global Asset Management                               | International Equity Fund        | N/A              | N/A                 | 145,104                                | 4,297,141         | 11,585,158              |
|                                                                                                                      | Ullico Investment Advisors, Inc.                          | Ullico Infrastructure Tax-Exempt | N/A              | N/A                 | 62,222                                 | <u>13,489,373</u> | <u>16,891,928</u>       |
|                                                                                                                      |                                                           |                                  |                  |                     |                                        | <u>17,786,514</u> | <u>28,477,086</u>       |

# WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848  
Plan No. 001

|     |                                                           | (c) Description of investment including maturity date,<br>rate of interest, collateral, par/maturity value or shares |                  |                     |                                        |                       |                         |
|-----|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------|---------------------|----------------------------------------|-----------------------|-------------------------|
| (a) | (b) Identity of Issuer, Borrower, Lessor or Similar Party | Description                                                                                                          | Maturity<br>Date | Rate of<br>Interest | Par/<br>Maturity<br>Value<br>or Shares | (d) Cost              | (e)<br>Current<br>Value |
|     | Limited Partnerships                                      |                                                                                                                      |                  |                     |                                        |                       |                         |
|     | EnTrust Global                                            | EnTrust Capital Diversified Fund<br>Class X, Series 12/31/2016                                                       | N/A              | N/A                 | 1,859                                  | \$ 185,945            | \$ 9,429                |
|     | EnTrust Global                                            | EnTrust Capital Diversified Fund<br>Class X, Series 03/31/2017                                                       | N/A              | N/A                 | 1,843                                  | 184,320               | 9,365                   |
|     | Boyd Watterson Asset Management                           | GSA Fund                                                                                                             | N/A              | N/A                 | 16,806                                 | 19,639,293            | 18,652,815              |
|     | Intercontinental Real Estate Corporation                  | U.S. Real Estate Investment Fund                                                                                     | N/A              | N/A                 | 7,033                                  | 7,340,335             | 8,783,052               |
|     | Corry Capital Advisors, LLC                               | CCA Black, LLP                                                                                                       | N/A              | N/A                 | -                                      | 7,743,130             | 9,026,551               |
|     | Corry Capital Advisors, LLC                               | CCA Longevity Fund VI, LP                                                                                            | N/A              | N/A                 | -                                      | 623,791               | 832,203                 |
|     | Boyd Watterson Asset Management                           | State Government Fund                                                                                                | N/A              | N/A                 | 6,416                                  | 7,177,895             | 7,163,090               |
|     | Crescent Capital                                          | Crescent Credit Solutions VIII                                                                                       | N/A              | N/A                 | -                                      | <u>3,034,893</u>      | <u>3,556,032</u>        |
|     |                                                           |                                                                                                                      |                  |                     |                                        | <u>45,929,602</u>     | <u>48,032,537</u>       |
|     | Guaranteed Investment Contract                            |                                                                                                                      |                  |                     |                                        |                       |                         |
|     | Prudential Insurance Company                              | Prudential Fixed Rate Fund                                                                                           | N/A              | Varies              | -                                      | <u>8,472,029</u>      | <u>7,740,156</u>        |
|     | Total assets (held at end of year)                        |                                                                                                                      |                  |                     |                                        | <u>\$ 156,280,804</u> | <u>\$ 231,160,916</u>   |

Warehouse Employees' Local No. 570  
Pension Fund  
EIN/PN: 52-6048848/001

## Schedule MB, Line 8b(2)

### Schedule of Active Participant Data

| YEARS OF CREDITED SERVICE |         |                           |        |                           |        |                           |          |                           |          |                           |
|---------------------------|---------|---------------------------|--------|---------------------------|--------|---------------------------|----------|---------------------------|----------|---------------------------|
| Attained Age              | Under 1 |                           | 1 to 4 |                           | 5 to 9 |                           | 10 to 14 |                           | 15 to 19 |                           |
|                           | No.     | Average Accrued Mon. Ben. | No.    | Average Accrued Mon. Ben. | No.    | Average Accrued Mon. Ben. | No.      | Average Accrued Mon. Ben. | No.      | Average Accrued Mon. Ben. |
| Under 25                  | 10      | N/A                       | 13     | N/A                       | 0      | N/A                       | 0        | N/A                       | 0        | N/A                       |
| 25 to 29                  | 8       | N/A                       | 26     | N/A                       | 4      | N/A                       | 0        | N/A                       | 0        | N/A                       |
| 30 to 34                  | 18      | N/A                       | 36     | N/A                       | 16     | N/A                       | 4        | N/A                       | 0        | N/A                       |
| 35 to 39                  | 10      | N/A                       | 36     | N/A                       | 23     | N/A                       | 11       | N/A                       | 15       | N/A                       |
| 40 to 44                  | 11      | N/A                       | 46     | N/A                       | 26     | N/A                       | 17       | N/A                       | 7        | N/A                       |
| 45 to 49                  | 11      | N/A                       | 37     | N/A                       | 20     | N/A                       | 11       | N/A                       | 21       | N/A                       |
| 50 to 54                  | 8       | N/A                       | 26     | N/A                       | 18     | N/A                       | 9        | N/A                       | 20       | N/A                       |
| 55 to 59                  | 2       | N/A                       | 34     | N/A                       | 18     | N/A                       | 15       | N/A                       | 18       | N/A                       |
| 60 to 64                  | 3       | N/A                       | 16     | N/A                       | 21     | N/A                       | 5        | N/A                       | 12       | N/A                       |
| 65 to 69                  | 0       | N/A                       | 4      | N/A                       | 6      | N/A                       | 1        | N/A                       | 3        | N/A                       |
| 70 & up                   | 0       | N/A                       | 1      | N/A                       | 2      | N/A                       | 0        | N/A                       | 1        | N/A                       |

| YEARS OF CREDITED SERVICE |          |                           |          |                           |          |                           |          |                           |         |                           |
|---------------------------|----------|---------------------------|----------|---------------------------|----------|---------------------------|----------|---------------------------|---------|---------------------------|
| Attained Age              | 20 to 24 |                           | 25 to 29 |                           | 30 to 34 |                           | 35 to 39 |                           | 40 & up |                           |
|                           | No.      | Average Accrued Mon. Ben. | No.      | Average Accrued Mon. Ben. | No.      | Average Accrued Mon. Ben. | No.      | Average Accrued Mon. Ben. | No.     | Average Accrued Mon. Ben. |
| Under 25                  | 0        | N/A                       | 0        | N/A                       | 0        | N/A                       | 0        | N/A                       | 0       | N/A                       |
| 25 to 29                  | 0        | N/A                       | 0        | N/A                       | 0        | N/A                       | 0        | N/A                       | 0       | N/A                       |
| 30 to 34                  | 0        | N/A                       | 0        | N/A                       | 0        | N/A                       | 0        | N/A                       | 0       | N/A                       |
| 35 to 39                  | 0        | N/A                       | 0        | N/A                       | 0        | N/A                       | 0        | N/A                       | 0       | N/A                       |
| 40 to 44                  | 5        | N/A                       | 0        | N/A                       | 0        | N/A                       | 0        | N/A                       | 0       | N/A                       |
| 45 to 49                  | 5        | N/A                       | 4        | N/A                       | 0        | N/A                       | 0        | N/A                       | 0       | N/A                       |
| 50 to 54                  | 9        | N/A                       | 8        | N/A                       | 5        | N/A                       | 0        | N/A                       | 0       | N/A                       |
| 55 to 59                  | 12       | N/A                       | 8        | N/A                       | 3        | N/A                       | 2        | N/A                       | 0       | N/A                       |
| 60 to 64                  | 10       | N/A                       | 3        | N/A                       | 3        | N/A                       | 1        | N/A                       | 1       | N/A                       |
| 65 to 69                  | 1        | N/A                       | 2        | N/A                       | 0        | N/A                       | 3        | N/A                       | 3       | N/A                       |
| 70 & up                   | 1        | N/A                       | 1        | N/A                       | 0        | N/A                       | 0        | N/A                       | 2       | N/A                       |



Warehouse Employees' Local No. 570  
Pension Fund  
EIN/PN: 52-6048848/001

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

| Payment<br>Date | Periodic<br>Amounts | Lump Sum<br>Amounts | Total<br>Amounts |
|-----------------|---------------------|---------------------|------------------|
| 1/5/2023        | \$20,077            | \$0                 | \$20,077         |
| 3/31/2023       | 20,077              | 0                   | 20,077           |
| 6/7/2023        |                     | 2,600,000           | 2,600,000        |
| 6/29/2023       | 20,077              | 0                   | 20,077           |
| 10/3/2023       | 20,077              | 0                   | 20,077           |

## Schedule MB, Lines 9c and 9h

### Schedule of Funding Standard Account Bases

| Charges                               | Date<br>Established | Years<br>Remaining | Outstanding<br>Balance | Amortization<br>Amount |
|---------------------------------------|---------------------|--------------------|------------------------|------------------------|
| (1) Recognized Investment Loss (2008) | 01/01/09            | 15                 | \$9,665,426            | \$965,207              |
| (2) Recognized Investment Loss (2008) | 01/01/10            | 15                 | 632,388                | 63,152                 |
| (3) Recognized Investment Loss (2008) | 01/01/11            | 15                 | 2,453,130              | 244,974                |
| (4) Recognized Investment Loss (2008) | 01/01/12            | 15                 | 4,120,458              | 411,476                |
| (5) Change in Assumptions             | 01/01/12            | 4                  | 809,547                | 221,886                |
| (6) Actuarial Loss                    | 01/01/13            | 5                  | 5,675                  | 1,283                  |
| (7) Actuarial Loss                    | 01/01/14            | 6                  | 646,031                | 125,305                |
| (8) Plan Amendment                    | 01/01/14            | 6                  | 42,732                 | 8,288                  |
| (9) Change in Assumptions             | 01/01/14            | 6                  | 1,054,943              | 204,618                |
| (10) Actuarial Loss                   | 01/01/15            | 7                  | 369,406                | 63,243                 |
| (11) Actuarial Loss                   | 01/01/16            | 8                  | 958,105                | 147,752                |
| (12) Assumption Change                | 01/01/16            | 8                  | 2,966,490              | 457,472                |
| (13) Assumption Change                | 01/01/18            | 10                 | 10,206,324             | 1,333,096              |
| (14) Plan Amendment <sup>2</sup>      | 01/01/19            | 11                 | 1,750,552              | 213,773                |
| (16) Plan Amendment (T311)            | 09/01/96            | 3.667              | 637,322                | 188,061                |
| (17) Assumption Change (T311)         | 09/01/97            | 4.667              | 592,687                | 141,687                |
| (18) Plan Amendment (T311)            | 09/01/97            | 4.667              | 877,942                | 209,880                |
| (19) Plan Amendment (T311)            | 09/01/98            | 5.667              | 1,113,214              | 225,860                |
| (20) Assumption Change (T311)         | 09/01/99            | 6.667              | 868,635                | 154,316                |
| (21) Plan Amendment (T311)            | 09/01/99            | 6.667              | 1,074,974              | 190,973                |
| (22) Plan Amendment (T311)            | 09/01/00            | 7.667              | 852,676                | 135,638                |
| (23) Plan Amendment (T311)            | 09/01/01            | 8.667              | 220,347                | 31,917                 |
| (24) Plan Amendment (T311)            | 09/01/02            | 9.667              | 234,731                | 31,367                 |
| (25) Plan Amendment (T311)            | 09/01/03            | 10.667             | 173,138                | 21,568                 |
| (26) Plan Amendment (T311)            | 09/01/04            | 11.667             | 213,882                | 25,048                 |
| (27) Actuarial Loss (T311)            | 09/01/09            | 1.667              | 626,648                | 381,554                |
| (28) Actuarial Loss (T311)            | 09/01/10            | 2.667              | 1,391,073              | 546,995                |
| (29) Actuarial Loss (T311)            | 09/01/12            | 4.667              | 259,669                | 62,077                 |
| <b>Total Charges</b>                  |                     |                    | <b>\$44,818,145</b>    | <b>\$6,808,466</b>     |

<sup>2</sup> The plan amendment that took place on 1/1/2019 resulted in a liability impact of \$1,953,744. Since the fund went below 100% funded with the plan amendment, the base was determined such that the actuarial equation of balance was restored.

Warehouse Employees' Local No. 570  
Pension Fund  
EIN/PN: 52-6048848/001

## Schedule MB, Lines 9c and 9h

### Schedule of Funding Standard Account Bases

| Credits                                     | Date<br>Established | Years<br>Remaining | Outstanding<br>Balance | Amortization<br>Amount |
|---------------------------------------------|---------------------|--------------------|------------------------|------------------------|
| (1) Change in Assumptions                   | 01/01/09            | 1                  | \$27,507               | \$27,507               |
| (2) Actuarial Gain (Net of Investment Loss) | 01/01/09            | 1                  | 380,502                | 380,502                |
| (3) Change in Asset Method                  | 01/01/09            | 16                 | 3,854,431              | 370,524                |
| (4) Actuarial Gain                          | 01/01/10            | 2                  | 701,392                | 361,736                |
| (5) Actuarial Gain (Net of Investment Loss) | 01/01/11            | 3                  | 392,251                | 139,065                |
| (6) Actuarial Gain (Net of Investment Loss) | 01/01/12            | 4                  | 1,207,895              | 331,068                |
| (7) Actuarial Gain (Due to IRS Audit)       | 01/01/12            | 4                  | 175,357                | 48,062                 |
| (8) Actuarial Gain                          | 01/01/20            | 12                 | 964,672                | 111,022                |
| (9) Assumption Change <sup>3</sup>          | 01/01/20            | 12                 | 79,893                 | 9,195                  |
| (10) Actuarial Gain (T311)                  | 09/01/11            | 3.667              | 338,460                | 99,873                 |
| (11) Assumption Change (T311)               | 09/01/12            | 4.667              | 778,158                | 186,026                |
| (12) Plan Amendment (T311)                  | 09/01/12            | 4.667              | 578,173                | 138,217                |
| (13) Actuarial Gain (T311)                  | 09/01/13            | 5.667              | 270,837                | 54,950                 |
| (14) Actuarial Gain (T311)                  | 09/01/14            | 6.667              | 1,097,407              | 194,957                |
| <b>Total Credits</b>                        |                     |                    | <b>\$10,846,935</b>    | <b>\$2,452,704</b>     |

<sup>3</sup> The assumption change that took place on 1/1/2020 resulted in a liability impact of \$1,858,510. The assumption change resulted in the Fund being over 100% funded and since the assumption change base is established based on the change in unfunded actuarial accrued liability, the established base is less than the liability impact.

## Schedule MB, Line 6

### Statement of Actuarial Assumptions/Methods

#### Actuarial Funding Method

The Traditional Unit Credit (accrued benefit) cost method has been used to develop the funding requirements presented in this report. Under this method, the normal cost is equal to the actuarial present value of benefits accrued during the plan year. The actuarial liability represents the actuarial present value of benefits which have been accrued in all prior plan years. Actuarial gains or losses resulting from plan experience which differs from the actuarial assumptions, plan amendments or changes in the actuarial assumptions are considered new pieces of actuarial liability and must be funded over no more than fifteen years.

#### Asset Valuation Method

The actuarial value of assets is a calculated value determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return based on the prior year market value) during each of the last five years at the rate of 20% per year. The actuarial value is subject to a restriction that it cannot be less than 80% or more than 120% of market value. The actuarial value of assets was reset to be equal to the market value of assets effective January 1, 2021. The investment gains and losses will "phase-in" after this date beginning with this valuation.

#### Mortality

Funding:

*Healthy:* 120% of the RP-2014 Blue Collar Healthy Annuitant Tables (Sex-Distinct), projected generationally using Scale MP-2019 from 2014.

*Disabled:* 130% of the RP-2014 Disabled Retiree Tables (Sex-Distinct), projected generationally using Scale MP-2019 from 2014.

Current Liability:

2023 IRS Static Mortality Table.

Withdrawal Liability:

Combination of Valuation mortality and PBGC mortality projected 10 years beyond the valuation date for withdrawals on and after May 16, 2014.

We continue to monitor actual versus expected deaths with each valuation.

## Schedule MB, Line 6

### Statement of Actuarial Assumptions/Methods

#### Interest Rate

##### Valuation:

6.50% annual compound interest in the future, considering the asset allocation of the trust fund, and including inflation.

##### Current Liability:

2.55% per year compounded annually. The current liability interest rate is chosen from a specified range that is set by law.

#### Termination

5-Year Select & Ultimate assumption. Representative rates are:

| Vesting | Selected Rate |
|---------|---------------|
| 0       | 30.00%        |
| 1       | 15.00%        |
| 2       | 12.50%        |
| 3       | 10.00%        |
| 4       | 10.00%        |

| Age | Ultimate Rate |
|-----|---------------|
| 25  | 7.72%         |
| 30  | 7.22%         |
| 35  | 6.28%         |
| 40  | 5.15%         |
| 45  | 3.98%         |
| 50  | 2.56%         |
| 55  | 0.94%         |

The Ultimate table used beyond the Select Period is the T-5 table from the Actuary's Pension Handbook. The withdrawal decrement assumption is based on a study of the plan's withdrawal experience.

## Schedule MB, Line 6

### Statement of Actuarial Assumptions/Methods

#### Disability

250% of 1955 U.A.W. Representative Rates are:

| Age | Rate  |
|-----|-------|
| 20  | 0.08% |
| 30  | 0.10% |
| 40  | 0.18% |
| 50  | 0.45% |
| 60  | 2.25% |
| 64  | 5.55% |
| 65  | 0.00% |

The disability assumption is based on a study of the plan's disablement experience.

#### Age at Pension

For Warehouse 570 Participants:

10% for ages 55 through 61, if they have 10 years of service, else 0%  
15% for ages 62 through 64  
100% for ages 65

If eligible for "25-year" or "30-year" retirement,

50% in first year of eligibility  
10% thereafter  
100% for age 63.

For Baltimore Beer Participants:

10% for ages 55 through 61, if they have between 10 and 27 years of service, inclusive, else 0%  
15% for ages 62 through 64  
100% for age 65

If eligible for 30-year retirement,

50% in first year of eligibility  
10% thereafter  
100% for age 63



## Schedule MB, Line 6

### Statement of Actuarial Assumptions/Methods

#### Age at Pension (cont.)

For Former Teamsters 311 Participants:

5% for ages 57 through 59  
30% for ages 60 through 64  
100% for age 65

Terminated Vested participants retire at their earliest retirement age. For Warehouse 570, age 55 if they have 10 years of Future Service, attained age if they are eligible for either the 25-year service retirement or the 30-year service retirement, otherwise age 62. For former Teamsters 311 participants, age 57 if they have 10 Pension Credits, otherwise age 65.

The weighted average retirement age as of the valuation date is age 61.2. 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.

The retirement age assumption used was reviewed and determined to be reasonable considering the following factors:

- The Plan's early retirement provisions,
- The actuary's experience with other plans of a similar size, demographic composition, and plan design.

#### Administrative Expenses

For this valuation, \$475,000. For projections, administrative expenses increase 3% annually.

The expense assumption is based on the plan's experience and the actuary's expectations for future expense inflation, including expected increases in PBGC premiums for multiemployer plans.

#### Active Participants

A member is active if he works 300 or more hours during the plan year. For projecting future contributions only, the number of active participants will remain constant with replacements being made immediately upon pension, death, or disability.

#### Future Service Credit

Each active member will work the same hours and earn the same service credit as in the prior year.

Warehouse Employees' Local No. 570  
Pension Fund  
EIN/PN: 52-6048848/001

## **Schedule MB, Line 6**

### **Statement of Actuarial Assumptions/Methods**

#### **Marital Status**

50% of all participants are married. Wives are 3 years younger than husbands.

The percent married assumption is based on the observed take-up percentage of Joint & Survivor payment forms, supplemented with professional judgement. The spousal age difference assumption is based on professional judgment.

#### **Forms of Benefit**

3% load on Active Liability for the Warehouse 570 benefit only.

The load for the subsidized 50% Joint & Survivor Annuity was selected based on professional judgment.

Assumptions reflected in the determination of plan assets and liabilities that are not specifically discussed are not considered significant relative to the measurement.

Warehouse Employees' Local No. 570  
Pension Fund  
EIN/PN: 52-6048848/001

## **Schedule MB, Line 6f(1)**

### **Description of Withdrawal Liability Interest Rate**

Withdrawal Liability:

Combination of Valuation interest rate and PBGC interest rates as of January each year. For this valuation, PBGC interest rates are 4.86% for the first 20 years and 4.70% thereafter.

Warehouse Employees' Local No. 570  
Pension Fund  
EIN/PN: 52-6048848/001

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

| Plan Year | Active<br>Participants | Terminated Vested<br>Participants | Retired Participants<br>and Beneficiaries<br>Receiving Payments | Total        |
|-----------|------------------------|-----------------------------------|-----------------------------------------------------------------|--------------|
| 2023      | \$980,508              | \$1,326,879                       | \$11,832,111                                                    | \$14,139,498 |
| 2024      | 1,452,891              | 1,492,870                         | 11,451,152                                                      | 14,396,913   |
| 2025      | 1,867,057              | 1,639,969                         | 11,061,356                                                      | 14,568,381   |
| 2026      | 2,259,152              | 1,743,739                         | 10,661,355                                                      | 14,664,245   |
| 2027      | 2,559,634              | 1,899,321                         | 10,257,663                                                      | 14,716,619   |
| 2028      | 2,830,978              | 2,062,037                         | 9,847,912                                                       | 14,740,927   |
| 2029      | 3,049,052              | 2,171,850                         | 9,430,960                                                       | 14,651,863   |
| 2030      | 3,315,691              | 2,278,135                         | 9,021,129                                                       | 14,614,955   |
| 2031      | 3,461,373              | 2,367,526                         | 8,604,524                                                       | 14,433,422   |
| 2032      | 3,612,145              | 2,449,381                         | 8,187,129                                                       | 14,248,655   |
| 2033      | 3,743,777              | 2,477,910                         | 7,777,782                                                       | 13,999,469   |
| 2034      | 3,881,484              | 2,512,004                         | 7,373,254                                                       | 13,766,741   |
| 2035      | 3,943,030              | 2,569,037                         | 6,968,685                                                       | 13,480,753   |
| 2036      | 3,974,214              | 2,626,395                         | 6,570,642                                                       | 13,171,251   |
| 2037      | 4,005,355              | 2,637,678                         | 6,179,740                                                       | 12,822,774   |
| 2038      | 4,018,702              | 2,643,862                         | 5,787,745                                                       | 12,450,309   |
| 2039      | 4,041,923              | 2,674,508                         | 5,404,316                                                       | 12,120,746   |
| 2040      | 4,042,659              | 2,672,176                         | 5,034,692                                                       | 11,749,527   |
| 2041      | 4,036,253              | 2,684,560                         | 4,673,970                                                       | 11,394,784   |
| 2042      | 4,039,127              | 2,693,868                         | 4,323,134                                                       | 11,056,128   |
| 2043      | 3,997,618              | 2,694,373                         | 3,983,141                                                       | 10,675,132   |
| 2044      | 3,935,180              | 2,661,456                         | 3,654,925                                                       | 10,251,560   |
| 2045      | 3,855,396              | 2,641,535                         | 3,339,436                                                       | 9,836,367    |
| 2046      | 3,769,386              | 2,582,664                         | 3,037,576                                                       | 9,389,626    |
| 2047      | 3,688,813              | 2,516,718                         | 2,750,195                                                       | 8,955,727    |



Warehouse Employees' Local No. 570  
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**Schedule MB, Line 8b(1)**  
**Schedule of Projection of Expected Benefit**  
**Payments (cont.)**

| <b>Plan Year</b> | <b>Active<br/>Participants</b> | <b>Terminated Vested<br/>Participants</b> | <b>Retired Participants<br/>and Beneficiaries<br/>Receiving Payments</b> | <b>Total</b> |
|------------------|--------------------------------|-------------------------------------------|--------------------------------------------------------------------------|--------------|
| 2048             | \$3,589,766                    | \$2,446,509                               | \$2,478,037                                                              | \$8,514,313  |
| 2049             | 3,466,136                      | 2,371,153                                 | 2,221,659                                                                | 8,058,948    |
| 2050             | 3,332,856                      | 2,281,425                                 | 1,981,487                                                                | 7,595,768    |
| 2051             | 3,195,007                      | 2,199,961                                 | 1,757,778                                                                | 7,152,746    |
| 2052             | 3,063,031                      | 2,102,975                                 | 1,550,660                                                                | 6,716,666    |
| 2053             | 2,939,730                      | 2,003,552                                 | 1,360,108                                                                | 6,303,389    |
| 2054             | 2,790,639                      | 1,900,676                                 | 1,185,926                                                                | 5,877,240    |
| 2055             | 2,647,771                      | 1,794,449                                 | 1,027,770                                                                | 5,469,989    |
| 2056             | 2,502,407                      | 1,687,182                                 | 885,132                                                                  | 5,074,721    |
| 2057             | 2,351,262                      | 1,582,922                                 | 757,394                                                                  | 4,691,578    |
| 2058             | 2,206,191                      | 1,477,381                                 | 643,843                                                                  | 4,327,415    |
| 2059             | 2,065,917                      | 1,375,218                                 | 543,646                                                                  | 3,984,781    |
| 2060             | 1,936,253                      | 1,278,236                                 | 455,887                                                                  | 3,670,377    |
| 2061             | 1,802,299                      | 1,180,103                                 | 379,556                                                                  | 3,361,958    |
| 2062             | 1,669,902                      | 1,085,325                                 | 313,635                                                                  | 3,068,862    |
| 2063             | 1,542,387                      | 994,253                                   | 257,147                                                                  | 2,793,787    |
| 2064             | 1,422,139                      | 907,156                                   | 209,132                                                                  | 2,538,427    |
| 2065             | 1,308,440                      | 824,266                                   | 168,675                                                                  | 2,301,381    |
| 2066             | 1,199,962                      | 745,739                                   | 134,886                                                                  | 2,080,587    |
| 2067             | 1,096,983                      | 671,662                                   | 106,925                                                                  | 1,875,570    |
| 2068             | 999,830                        | 602,109                                   | 83,976                                                                   | 1,685,915    |
| 2069             | 908,825                        | 537,102                                   | 65,293                                                                   | 1,511,221    |
| 2070             | 823,532                        | 476,623                                   | 50,211                                                                   | 1,350,366    |
| 2071             | 743,817                        | 420,643                                   | 38,147                                                                   | 1,202,607    |
| 2072             | 669,536                        | 369,112                                   | 28,609                                                                   | 1,067,257    |

Warehouse Employees' Local No. 570  
Pension Fund  
EIN/PN: 52-6048848/001

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

| Plan Year | Employer Contributions | Withdrawal Liability Payments <sup>1</sup> | Total       |
|-----------|------------------------|--------------------------------------------|-------------|
| 2023      | \$4,092,553            | \$2,680,308                                | \$6,772,861 |
| 2024      | 4,092,553              | 289,384                                    | 4,381,937   |
| 2025      | 4,092,553              | 0                                          | 4,092,553   |
| 2026      | 4,092,553              | 0                                          | 4,092,553   |
| 2027      | 4,092,553              | 0                                          | 4,092,553   |
| 2028      | 4,092,553              | 0                                          | 4,092,553   |
| 2029      | 4,092,553              | 0                                          | 4,092,553   |
| 2030      | 4,092,553              | 0                                          | 4,092,553   |
| 2031      | 4,092,553              | 0                                          | 4,092,553   |
| 2032      | 4,092,553              | 0                                          | 4,092,553   |

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<sup>1</sup> All withdrawal liability payments are assumed to be made in accordance with known payment schedules and/or settlement agreements.

**B**

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210 - 0110<br>1210 - 0089<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                         |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                         |
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |                                                                                                                                                                                                                                                                                                                                         |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)                                                                                                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____<br><input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) |
| <b>C</b> If the plan is a collectively-bargained plan, check here                                        | .....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                              |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description) _____                                                                                                                            |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here         | .....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                         |

|                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                   | <b>Basic Plan Information</b> - enter all requested information                                                                                                                                        |
| <b>1a</b> Name of plan<br><b>WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND</b>                                                                                                                                                                                                                                                                                                                  | <b>1b</b> Three-digit plan number (PN) ▶ <b>001</b>                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c</b> Effective date of plan<br><b>01/01/1963</b>                                                                                                                                                  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><b>WAREHOUSE EMPLOYEES LOCAL NO. 570</b><br><br><b>1005 NORTH POINT BOULEVARD STE 726</b><br><br><b>BALTIMORE MD 21224-3405</b> | <b>2b</b> Employer Identification Number (EIN)<br><b>52-6048848</b><br><b>2c</b> Plan Sponsor's telephone number<br><b>410-282-0510</b><br><b>2d</b> Business code (see instructions)<br><b>493100</b> |

**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.

|                  |                                                                                     |                   |                                                              |
|------------------|-------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | <b>07/08/2024</b> | <b>SEAN CEDENIO</b>                                          |
|                  | Signature of plan administrator                                                     | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  | <b>7/11/2024</b>  | <b>WILLIAM CAVANAUGH</b>                                     |
|                  | Signature of employer/plan sponsor                                                  | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |                   |                                                              |
|                  | Signature of DFE                                                                    | Date              | Enter name of individual signing as DFE                      |

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

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v. 230728

|                                                                                                          |                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | <b>3b</b> Administrator's EIN              |
|                                                                                                          | <b>3c</b> Administrator's telephone number |
|                                                                                                          |                                            |

|                                                                                                                                                                                                                                       |               |
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| <b>4</b> 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: | <b>4b</b> EIN |
| <b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                         | <b>4d</b> PN  |

|                                                                                                                                                           |              |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                   | <b>5</b>     | 2,958 |
| <b>6</b> 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).  |              |       |
| <b>a (1)</b> Total number of active participants at the beginning of the plan year .....                                                                  | <b>6a(1)</b> | 771   |
| <b>a (2)</b> Total number of active participants at the end of the plan year .....                                                                        | <b>6a(2)</b> | 795   |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                       | <b>6b</b>    | 1,104 |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                        | <b>6c</b>    | 843   |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....                                                                                                      | <b>6d</b>    | 2,742 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                | <b>6e</b>    | 332   |
| <b>f</b> Total. Add lines 6d and 6e .....                                                                                                                 | <b>6f</b>    | 3,074 |
| <b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... | <b>6g(1)</b> |       |
| <b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....         | <b>6g(2)</b> |       |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                | <b>6h</b>    |       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                      | <b>7</b>     | 21    |

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

**1A**

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

|                                                                                |                                                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                      | <b>9b</b> Plan benefit arrangement (check all that apply)                      |
| <b>(1)</b> <input checked="" type="checkbox"/> Insurance                       | <b>(1)</b> <input type="checkbox"/> Insurance                                  |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                           | <b>(3)</b> <input checked="" type="checkbox"/> Trust                           |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              | <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              |

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

**a Pension Schedules**

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

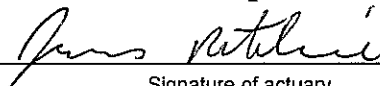
**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

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 \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small>                                                                                                                                                                                                                                                                                      | <b>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</b><br><br><small>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).</small><br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
| <b>For calendar plan year 2023 or fiscal plan year beginning</b> 01/01/2023 <b>and ending</b> 12/31/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
| <b>▶ Round off amounts to nearest dollar.</b><br><b>▶ Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
| <b>A</b> Name of plan<br>WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                           | <b>B</b> Three-digit plan number (PN) ▶ 001                                                              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>WAREHOUSE EMPLOYEES LOCAL NO. 570                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           | <b>D</b> Employer Identification Number (EIN)<br>52-6048848                                              |
| <b>E</b> Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
| <b>1a</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
| <b>b</b> Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
| (1) Current value of assets .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1b(1)</b>                                                                                                                                                                                                                                                                                                                                                              | 207,692,543                                                                                              |
| (2) Actuarial value of assets for funding standard account.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                                                                                                                                                                                                                                                                                                                                                              | 227,750,461                                                                                              |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1c(1)</b>                                                                                                                                                                                                                                                                                                                                                              | 184,360,052                                                                                              |
| (2) Information for plans using spread gain methods:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
| (a) Unfunded liability for methods with bases .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(2)(a)</b>                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
| (b) Accrued liability under entry age normal method.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(2)(b)</b>                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
| (c) Normal cost under entry age normal method .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(2)(c)</b>                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
| (3) Accrued liability under unit credit cost method.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)</b>                                                                                                                                                                                                                                                                                                                                                              | 184,360,052                                                                                              |
| <b>d</b> Information on current liabilities of the plan:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions).....                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1d(1)</b>                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |
| (2) "RPA '94" information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
| (a) Current liability .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1d(2)(a)</b>                                                                                                                                                                                                                                                                                                                                                           | 310,232,524                                                                                              |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1d(2)(b)</b>                                                                                                                                                                                                                                                                                                                                                           | 7,540,454                                                                                                |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1d(2)(c)</b>                                                                                                                                                                                                                                                                                                                                                           | 14,167,428                                                                                               |
| (3) Expected plan disbursements for the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1d(3)</b>                                                                                                                                                                                                                                                                                                                                                              | 14,642,428                                                                                               |
| <b>Statement by Enrolled Actuary</b><br><small>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.</small> |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <br>Signature of actuary                                                                                                                                                                                                                                                               | 9/27/24<br>Date                                                                                          |
| JAMES RITCHIE, ASA, EA, FCA, MAAA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                           | 2305643                                                                                                  |
| Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           | Most recent enrollment number                                                                            |
| BOLTON PARTNERS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                           | 410-547-0500                                                                                             |
| Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                           | Telephone number (including area code)                                                                   |
| 1 W. Pennsylvania Avenue Suite 600<br>Towson MD 21204<br>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 <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                           | Schedule MB (Form 5500) 2023 v. 230728                                                                   |

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 207,692,543                  |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| (1) For retired participants and beneficiaries receiving payment .....                                                              | 1,465                             | 160,196,670                  |
| (2) For terminated vested participants .....                                                                                        | 720                               | 60,570,248                   |
| (3) For active participants:                                                                                                        |                                   |                              |
| (a) Non-vested benefits .....                                                                                                       |                                   | 9,315,248                    |
| (b) Vested benefits .....                                                                                                           |                                   | 80,150,358                   |
| (c) Total active .....                                                                                                              | 772                               | 89,465,606                   |
| (4) Total .....                                                                                                                     | 2,957                             | 310,232,524                  |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 66.94 %                      |

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

| (a) Date<br>(MM/DD/YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/01/2023                                                                      | 6,803,094                         | 0                               |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
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|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 6,803,094                         | 0                               |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | <b>3(d)</b> 2,680,308           |

**4** Information on plan status:

|                                                                                                                                                                            |           |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                           | <b>4a</b> | 123.5 %                                                  |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....     | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....      | <b>4e</b> |                                                          |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                       | <b>4f</b> |                                                          |
| • 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..... <input type="checkbox"/>                          |           |                                                          |
| • 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):

|                                                                             |                                                            |                                                                            |                                             |
|-----------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|
| <b>a</b> <input type="checkbox"/> Attained age normal                       | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability                  | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):                          |                                                            |                                                                            |                                             |
| <b>j</b> If box h is checked, enter period of use of shortfall method ..... |                                                            |                                                                            | <b>5j</b>                                   |

- 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>b</b> Rates specified in insurance or annuity contracts .....                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                                         |                                                                                                                                                                                                                      |                                                                                                  |
| <b>(1)</b> Males.....                                                                                                         | <span style="border: 1px solid black; padding: 0 10px;">6c(1)</span> <span style="border: 1px solid black; padding: 0 20px;">A</span>                                                                                | <span style="border: 1px solid black; padding: 0 10px;">A</span>                                 |
| <b>(2)</b> Females .....                                                                                                      | <span style="border: 1px solid black; padding: 0 10px;">6c(2)</span> <span style="border: 1px solid black; padding: 0 20px;">A</span>                                                                                | <span style="border: 1px solid black; padding: 0 10px;">A</span>                                 |
| <b>d</b> Valuation liability interest rate.....                                                                               | <span style="border: 1px solid black; padding: 0 10px;">6d</span> <span style="border: 1px solid black; padding: 0 20px;">6.50 %</span>                                                                              | <span style="border: 1px solid black; padding: 0 10px;">6.50 %</span>                            |
| <b>e</b> Salary scale .....                                                                                                   | <span style="border: 1px solid black; padding: 0 10px;">6e</span> <span style="border: 1px solid black; padding: 0 20px;">% <input checked="" type="checkbox"/> N/A</span>                                           |                                                                                                  |
| <b>f</b> Withdrawal liability interest rate:                                                                                  |                                                                                                                                                                                                                      |                                                                                                  |
| <b>(1)</b> Type of interest rate.....                                                                                         | <span style="border: 1px solid black; padding: 0 10px;">6f(1)</span> <input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A |                                                                                                  |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                             | <span style="border: 1px solid black; padding: 0 10px;">6f(2)</span> <span style="border: 1px solid black; padding: 0 20px;">%</span>                                                                                |                                                                                                  |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....                  | <span style="border: 1px solid black; padding: 0 10px;">6g</span> <span style="border: 1px solid black; padding: 0 20px;">5.3 %</span>                                                                               |                                                                                                  |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                   | <span style="border: 1px solid black; padding: 0 10px;">6h</span> <span style="border: 1px solid black; padding: 0 20px;">-11.5 %</span>                                                                             |                                                                                                  |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                       | <span style="border: 1px solid black; padding: 0 10px;">6i</span> <span style="border: 1px solid black; padding: 0 20px;"><input type="checkbox"/> N/A</span>                                                        |                                                                                                  |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                    | <span style="border: 1px solid black; padding: 0 10px;">6i(1)</span> <span style="border: 1px solid black; padding: 0 20px;">%</span>                                                                                |                                                                                                  |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b..... | <span style="border: 1px solid black; padding: 0 10px;">6i(2)</span> <span style="border: 1px solid black; padding: 0 20px;">475,000</span>                                                                          |                                                                                                  |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                             | <span style="border: 1px solid black; padding: 0 10px;">6i(3)</span> <span style="border: 1px solid black; padding: 0 20px;"><input type="checkbox"/></span>                                                         |                                                                                                  |

**7** New amortization bases established in the current plan year:

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

**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

|                                                                                                                                                                                                                                                             |                 |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|
| <b>e</b> 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) ..... | <b>8e</b>       |            |
| <b>9</b> Funding standard account statement for this plan year:                                                                                                                                                                                             |                 |            |
| <b>Charges to funding standard account:</b>                                                                                                                                                                                                                 |                 |            |
| <b>a</b> Prior year funding deficiency, if any .....                                                                                                                                                                                                        | <b>9a</b>       | 0          |
| <b>b</b> Employer's normal cost for plan year as of valuation date .....                                                                                                                                                                                    | <b>9b</b>       | 3,771,019  |
| <b>c</b> Amortization charges as of valuation date:                                                                                                                                                                                                         |                 |            |
| (1) All bases except funding waivers and certain bases for which the amortization period has been extended .....                                                                                                                                            | <b>9c(1)</b>    | 44,818,145 |
| (2) Funding waivers .....                                                                                                                                                                                                                                   | <b>9c(2)</b>    | 0          |
| (3) Certain bases for which the amortization period has been extended .....                                                                                                                                                                                 | <b>9c(3)</b>    | 0          |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....                                                                                                                                                                                               | <b>9d</b>       | 687,667    |
| <b>e</b> Total charges. Add lines 9a through 9d .....                                                                                                                                                                                                       | <b>9e</b>       | 11,267,152 |
| <b>Credits to funding standard account:</b>                                                                                                                                                                                                                 |                 |            |
| <b>f</b> Prior year credit balance, if any .....                                                                                                                                                                                                            | <b>9f</b>       | 36,140,016 |
| <b>g</b> Employer contributions. Total from column (b) of line 3 .....                                                                                                                                                                                      | <b>9g</b>       | 6,803,094  |
| <b>h</b> Amortization credits as of valuation date .....                                                                                                                                                                                                    |                 |            |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....                                                                                                                                                                           | <b>9i</b>       | 2,729,628  |
| <b>j</b> Full funding limitation (FFL) and credits:                                                                                                                                                                                                         |                 |            |
| (1) ERISA FFL (accrued liability FFL) .....                                                                                                                                                                                                                 | <b>9j(1)</b>    | 17,656,150 |
| (2) "RPA '94" override (90% current liability FFL) .....                                                                                                                                                                                                    | <b>9j(2)</b>    | 52,954,816 |
| (3) FFL credit .....                                                                                                                                                                                                                                        | <b>9j(3)</b>    | 0          |
| (1) Waived funding deficiency .....                                                                                                                                                                                                                         | <b>9k(1)</b>    | 0          |
| (2) Other credits .....                                                                                                                                                                                                                                     | <b>9k(2)</b>    | 0          |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....                                                                                                                                                                              | <b>9l</b>       | 48,125,442 |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....                                                                                                                                                                     | <b>9m</b>       | 36,858,290 |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....                                                                                                                                                                 | <b>9n</b>       |            |
| <b>o</b> Current year's accumulated reconciliation account:                                                                                                                                                                                                 |                 |            |
| (1) Due to waived funding deficiency accumulated prior to the current plan year .....                                                                                                                                                                       | <b>9o(1)</b>    | 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 .....                                                                                                                                                                                           | <b>9o(2)(a)</b> | 0          |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....                                                                                                                                                                                    | <b>9o(2)(b)</b> | 0          |
| (3) Total as of valuation date .....                                                                                                                                                                                                                        | <b>9o(3)</b>    | 0          |
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.) .....                                                                                                                                                      | <b>10</b>       |            |
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....                                                                                                                                   |                 |            |

☐ Yes ☒ No