

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LOCAL 338 RETIREMENT FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 02/03/1955
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES LOCAL 338 RETIREMENT FUND 1505 KELLUM PLACE MINEOLA, NY 11501-4811
2b	Employer Identification Number (EIN) 13-6533678
2c	Plan Sponsor's telephone number 516-294-1338
2d	Business code (see instructions) 445110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2024	JOHN R. DURSO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 19027
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2454 6a(2) 1782 6b 5735 6c 9308 6d 16825 6e 408 6f 17233 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 47

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- Round off amounts to nearest dollar.
- Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan LOCAL 338 RETIREMENT FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES LOCAL 338 RETIREMENT FUND	D Employer Identification Number (EIN) 13-6533678

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

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 575418030
(2) Actuarial value of assets for funding standard account	1b(2) 575418030
c (1) Accrued liability for plan using immediate gain methods	1c(1) 787352994
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a) 0
(b) Accrued liability under entry age normal method	1c(2)(b) 0
(c) Normal cost under entry age normal method	1c(2)(c) 0
(3) Accrued liability under unit credit cost method	1c(3) 774079086
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 1310350455
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 9574467
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 0
(3) Expected plan disbursements for the plan year	1d(3) 49844060

Statement by Enrolled Actuary

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

SIGN HERE	10/07/2024
Signature of actuary FRANK IANNUCCI	Date 23-02541
Type or print name of actuary SUMMIT ACTUARIAL SERVICES, LLC	Most recent enrollment number 856-234-8801
Firm name 720 EAST MAIN STREET UNIT 2S, MOORESTOWN, NJ 08057	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	575418030
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	5632	566126057
(2) For terminated vested participants	9409	611393401
(3) For active participants:		
(a) Non-vested benefits		6298790
(b) Vested benefits		126532207
(c) Total active	2455	132830997
(4) Total	17496	1310350455
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	43.91 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2023	4733124	0			
01/31/2024	991688	0			
Totals ▶			3(b)	5724812	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total				3(d)	848080

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	74.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	2052
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☒		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.55 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	6
(2) Females	6c(2)	6F
d Valuation liability interest rate.....	6d	6.75 %
e Salary scale	6e	% ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	-13.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-13.2 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	2.30 %
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	102785446	10405381

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any.....	9a	41546339
b Employer's normal cost for plan year as of valuation date.....	9b	3350178

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

	Outstanding balance	
9c(1)	268529016	33076527
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 5263180**e** Total charges. Add lines 9a through 9d**9e** 83236224**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 0**g** Employer contributions. Total from column (b) of line 3**9g** 5724812**h** Amortization credits as of valuation date**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 1079542**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

	Outstanding balance	
9h	98140390	13626651
9j(1)	185466172	
9j(2)	603965960	

9j(3) 0**k (1)** Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 20431005**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m****n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n** 62805219**o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10** 62805219**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ Yes ☒ No

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LOCAL 338 RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES LOCAL 338 RETIREMENT FUND	D Employer Identification Number (EIN) 13-6533678	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SEI TRUST COMPANY
06-1271230

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
STRATEGIC PARTNERS PARALLEL FUND
80-0783874

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DSF ADVISORS LLC
51-0403581

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

CREDIT SUISSE ASSET MANAGEMENT, LLC

13-2774791

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

VENTURE CAPITAL FUND OF AMERICA III

51-0369035

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

SROA CAPTIAL ADVISOR

46-5259586

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

TERRACAP MANAGEMENT LLC

26-2821642

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

LIBREMAX CAPITAL LLC

27-2436175

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

CIFC ASSET MANAGEMENT

45-2525882

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

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

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)

RWDSU/UFCW LOCAL 338

13-1215100

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	AFFILIATED LABOR UNION	380234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRIEDMAN & ANSPACH

13-3403675

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	NONE	329340	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WCM INVESTMENT MANAGEMENT

95-3046237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	318413	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

LOCAL 338 HEALTH & WELFARE FUND

13-2980858

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	AFILIATED BENEFIT FUND	308701	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WRIGHT INVESTORS SERVICES LLC

06-1444342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NONE	250482	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HIGHLAND CAPITAL MANAGEMENT LLC

27-5440911

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	134840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LOOMIS, SAYLES & COMPANY

84-6391546

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	110246	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REYNOLDS CONSULTING SERVICES LLC

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	95000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREW VELLA

13-6533678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	0	Yes ☒ No ☐	Yes ☐ No ☒	85643	Yes ☐ No ☒

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

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

OLGA ROBERTSON-LOPEZ

13-6533678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	0	Yes ☒ No ☐	Yes ☐ No ☒	59343	Yes ☐ No ☒

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

NOVAK FRANCELLE LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	58000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED BANK OF NEW YORK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	57748	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LISANTI CAPITAL GROWTH LLC

20-0459769

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68 72	NONE	48547	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

COMERICA

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 72	NONE	41774	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

SUMMIT ACTUARIAL SERVICES LLC

20-3838633

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	40000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HAROLD MITTEL

13-6533678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	0	Yes ☒ No ☐	Yes ☐ No ☒	35363	Yes ☐ No ☒

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

THE SHORE PRESS

22 BETHESDA LANE
SAYVILLE, NY 11782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	18272	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTH PLAN SYSTEMS

01-0589640

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 50	NONE	16882	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BERNZOTT CAPITAL ADVISORS INC

77-0464710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	16071	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARIA INSURANCE BROKERAGE INC

46-0671309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	7998	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAROLD MITTEL	30 64	35363
(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.	
RWDSU/UFCW LOCAL 338 13-1215100	ALLOCATED PAYROLL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ARIA INSURANCE BROKERAGE INC	22 53	7998
(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.	
ULLICO CASUALTY GROUP INC 52-2197710	INSURANCE COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ANDREW VELLA	30 64	85643
(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.	
LOCAL 338 HEALTH & WELFARE 13-2980858	ALLOCATED PAYROLL	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OLGA ROBERTSON-LOPEZ	30 64	59343

(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.
LOCAL 338 HEALTH & WELFARE 13-2980858	ALLOCATED PAYROLL

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan LOCAL 338 RETIREMENT FUND				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES LOCAL 338 RETIREMENT FUND				D Employer Identification Number (EIN) 13-6533678	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: COMERICA ST FUND					
b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, N.A.					
c EIN-PN 47-7305132-001		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4874033		
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 500 INDEX					
b Name of sponsor of entity listed in (a): AMALGAMATED BANK					
c EIN-PN 13-4920330-009		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88468920		
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 1000 VALUE INDEX					
b Name of sponsor of entity listed in (a): AMALGAMATED BANK					
c EIN-PN 46-2026448-018		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88814509		
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES MULTISECTOR FDT					
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST CO., LLC					
c EIN-PN 84-6391546-007		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24718305		
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)		

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

Schedule D (Form 5500) 2023 v. 230707

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

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

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

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

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LOCAL 338 RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES LOCAL 338 RETIREMENT FUND	D Employer Identification Number (EIN) 13-6533678	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	6949978	4780732
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	947796	991688
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	21658931	19566687
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2773	
(2) U.S. Government securities	1c(2)	40987945	35266388
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	9869690	8541865
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	197062997	152829494
(5) Partnership/joint venture interests	1c(5)	199056305	151562276
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	87823258	206875767
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	13519486	7809991

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	29888	23621
f Total assets (add all amounts in lines 1a through 1e)	1f	577909047	588248509
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	354848	342241
i Acquisition indebtedness	1i		
j Other liabilities	1j	2136169	2143429
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2491017	2485670
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	575418030	585762839

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4876732	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	868984	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		5745716
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4187	
(B) U.S. Government securities	2b(1)(B)	1030918	
(C) Corporate debt instruments	2b(1)(C)	317972	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	19378884	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20731961
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1255023	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		1255023
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	399678246	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	395732193	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3946053
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6440951	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		6440951

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		25324532
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		344004
d Total income. Add all income amounts in column (b) and enter total	2d		63788240

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	49844060	
(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)		49844060
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)	578268	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	58000	
(5) Investment advisory and investment management fees	2i(5)	1037647	
(6) Bank or trust company trustee/custodial fees	2i(6)	41774	
(7) Actuarial fees	2i(7)	40479	
(8) Legal fees	2i(8)	330421	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	17088	
(11) Other expenses	2i(11)	1495694	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3599371
j Total expenses. Add all expense amounts in column (b) and enter total	2j		53443431

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10344809
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		159372267
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 526225.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LOCAL 338 RETIREMENT FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES LOCAL 338 RETIREMENT FUND		D Employer Identification Number (EIN) 13-6533678
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-6533678		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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 **DE CICCIO OF SCARSDALE**

b EIN **13-3579381**

c Dollar amount contributed by employer **136912**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **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) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **MONTHLY**

a Name of contributing employer **IAHD**

b EIN **13-2573827**

c Dollar amount contributed by employer **820825**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **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) **167.60**

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

a Name of contributing employer **NAMDOR/SLOANS**

b EIN **13-1803948**

c Dollar amount contributed by employer **758647**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **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) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **MONTHLY**

a Name of contributing employer **ZABARS & CO. INC.**

b EIN **13-1494394**

c Dollar amount contributed by employer **442403**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **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) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **MONTHLY**

a Name of contributing employer **DE CICCIO OF JEFFERSON VALLEY**

b EIN **20-0242437**

c Dollar amount contributed by employer **180696**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **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) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **MONTHLY**

a Name of contributing employer **G & S CORPORATION**

b EIN **13-3214211**

c Dollar amount contributed by employer **223936**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **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) **439.25**

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

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 **RWDSU/UFCW LOCAL 338**

b EIN **13-1215100**

c Dollar amount contributed by employer **158850**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **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) **353.00**

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

a Name of contributing employer **DE CICCO OF NEW CITY**

b EIN **13-3711076**

c Dollar amount contributed by employer **174237**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **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) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **MONTHLY**

a Name of contributing employer **TAPPS S/M INC.**

b EIN **11-2638139**

c Dollar amount contributed by employer **140269**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **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) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **MONTHLY**

a Name of contributing employer **JANSON SUPERMARKETS LLC**

b EIN **11-3417780**

c Dollar amount contributed by employer **170878**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **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) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **MONTHLY**

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

8408

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

14b

8408

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

14c

8408

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

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

15a

0.93

b The corresponding number for the second preceding plan year

15b

1.00

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

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

16a

3

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

16b

21368420

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 59.0 % Private Equity: 14.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 13.0 %

High-Yield Debt: 0.0 % Real Assets: 12.0 % Cash or Cash Equivalents: 1.0 % Other: 1.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

LOCAL 338 RETIREMENT FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2023

LOCAL 338 RETIREMENT FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2023 AND 2022

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Supplemental Information	
Schedules of Administrative Expenses	18
Schedule of Assets Held at End of Year	19
Schedule of Reportable Transactions	23

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Local 338 Retirement Fund

Opinion

We have audited the financial statements of the Local 338 Retirement Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Local 338 Retirement Fund as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Local 338 Retirement Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Local 338 Retirement Fund ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Local 338 Retirement plan 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 Local 338 Retirement Fund's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

New York, New York
October 11, 2024

LOCAL 338 RETIREMENT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
INVESTMENTS - at fair value	<u>\$ 562,885,781</u>	<u>\$ 548,322,454</u>
RECEIVABLES		
Employers' contributions	991,688	947,796
Securities sold and not settled	305,168	92,668
Withdrawal liability	18,914,144	21,368,420
Interest and dividends	346,483	196,025
Total receivables	<u>20,557,483</u>	<u>22,604,909</u>
OTHER ASSETS		
Cash	4,780,732	6,949,978
Property and equipment, net of accumulated depreciation	23,621	29,888
Prepaid taxes	892	1,818
Total other assets	<u>4,805,245</u>	<u>6,981,684</u>
Total assets	<u>588,248,509</u>	<u>577,909,047</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued expenses	342,241	354,848
Due to affiliates	101,813	44,330
Securities purchased and not settled	2,041,616	2,091,839
Total liabilities	<u>2,485,670</u>	<u>2,491,017</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 585,762,839</u>	<u>\$ 575,418,030</u>

See accompanying notes to the financial statements.

LOCAL 338 RETIREMENT FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 35,447,433	\$ (98,842,254)
Interest and dividends	<u>22,251,087</u>	<u>12,790,817</u>
	57,698,520	(86,051,437)
Less investment expense	<u>(1,079,421)</u>	<u>(1,257,926)</u>
Investment income (loss) - net	56,619,099	(87,309,363)
Employer contributions	4,876,732	6,270,816
Withdrawal income	868,984	22,002,030
Other income	<u>344,004</u>	<u>3,493</u>
Total additions	<u>62,708,819</u>	<u>(59,033,024)</u>
DEDUCTIONS		
Benefits paid	49,844,060	48,539,027
Administrative expenses	<u>2,519,950</u>	<u>1,824,709</u>
Total deductions	<u>52,364,010</u>	<u>50,363,736</u>
NET INCREASE (DECREASE)	10,344,809	(109,396,760)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>575,418,030</u>	<u>684,814,790</u>
End of year	<u><u>\$ 585,762,839</u></u>	<u><u>\$ 575,418,030</u></u>

See accompanying notes to the financial statements.

LOCAL 338 RETIREMENT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 1. DESCRIPTION OF THE PLAN

The following is a brief description of the Local 338 Retirement Fund (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General - The Plan is a multi-employer defined benefit pension plan, established pursuant to a collective bargaining agreement between the Retail Wholesale and Chain Store Food Employees Union Local 338, RWDSU/UFCW (the Union), and various supermarkets located in the greater New York area (the Employers). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees is responsible for the oversight of the Plan, including determining the appropriateness of the Plan's investments in coordination with its investment advisers.

Benefits - The Plan provides normal, early, survivor, and disability retirement pension benefits. All persons on whose behalf the Employers are contributing to the Plan and otherwise qualify, as defined in the Plan document, are eligible for benefits.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting.

Employer and Withdrawal Liability Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Withdrawal liability contributions due but not paid at year end are recorded as withdrawal liability receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

Valuation of Investments and Income Recognition - The investments of the Plan are managed by independent investment managers. Investments are carried at fair value. The valuation for common stock and US Treasuries are carried at fair value which generally represents quoted market prices as of the last business day of the year as provided by the custodian. Corporate obligations and Government Agency obligations are valued using pricing models that maximize the use of observable inputs for similar securities, including yields, credit ratings and broker quotes, if available. The investments in common collective trusts are valued at their market value on the last business day of the year as established by the trust. The limited partnerships are carried at estimated fair value as determined by the investment manager. Short-term investments are carried at cost which approximates fair value.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation and amortization are computed over the estimated useful lives for computer equipment for 5 years by the straight-line method.

Securities sold or purchased and not settled - These amounts represents amounts due from or to brokers for sales or purchases of investments with trade dates prior to year end and settlement dates subsequent to year end.

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

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

Estimates - The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

NOTE 3. FUNDING

Contribution rates have been established under collective bargaining agreements entered into between the Union and the various employers. Each employer is required to make monthly contributions to the Plan at the rate(s) specified in its respective collective bargaining agreement.

The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2023.

NOTE 4. TERMINATION

In the event of termination of the Plan, the assets remaining in the Plan after providing for administrative expenses shall be allocated among the pensioners, beneficiaries, and participants in the following order:

- Pension benefits payable.
- Securities sold or purchased and not settled - These amounts represents amounts due from or to brokers for sales or purchases of investments
- with trade dates prior to year end and settlement dates subsequent to year end. Benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) up to applicable limitations.
- All other vested benefits under this Plan.
- All other benefits under this Plan.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on February 3, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE 6. RELATED PARTY TRANSACTIONS

The Plan shares office space and certain administrative expenses with the Union, the Local 338 Health and Welfare Fund (the Health and Welfare Fund), Local 338 Annuity Fund (the Annuity Fund) and the Local 338 Benefits Fund (collectively, the Local 338 Funds). Certain expenses that are common among the Union and the Local 338 Funds are generally paid by the Union and/or the Health and Welfare Fund and allocated based primarily upon payroll-based ratios.

The Plan's allocable share of expenses paid by the Union amounted to \$380,234 and \$369,653 for the years ended December 31, 2023 and 2022, respectively. The Plan's share of allocable expenses paid by the Health and Welfare Fund totaled \$308,701 and \$293,873 for the years ended December 31, 2023 and 2022, respectively. Additionally, rental expenses paid to the Health and Welfare Fund totaled \$45,548 and \$50,581 for the years ended December 31, 2023 and 2022, respectively.

NOTE 6. RELATED PARTY TRANSACTIONS (continued)

As of December 31, 2023 and 2022, the Plan was owed by the Union \$10,905 and \$22,329, respectively, for shared expenses.

As of December 31, 2023 and 2022, the Plan owed the Health and Welfare Fund \$90,908 and \$66,659, respectively, for shared expenses.

NOTE 7. PROPERTY AND EQUIPMENT

Property and equipment, at cost, as of December 31, 2023 and 2022 are as follows:

	<u>2023</u>	<u>2022</u>
Computer software	\$ 167,026	\$ 167,026
Less: accumulated depreciation and amortization	<u>(143,405)</u>	<u>(137,138)</u>
Property and equipment - net	<u><u>\$ 23,621</u></u>	<u><u>\$ 29,888</u></u>

Depreciation and amortization expense for the years ended December 31, 2023 and 2022 amounted to \$8,454 and \$9,388, respectively.

NOTE 8. ACTUARIAL INFORMATION

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

Accumulated Plan benefits are those future periodic payments 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 based on eligible employees' years of credited service and age. The accumulated Plan benefits for active eligible employees are based on their estimated years of qualifying time, as of the date which the benefit information is presented.

The actuarial present value of accumulated Plan benefits is determined by the Plan's independent actuary and is the 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 death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

NOTE 8. ACTUARIAL INFORMATION (continued)

The significant actuarial assumptions used in the valuation as of January 1, 2023, are as follows:

Actuarial Cost Method:	Unit Credit
Mortality:	RP2014 Blue Collar Mortality Table
Interest:	6.75% compounded annually (net of investment expense)
Expenses:	\$1,750,000 cost of administration
Asset Valuation:	Market Value
Retirement Age:	Age 65 or the present age, if higher

The following table presents the actuarial present value of accumulated Plan benefits as of January 1, 2023:

Actuarial present value of accumulated plan benefit vested benefits	
Participants and beneficiaries currently receiving payments	\$ 419,469,760
Other participants	<u>352,757,455</u>
	772,227,215
Nonvested benefits	<u>1,851,871</u>
Total actuarial present value accumulated Plan benefit	<u><u>\$ 774,079,086</u></u>

At January 1, 2022, the total actuarial present value of accumulated Plan benefits was \$776,239,266.

Changes in accumulated Plan benefits for the year ended January 1, 2023, are summarized below:

Actuarial present value of accumulated Plan benefits, beginning of year	<u>\$ 776,239,266</u>
Increase (decrease) during the year	
Actuarial experience gains and losses and benefits accumulated	(4,378,894)
Increase for interest due to the decrease in the discount period	50,757,741
Benefits paid	<u>(48,539,027)</u>
Net increase	<u>(2,160,180)</u>
Actuarial present value of accumulated Plan benefits, end of year	<u><u>\$ 774,079,086</u></u>

NOTE 8. ACTUARIAL INFORMATION (continued)

Since information on the actuarial present value of accumulated plan benefits as of December 31, 2023 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2023, and the changes in the financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2023. The complete financial status is presented as of December 31, 2022.

The Plan's consulting actuary has advised that as of January 1, 2023, the Plan is being funded at a level sufficient to meet the minimum funding standards requirement of ERISA and that there is no accumulated funding deficiency.

NOTE 9. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

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

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

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

For the years ended December 31, 2023 and 2022, there were no transfers in or out of levels 1, 2 or 3.

The following tables set forth by level within the fair value hierarchy, the major categories of the Plan's assets measured at fair value:

Fair Value Measurements at December 31, 2023				
	Total	Level 1	Level 2	Level 3
U.S. Government and Government Agency obligations:				
United States Treasury	\$ 19,855,748	\$ 19,855,748	\$ -	\$ -
Government Agencies	15,201,811	-	15,201,811	-
Common stocks	152,829,494	152,829,494	-	-
Corporate obligations	7,500,967	-	7,500,967	-
Short term investments	6,123,760	6,123,760	-	-
Total assets in the fair value hierarchy	201,511,780	<u>\$ 178,809,002</u>	<u>\$ 22,702,778</u>	<u>\$ -</u>
Investments measured at net asset value (a)	<u>361,374,001</u>			
Total investments at fair value	<u>\$ 562,885,781</u>			
Fair Value Measurements at December 31, 2022				
	Total	Level 1	Level 2	Level 3
U.S. Government and Government Agency obligations:				
United States Treasury	\$ 22,961,982	\$ 22,961,982	\$ -	\$ -
Government agencies	18,025,963	-	18,025,963	-
Common stocks	197,062,997	197,062,997	-	-
Corporate obligations	9,869,690	-	9,869,690	-
Short term investments	6,154,725	6,154,725	-	-
Total assets in the fair value hierarchy	254,075,357	<u>\$ 226,179,704</u>	<u>\$ 27,895,653</u>	<u>\$ -</u>
Investments measured at net asset value (a)	<u>294,247,097</u>			
Total investments at fair value	<u>\$ 548,322,454</u>			

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

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

The following table summarizes investments for which fair values are measured using the net asset value per share practical expedient at December 31, 2023 and 2022:

	2023 Fair Value	2022 Fair Value	2023 Unfunded Commitments	2022 Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Limited partnerships:						
DSF Multi-Family Fund-2019 A, L.P.	\$ 22,820,216	\$ 22,107,611	\$ -	\$ -	(a)	(a)
DSF Multi-Family Real Estate Fund III-A L.P.	5,914,524	6,806,411	-	-	(b)	(b)
Pinebridge Credit Opportunities II (Plan) Feeder, L.P.	4,864,062	9,133,935	2,037,668	1,824,037	(c)	(c)
The Red Oak Institutional Founders Long Fund LP	-	4,397,781	-	-	Quarterly	*-75 Days
SROA Capital Fund VIII (ERISA), LP	17,729,479	16,722,452	-	-	(d)	(d)
Strategic Partners Parallel Fund V L.P.	88,242	2,016,724	824,148	990,702	(e)	(e)
Terra Cap Partners IV LP	8,364,445	18,347,824	-	-	(f)	(f)
Terra Cap Partners V LP	14,637,506	21,429,838	-	-	(g)	(g)
Townsend Real Estate Alpha Fund III	15,140,423	12,599,147	5,500,000	6,500,000	(h)	(h)
VCFA Venture Partners VI	32,818,724	21,951,292	2,400,000	7,800,000	(i)	(i)
Boyd Watterson GSA Fund LP	29,184,654	30,567,838	-	-	Quarterly	60 days
Vibrant Sente Fund Ltd.	-	16,985,318	-	-	Quarterly	90 days
LibreMax Capital, LLC	-	15,990,134	-	-	Quarterly	90 days
Hedge funds of funds:						
CIFC CLO Opportunity Fund II LP	-	6,377,918	-	-	(j)	(j)
EnTrust Special Opportunities Fund III Ltd	7,809,991	7,141,568	-	-	Quarterly	** -90 Days
Common collective trusts:						
Longview Largecap 500 Index Fund	88,468,920	67,186,676	-	-	Daily	Daily
Longview Largecap 1000 Value Index Fund	88,814,510	-	-	-	Daily	Daily
Loomis Sayles Multisector Full Discretion Trust	24,718,305	14,484,630	-	-	Quarterly	90 days
	<u>\$ 361,374,001</u>	<u>\$ 294,247,097</u>	<u>\$ 10,761,816</u>	<u>\$ 17,114,739</u>		

(a) DSF Multi-Family Fund-2019 A, LP (the "Parallel Fund"), a Delaware limited partnership, was formed on April 1, 2020 for the purpose of generating income and appreciation on multi-family residential real estate investments primarily located in the Northeast corridor of the United States. In accordance with the provisions of the Parallel Fund's limited partnership agreement, the Parallel Fund will hold, through its 8.52% common share ownership, each Strategic Investment, as defined, in a separate REIT subsidiary, an entity that elects to be treated as a real estate investment trust ("REIT") under the Internal Revenue Code. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

(b) DSF Multi-Family Real Estate Fund III-A, L.P. was formed for the purpose of generating income and appreciation on multi-family residential real estate investments primarily located in the Northeast corridor of the United States. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

(c) Pinebridge Credit Opportunities II was formed solely to invest substantially all of its assets in Pinebridge Credit Opportunities II, L.P. (the "Master Fund"), a Delaware limited partnership having the same investment objectives. The investment objective of the Master Fund is to invest in credit, mezzanine and other private debt funds ("Investment Funds") and direct debt-related investments ("Direct Investments"), together the "Investments". Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

* Red Oak Institution Founders Long Fund was formed for the purpose of investing in a variety of securities and financial instruments, mostly domestic and some foreign, primarily focusing on publicly traded equity securities.

(d) SROA Capital Fund VIII, LP (the "Fund") was organized on March 26, 2020 as a Delaware investment limited partnership for the purpose of investing in self-storage rental properties. The Fund is managed by SROA Capital Fund VIII GP, LLC (the "General Partner"), a related party through common ownership. An affiliate of the General Partner, SROA Capital LLC, provides property management services to the investment under a property management agreement. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

(e) The Strategic Partners Parallel Fund V, L.P. was organized to invest in Strategic Partners V Parallel Investments, L.P. ("Holdings") which invests in secondary interests of pooled private equity investment vehicles ("Portfolio Partnerships") as designed by the General Partner. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

(f) TerraCap Partners IV (the "Partnership"), is a combination of TerraCap Partners IV ("Institutional") LP and TerraCap Partners IV ("HNW") LP. The Partnership is engaged in the acquisition and resale of value-add investments in real estate and real estate-backed assets with a focus on opportunities in the Southeastern United States of America. Institutional and HNW make all investments jointly on a pari passu, pro-rata basis. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

(g) TerraCap Partners V (the "Partnership"), is a combination of TerraCap Partners V (Institutional) LP, a Delaware limited partnership formed on November 25, 2019 ("Institutional") and TerraCap Partners V (HNW) LP, a Delaware limited partnership formed on November 25, 2019 ("HNW"). The Partnership began operations October 1, 2020. The Partnership is engaged in the acquisition and resale of value-add investments in real estate and real estate-backed assets with a focus on opportunities in the Southeast, Southwest, Mid East, and Mountain regions of the United States of America. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

(h) Townsend Real Estate Alpha Fund III, L.P. (the “Partnership”) is a Delaware limited partnership formed to identify, acquire, hold, manage, and dispose of investments in real estate private equity funds for income and capital appreciation. The Partnership was formed on May 18, 2018 and will continue until all of the investments are sold, liquidated or disposed of, or upon the occurrence of earlier events as defined in the Limited Partnership Agreement (the “Partnership Agreement”). Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

(i) VCFA Venture Partners VI, L.P. (the “Partnership”), a limited partnership organized under the laws of the State of Delaware, was formed for the purpose of achieving high returns and long-term capital appreciation through investments primarily in venture capital funds and growth equity funds purchased on a secondary basis from existing investors seeking liquidity. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

(j) CIFIC CLO Opportunity Fund II LP, a Cayman Islands exempt company, operates under a “Master Fund/Feeder Fund” structure whereby substantially all of their assets are invested in CIFIC CLO Opportunity Master Fund (Cayman) II LP (the “Master Fund”). The Master Fund was organized for the purpose of investing in residual tranches (“CLO Equity”) of collateralized loan obligations (“CLOs”), equity interests in warehouses (“CLO Warehouse”) and sub-investment grade rated CLO debt tranches (“CLO Debt”). During the Term of the Feeder, Limited Partners have no right to make withdrawals in respect of their interests in the Feeder. As such, no withdrawals were made for the year ended December 31, 2022. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

(**) The EnTrust Special Opportunities Fund III Ltd is an exempt company incorporated in the Cayman Islands. This Fund substantially invested in the Entrust Special Opportunities Master Fund III LP under a master feeder arrangement.

Shareholders have the right to redeem all or a portion of the applicable shares to the maximum extent permitted by the terms relating to the Fund’s investments in underlying investment vehicles. The Fund will not invest in any fund or investment vehicle that has a lock-up period of more than five years. Redemptions, once permissible, shall take place as of the close of business on the last business day of any calendar quarter, or any other date determined by the Board. In order to effect a redemption, a shareholder shall be required to provide not less than 95 days’ prior written notice of any such redemption request. Given the highly illiquid nature of the Fund’s investments, there can be no assurances that the Fund will be able to obtain the proceeds necessary to fund a redemption on any applicable Redemption Date, particularly in the early years of the Fund. There may be instances when the Fund cannot effect a complete redemption from an underlying vehicle, in which case shareholders would receive a pro rata portion of a redemption request.

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

The Boyd Watterson GSA Fund, L.P. was formed to acquire, develop, own and operate a diversified portfolio of real estate investments in commercial property. Boyd Watterson GSA Fund, L.P. is sole Class A shareholder of Boyd Watterson GSA REIT, which was formed to acquire, hold, manage, administer, control and dispose of property, including engaging in business as a real estate investment. The Fund intends to invest primarily in real estate primarily leased to the U.S Federal Government either through General Services Administrations (GSA) or other Federal Government agencies.

SENTE Master Fund, L.P. (the “Master Fund”) is an investment partnership which was formed under the acts of the Cayman Islands and commenced operations on April 04, 2014. The Master Fund was organized for the purpose of trading and investing in securities and has two limited partners: Vibrant Sente Fund, Ltd. (formerly known as SENTE Fund, Ltd.) (the “Offshore Feeder Fund”), a Cayman Islands exempted investment company and Vibrant Sente US Feeder Fund, LP (formerly known as SENTE US Feeder Fund, LP), a U.S. Delaware limited partnership (the “Onshore Feeder”, together with the Offshore Feeder Fund, the “Feeder Funds”). Effective April 30, 2021, the Offshore Feeder Fund changed its name from SENTE Fund, Ltd. to Vibrant Sente Fund, Ltd. Effective April 13, 2021, the Onshore Feeder Fund changed its name from SENTE US Feeder Fund, L.P. to Vibrant Sente US Feeder Fund, L.P. The Feeder Funds invests substantially all of their assets in the Master Fund. The Onshore Feeder began operation on June 1, 2020. The Master Fund is managed by SENTE Fund GP, LLC (the “General Partner”) and Vibrant Capital Partners, Inc. (formerly known as DFG Investment Advisers, Inc.) (the “Investment Manager”). The Investment Manager is registered with the Securities and Exchange Commission as an Investment Adviser pursuant to the Investment Advisers Act of 1940. Effective January 8, 2021, the Investment Manager changed its name from DFG Investment Advisers, Inc. to Vibrant Capital Partners, Inc.

LibreMax is an \$8.3 billion asset management firm specializing in structured products across both public and private markets. The Firm offers a diverse platform of alternative, long-only and opportunistic strategies as well as CLO management.

The Loomis Sayles Trust Company, LLC Collective Trust for Employee Benefit Plans (the “Collective Trust”), a Massachusetts trust, was created pursuant to a Declaration of Trust dated as of February 13, 2007, as amended. The Collective Trust is divided into separate collective trusts, one of which is the Loomis Sayles MultiSector Full Discretion Trust (the “Trust”). The Trust is a separate pool of assets constituting, in effect, a separate trust with its own investment objective and policies. Loomis, Sayles & Company, L.P. (“Loomis Sayles”), a related party, is the sole member of Loomis Sayles Trust Company, LLC (the “Trustee”), a related party. The Trust was established upon the execution of its Supplemental Declaration of Trust on July 13, 2007. The Trust's investment objective is total return and to outperform the Bloomberg Barclays Capital U.S. Government/Credit Index.

NOTE 10. RISK AND UNCERTAINTIES

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

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

NOTE 11. WITHDRAWAL LIABILITY

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 (MPPAA), which requires imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. Under the provisions of MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer.

Generally accepted accounting principles state that the amounts assessed against employers withdrawing from the Plan may be recorded as a receivable, net of an allowance for credit losses. The payment status of each employer is reviewed quarterly by the Plan's management and Trustees, and an allowance for credit losses is recorded if warranted. The Plan believes the receivable is fully collectible; therefore, no allowance for credit losses is recorded. In accordance with the Plan's accounting policy, the Plan has recorded a receivable of \$18,914,144 and \$21,368,420, as of December 31, 2023 and 2022, respectively.

The following is a schedule by employer of the present value of withdrawal liability payments as of December 31, 2023 and 2022, the withdrawal liability income received during the years ended December 31, 2023 and 2022, and the remaining payment schedule and status as of December 31, 2023.

Employer	Present Value of Withdrawal Liability Receivable		Receipts		Quarterly Payment	Number of Quarterly Payments Remaining	Payment Status
	2023	2022	2023	2022			
Food Parade, Inc.	\$ 18,697,611	\$ 19,779,656	\$ 1,555,114	\$ -	\$519,345	41	Ongoing
West Side Supermarket	195,630	-	60,792	60,792	15,198	13	Ongoing
Giunta's Warehouse	-	1,588,764	1,588,764	-	-	0	Closed
Fruit A Plenty, Inc.	-	-	50,000	-	-	0	Closed
Al Saleh Grocery Corp.	20,903	-	52,986	-	1,493	16	Ongoing
Total	<u>\$ 18,914,144</u>	<u>\$ 21,368,420</u>	<u>\$ 3,307,656</u>	<u>\$ 60,792</u>			

NOTE 12. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 11, 2024, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

LOCAL 338 RETIREMENT FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Pension Benefit Guaranty Corporation premiums	\$ 665,945	\$ 575,392
Unrelated business income tax	540,000	-
Payroll and payroll taxes	467,468	439,823
Legal fees	330,421	291,077
Employee benefits	154,319	157,837
Insurance	65,797	61,262
Accounting and auditing	58,000	58,000
Rent	45,548	50,581
Actuarial consulting	40,479	40,097
Office and other	39,693	40,079
Printing and stationery	22,590	23,375
Auto	19,277	18,566
Bank fees	18,875	17,264
Conferences and educational training	17,088	16,383
Utilities	10,270	10,653
Postage and delivery	10,101	9,665
Depreciation	8,454	9,388
Office equipment and maintenance	3,587	3,502
Payroll processing	1,453	1,436
Computer and data processing	<u>585</u>	<u>329</u>
Total administrative expenses	<u>\$ 2,519,950</u>	<u>\$ 1,824,709</u>

LOCAL 338 RETIREMENT FUND

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2023

Form 5500, Schedule H, Line 4i

E.I.N. 13-6533678
Plan No. 001

(a)	(b)	(c)			(d)		(e)
		Description of Investment Including Maturity Rate of Interest, Collateral, Par or Maturity					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(1)- Interest-bearing cash:</u>							
* Comerica Short Term Fund		MMA	Demand	Var	4,874,033	\$ 4,874,033	\$ 4,874,033
Bank United		CD	04/11/24	4.85	250,000	250,000	249,610
Charles Schwab Bank		CD	09/23/24	5.35	250,000	250,000	249,815
Comerica		CD	03/28/24	5.25	250,000	250,000	249,872
First Tennessee Bank		CD	05/02/24	5.05	250,000	250,000	249,750
MVB Bk Inc Fairmont West		CD	03/24/25	5.30	250,000	250,000	250,680
Total interest-bearing cash						6,124,033	6,123,760
<u>Item 1c(2) United States Government Securities:</u>							
Federal Home LN BKS Disc	Note	02/21/24	4.86	%	100,000	99,739	99,936
Federal Home LN BKS Disc	Note	08/26/24	5.62		110,000	109,999	110,022
Federal Home LN BKS Disc	Note	10/11/28	0.00		200,000	200,000	200,362
Federal Home LN BKS Disc	Note	05/03/24	5.27		250,000	250,000	249,650
Federal Home LN BKS Disc	Note	10/26/26	6.15		350,000	349,965	350,206
Federal Home LN BKS Disc	Note	08/28/28	6.10		565,000	564,943	563,655
Federal Home LN BKS Disc	Note	02/26/27	6.00		750,000	750,000	748,672
Federal Home LN BKS Disc	Note	06/14/24	5.45		850,000	849,830	849,668
Federal Home LN BKS Disc	Note	06/17/27	5.63		850,000	850,000	850,476
Federal Home LN BKS Disc	Note	06/28/24	5.52		2,200,000	2,199,250	2,196,524
Federal Home LN BKS Disc	Note	02/21/24	4.86		4,000,000	3,993,406	3,997,440
Federal Home LN BKS Disc	Note	02/28/24	3.63		5,000,000	4,917,600	4,985,200
US Treasury Bill	Note	02/08/24	0.00		350,000	343,108	348,103
US Treasury Bill	Note	02/15/24	0.00		500,000	487,228	496,795
US Treasury Bill	Note	02/29/24	0.00		935,000	909,853	927,071
US Treasury Bill	Note	05/16/24	0.00		1,000,000	973,656	980,830
US Treasury Bill	Note	02/01/24	0.00		3,000,000	2,932,297	2,971,800
US Treasury Bill	Note	02/22/24	0.00		4,000,000	3,893,277	3,970,280
US Treasury Bill	Note	05/02/24	0.00		4,000,000	3,892,215	3,930,680
US Treasury Bill	Note	04/04/24	0.00		6,315,000	6,144,516	6,230,189
Total United States Government Securities						34,710,882	35,057,559
<u>1c(3) Corporate debt instruments:</u>							
Abbvie Inc	Bond	11/21/24	2.60	%	250,000	\$ 239,330	\$ 244,225
Americredit Automobile	Bond	10/19/26	0.68		389,621	374,706	384,072
Auxilior Term Funding LLC	Bond	11/15/24	5.86		392,658	392,658	392,784
Bank of America	Bond	06/14/24	0.52		250,000	242,260	249,647
Carmax Auto Owner Trust	Bond	06/15/26	0.63		150,000	142,371	144,416
Carmax Auto Owner Trust ABS	Bond	03/16/26	0.77		323,847	317,813	318,728
CPS Auto Receivables	Bond	11/15/26	2.41		420,072	413,377	415,951
CVS Corp	Bond	08/15/24	2.63		250,000	241,373	245,295
Federal Home LN BKS Disc	Note	09/25/24	2.92		212,832	206,325	208,829
GM Financial Consumer Automobile	Bond	09/16/26	0.68		312,669	300,211	302,187

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Rate of Interest, Collateral, Par or Maturity					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity	Cost	Current Value
					Value or Shares		
<u>1c(3) Corporate debt instruments (continued):</u>							
	Goldman Sachs Group	Bond	03/03/24	4.00	% 250,000	\$ 246,750	\$ 249,270
	Honda Auto Receivables	Bond	01/21/26	0.88	110,055	106,668	106,792
	Hyundai Auto Lease	Bond	10/15/25	4.38	471,000	465,756	467,837
	Hyundai Auto Lease ABS	Bond	12/15/25	1.32	250,000	243,848	246,313
	Ing Greop NV Global	Bond	09/11/27	0.00	200,000	200,000	204,100
	JP Morgan Chase Co	Bond	02/01/24	3.88	250,000	247,827	249,557
	Libra Sol LLC	Bond	02/15/35	7.00	196,433	196,187	196,227
	Neighborly Issue LLC	Bond	01/30/53	7.30	272,937	267,479	272,424
	Oaktree Specialty	Bond	02/15/29	7.10	75,000	74,128	77,346
	Ondeck Asset Securitization	Bond	05/17/27	1.59	400,000	369,200	391,315
	Santander Retail	Bond	03/20/26	0.59	621,551	612,203	617,069
	SCF Equip Leasing	Bond	07/20/29	2.92	255,149	245,202	248,735
	Service Experts Issuer	Bond	02/02/32	2.67	154,235	141,039	143,313
	Transcanada Pipelines	Bond	03/09/26	6.20	350,000	350,000	349,976
	United Auto Credit	Bond	06/10/27	2.61	200,933	197,841	200,236
	Verizon Communications	Bond	03/22/24	0.75	250,000	237,755	247,317
	Walt Disney Co	Bond	08/30/24	1.75	250,000	237,693	244,142
	World Omni Automobile	Bond	02/18/25	3.21	83,383	81,765	82,864
Total Corporate debt instruments						7,391,765	7,500,967
<u>Item 1c(4)b-Corporate stocks:</u>							
	Abbvie Inc	Stock			10,481	1,525,134	1,624,241
	Accenture Plc	Stock			8,963	2,616,097	3,145,206
	Addus Homecare Corp	Stock			12,386	1,138,318	1,150,040
	Adobe Sys Inc	Stock			5,007	2,145,649	2,987,176
	Advantest Corp	Stock			14,588	522,562	492,345
	Adyen NV	Stock			68,122	898,217	877,411
	AirBnB Inc	Stock			8,560	978,580	1,165,358
	Alphabet Inc	Stock			16,190	1,035,833	2,281,657
	Alphabet Inc Cl A	Stock			16,366	1,028,269	2,286,167
	Amazon Com Inc	Stock			28,969	2,959,914	4,401,550
	Aon Plc SHS Cl	Stock			2,497	557,430	726,677
	Api Group Corp	Stock			53,047	1,300,684	1,835,426
	Apple Inc	Stock			47,651	3,295,445	9,174,247
	Applied Matls Inc	Stock			9,058	675,570	1,468,030
	Arch Capital Group Ltd Bermuda	Stock			8,131	573,990	603,889
	Ashland Global Holdings	Stock			17,145	1,443,626	1,445,495
	ASM Intl	Stock			1,372	505,106	712,342
	ASML Holding	Stock			1,275	223,483	965,073
	Astrazeneca PLC	Stock			9,320	607,201	627,702
	Atalast Copcp	Stock			29,425	267,419	506,404
	Atlassian Corporation	Stock			4,296	1,084,307	1,021,847
	Bae Systems Plc	Stock			12,899	675,063	745,794
	Beacon Roofing Supply Inc	Stock			17,942	937,373	1,561,313
	Blue Owl Capital Inc Com	Stock			27,553	352,640	410,540
	Booking Hldgs Inc	Stock			251	556,546	890,352
	Booz Allen Hamilton Holdings Corp	Stock			11,131	1,129,589	1,423,766
	Broadcom Inc	Stock			3,184	1,122,593	3,554,140
	Brown & Brown Inc	Stock			27,788	1,494,187	1,976,005
	Canadian Natural Resoucrs	Stock			7,029	439,601	460,540
	Canadian Pacific Kansas City ltd	Stock			15,316	572,490	1,210,883
	Carmax Inc	Stock			11,593	900,528	889,647
	Caterpillar Inc	Stock			3,798	886,212	1,122,955
	Cencora Inc	Stock			745	143,051	153,008
	Coca Cola Co	Stock			14,269	882,179	840,872

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Rate of Interest, Collateral, Par or Maturity					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Corporate stocks (continued):</u>							
	Comcast Corp	Stock			26,548	\$ 888,232	\$ 1,164,130
	Compass Minerals Intl Inc	Stock			16,941	467,675	471,129
	Costco Wholesale Corp	Stock			1,396	682,482	921,472
	Coterra Energy Inc Com	Stock			4,864	128,928	124,129
	Dorman Prods Inc	Stock			11,844	883,598	987,908
	Ebay Inc	Stock			9,115	355,790	397,596
	Element Solutions Inc	Stock			85,769	1,712,199	1,984,695
	Emcor Group Inc	Stock			7,040	999,420	1,516,627
	Ensign Group Inc	Stock			13,167	1,309,842	1,477,469
	Enstar Group	Stock			5,265	1,196,181	1,549,753
	Entegris Inc	Stock			16,272	1,322,875	1,949,711
	EPAM Sys Inc	Stock			1,217	535,910	361,863
	Etsy Inc	Stock			4,537	295,342	367,724
	Evolution Gaming Group	Stock			5,597	961,499	667,672
	Expedia Inc Del	Stock			3,832	531,874	581,659
	Experian Group LTD	Stock			16,429	294,437	661,984
	Facebook Inc	Stock			11,414	2,865,003	4,040,099
	Fedex Corp	Stock			1,473	391,741	372,625
	Ferguson Plc	Stock			3,896	576,668	752,201
	Ferrari	Stock			3,180	502,791	1,076,207
	Godaddy Inc	Stock			21,680	1,678,470	2,301,549
	Graco Inc	Stock			16,981	1,064,033	1,473,272
	Grocery Outlet Holding Corp	Stock			47,000	1,380,453	1,267,120
	Halliburton Co	Stock			3,994	159,949	144,383
	Hayward Holdings Inc	Stock			89,002	1,131,169	1,210,427
	Home Depot Inc	Stock			5,978	1,867,513	2,071,676
	Icici Bank LTD	Stock			24,492	548,209	583,889
	Icon Plc	Stock			3,778	647,596	1,069,438
	ICU Med Inc	Stock			10,862	1,484,044	1,083,376
	Inter Parfums Inc	Stock			8,327	768,395	1,199,171
	Jones Lang Lasalle Inc	Stock			9,518	1,543,580	1,797,665
	Kenvue Inc Com	Stock			17,425	368,391	375,160
	Lancaster Colony Corp	Stock			5,006	772,936	832,948
	Landstar System Inc	Stock			8,327	1,165,131	1,612,524
	Lilly Eli & Co	Stock			2,633	1,547,300	1,534,828
	Linde Plc	Stock			1,477	494,033	606,619
	L'Oreal Co Unsponsored	Stock			6,264	560,877	622,704
	LVMH Moet Hennessy Louis Vuitton	Stock			3,806	124,976	618,285
	Masco Corp	Stock			20,219	1,154,184	1,354,269
	Mastercard Inc	Stock			5,121	1,883,982	2,184,158
	Mckesson Corp	Stock			3,864	807,120	1,788,955
	Mercadolibre Inc	Stock			623	867,629	979,069
	Merck & Co Inc	Stock			12,723	1,305,234	1,387,061
	Microsoft Corp	Stock			25,120	4,565,750	9,446,125
	MKS Instruments Inc	Stock			12,829	1,408,248	1,319,719
	Nestle SA Sponsored	Stock			5,300	388,080	612,839
	Netflix Inc	Stock			2,956	1,144,453	1,439,217
	Novo Nordisk	Stock			12,584	798,208	1,301,815
	Nvidia Corp	Stock			4,312	1,614,514	2,135,389
	Oracle Corporation	Stock			10,129	954,797	1,067,900
	Pepsico Inc	Stock			6,796	1,150,803	1,154,233
	Pool Corp Com	Stock			2,788	981,933	1,111,603
	Progressive Corp	Stock			10,633	1,479,828	1,693,624
	Ptc Inc	Stock			9,243	1,060,648	1,617,155
	R1 RCM Inc Com	Stock			126,489	1,383,675	1,336,989

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Rate of Interest, Collateral, Par or Maturity					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Corporate stocks (continued):</u>							
	Range Resources Corp	Stock			5,188	\$ 146,393	\$ 157,923
	RPM International Inc	Stock			2,624	274,151	292,917
	Safran S A ADR	Stock			15,625	687,933	689,531
	Schnieder Elec	Stock			12,433	398,540	500,180
	Schwab Charles Corp	Stock			12,539	721,697	862,683
	Simon Property Group Inc	Stock			2,907	379,389	414,654
	Siteone Landscape	Stock			8,596	1,094,858	1,396,850
	Steris Public Company	Stock			2,843	330,778	625,034
	Tesla Motors Inc	Stock			8,923	2,726,171	2,217,187
	Tetra Tech Inc	Stock			4,601	749,464	768,045
	The Azek Company Inc	Stock			32,791	920,524	1,254,256
	The Cigna Group	Stock			1,370	382,951	410,246
	Thompson Reuters Corp	Stock			3,663	419,577	535,604
	Uber Technologies	Stock			8,419	345,403	518,358
	UBS Group	Stock			17,272	497,621	533,705
	Unitedhealth Group Inc	Stock			4,186	1,531,246	2,203,803
	Verra Mobility Corporation	Stock			83,912	1,522,539	1,932,493
	Vertex Pharmaceuticals Inc	Stock			838	313,729	340,974
	Visa Inc	Stock			7,941	1,819,000	2,067,439
	Waste Connections Inc	Stock			3,668	523,462	547,522
	Watsco Inc	Stock			3,876	1,026,675	1,660,750
	Wyndham Hotels & Resorts Inc	Stock			20,441	1,364,383	1,643,662
	Yeti Hldgs Inc Com	Stock			30,665	1,713,660	1,587,834
	Zebra Technologies Corp	Stock			4,273	1,000,351	1,167,939
		Total corporate stocks				113,524,009	152,829,494
<u>Item 1c(5)-Partnerships/joint venture interests:</u>							
	Boyd Watterson GSA Fund, LP					28,869,783	29,184,654
	DSF Multi-Family Fund-2019 A, LP					18,397,922	22,820,216
	DSF Multi-Family Real Estate Fund III-A, LP					-	5,914,525
	EnTrust Special Opportunity Fund III, LTD					7,385,700	7,809,991
	PineBridge Credit Opportunities II, LP					5,398,127	4,864,062
	SROA Capital Fund VIII (ERISA), LP					15,346,803	17,729,479
	Strategic Partners Parallel Fund V, LP					-	88,242
	Terra Cap Partners IV LP					9,891,192	8,364,445
	Terra Cap Partners V LP					17,496,147	14,637,506
	Townsend Real Estate Alpha Fund III, LP					9,461,488	15,140,423
	VCFA Venture Partners VI, LP					14,228,042	32,818,724
		Total partnerships/joint venture interests				126,475,204	159,372,267
<u>Item 1c(9) common collective trusts:</u>							
	Longview Largecap 500 Index Fund					78,429,374	88,468,920
	Longview Largecap 1000 Value Index Fund					83,663,399	88,814,509
	Loomis Sayles Multisector Full Discretion Trust					25,260,820	24,718,305
		Total common collective trusts				187,353,593	202,001,734
		Total investments				\$ 475,579,486	\$ 562,885,781

* A party-in-interest as defined by ERISA.

LOCAL 338 RETIREMENT FUND

SCHEDULE OF REPORTABLE (5%) TRANSACTIONS

YEAR ENDED DECEMBER 31, 2023

Form 5500, Schedule H, Item 4j

E.I.N. 13-6533678
Plan No. 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
* Comerica		\$ 89,467,164	N/A	N/A	\$ 89,467,164	N/A
	Short Term Fund	N/A	\$ 90,745,083	\$ 90,745,083	90,745,083	\$ -
	Longview Largecap	167,354,979	N/A	N/A	167,354,979	N/A
	1000 Value Index Fund	N/A	83,691,364	83,691,580	83,691,364	(216)

* A party-in-interest as defined by ERISA.

SECTION 2. PLAN DESCRIPTION

IN GENERAL

The plan is funded through employer contributions and investment yield on the plan funds.

Coverage is afforded participants working in the Local 338 jurisdiction for employers with collective bargaining agreements providing for contributions to the plan

PLAN PROVISIONS

A summary of the major plan provisions in effect as of 1/1/2023 is contained in Table 1.

TABLE 1.
PLAN PROVISIONS

VESTING SERVICE:		
Time Period	Years of Vesting Service Earned	
Beginning January 1, 1953	One year for each year in which at least 1,000 hours of benefit service or related service is earned.	
BENEFIT SERVICE:		
Time Period	Years of Benefit Service Earned	
Service After December 31, 1975	Each covered employee shall be credited with a portion of each calendar year as follows:	
	Number of Credited Hours Completed <u>In Calendar Year</u>	<u>Credit for Calendar Year</u>
	1,834 or more	12 months
	1,667 - 1,833	11 months
	1,501 - 1,666	10 months
	1,333 - 1,500	9 months
	1,168 - 1,332	8 months
	1,001 - 1,167	7 months
	1,000	6 months

SECTION 2. PLAN DESCRIPTION (CONT'D)

ELIGIBILITY FOR BENEFITS:		
Type of Benefit	Age Requirement	Service Requirement
Normal Pension	65	5 years of vesting service
Early Pension	62 60	20 years of vesting service or 30 years of pension service
Disability Pension	Under normal pension age	15 years of pension service and receiving Social Security disability benefit
Death Benefits		
Pre-Pension Surviving Spouse Pension	None	vested and married for one year
Post-Pension Surviving Spouse Pension	None	Participant receiving benefits under married couple form

SECTION 2. PLAN DESCRIPTION (CONT'D)

BENEFITS:		
Type	Amount	Duration
Normal Pension	Years of Pension Service earned on or after July 1, 2016 multiplied by \$50.00 (\$30.00 for Plan 2 and PT) and for years of Pension Service earned prior to July 1, 2016 multiplied by \$60 (\$30 for Plan 2 and PT). With a maximum of 40 years of Pension Service. For employees hired on or after July 1, 2016, all years of Pension Service multiplied by \$40 (\$30 for Plan 2 and PT) to a maximum of 40 years of Pension Service.	Life
Early Pension	Same as normal but reduced for each year that Early Retirement Date precedes Normal Retirement Date. Unreduced at age 60 with 30 years of benefit service or age 62 with 25 years of benefit service.	Life
Disability Pension	75% of normal pension	Life
Pre-Pension Surviving Spouse Pension	Married couple benefit	Life
Post-Pension Surviving Spouse Pension	Married couple benefit	Life

OPTIONS AT NORMAL AND EARLY PENSION AGE:		
Type	Amount	Duration
Life Only	same as normal	life
Married Couple	actuarially reduced with 50% payable to surviving spouse	life of both pensioner and spouse

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

SECTION 2. PLAN DESCRIPTION (CONT'D)

CENSUS OF ACTIVE PARTICIPANTS

Table 3. depicts the Plan 1 active participants as of 1/1/2023 in the Local 338 Retirement Fund.

TABLE 3.
CENSUS OF ACTIVE PARTICIPANTS – PLAN 1 (FULL-TIME)

AGE	YEARS OF PENSION SERVICE											TOTAL
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50&OVER	
20-24	38	7	1	0	0	0	0	0	0	0	0	46
25-29	33	25	4	0	0	0	0	0	0	0	0	62
30-34	30	43	18	12	0	0	0	0	0	0	0	103
35-39	17	24	20	18	9	0	0	0	0	0	0	88
40-44	71	37	17	22	32	1	0	0	0	0	0	180
45-49	28	33	10	19	30	9	0	0	0	0	0	129
50-54	27	36	19	30	66	5	8	1	0	0	0	192
55-59	22	45	16	20	82	14	12	4	0	0	0	215
60-64	12	34	20	37	63	9	9	2	3	0	0	189
65-69	4	11	9	16	32	4	6	1	2	1	0	86
70-74	0	6	2	2	12	1	0	0	0	1	0	24
75+	6	0	0	1	3	0	1	0	1	0	0	12
TOTAL	288	301	136	177	329	43	36	8	6	2	0	1,326

SECTION 2. PLAN DESCRIPTION (CONT'D)

CENSUS OF ACTIVE PARTICIPANTS

Table 4. depicts the active part-time participants as of 1/1/2023 in the Local 338 Retirement Fund.

TABLE 4.
CENSUS OF ACTIVE PARTICIPANTS – PLAN 2 (PART-TIME)

AGE	YEARS OF PENSION SERVICE											TOTAL
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50&OVER	
20-24	248	55	0	0	0	0	0	0	0	0	0	303
25-29	41	44	8	0	0	0	0	0	0	0	0	93
30-34	25	21	30	10	0	0	0	0	0	0	0	86
35-39	26	26	9	14	12	0	0	0	0	0	0	87
40-44	43	19	6	19	13	0	0	0	0	0	0	100
45-49	26	17	9	20	18	1	0	0	0	0	0	91
50-54	33	22	10	14	25	1	2	0	0	0	0	107
55-59	19	21	12	24	28	2	1	0	0	0	0	107
60-64	13	11	10	10	29	2	2	0	0	0	0	77
65-69	13	13	4	9	4	0	0	0	0	0	0	43
70-74	4	4	2	6	3	0	0	1	0	0	0	20
75+	4	4	1	3	3	0	0	0	0	0	0	15
TOTAL	495	257	101	129	135	6	5	1	0	0	0	1,129

March 27, 2023

Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (SE:TEGE:EP)
Room 1700 - 17th Floor
230 S. Dearborn Street
Chicago, IL 60604

Re: Annual Certification Pension Protection Act of 2006 (PPA)

Plan Identification

Local 338 Retirement Fund
EIN 13-6533678
Board of Trustees
1505 Kellum Place
Mineola, NY 11501
Telephone Number: 516-294-1338

This certification is being made for the plan year January 1, 2023 through December 31, 2023.

Enrolled Actuary Certification

Frank Iannucci, MAAA, MSPA
Enrolled Actuary Number: 23-05241
Telephone Number: 609-575-6805

Summit Actuarial Services, LLC
720 E. Main Street, Suite 2S
Moorestown, NJ 08057

Information on Plan Status

The Local 338 Retirement Fund is in critical status. Based on a seven-year projection of the actuarial value of assets and the present value of accumulated benefits, the plan is projected to be more than 80% funded as of January 1, 2023 but is projected to have an accumulated funding deficiency in the current fiscal year.

Projections are based on reasonable actuarial assumptions and methods that offer the best estimate of the anticipated experience under the plan. Projections reflect both the most recent asset value and present value of accumulated benefits available and also reflect reasonably anticipated employer contributions for the current and succeeding plan years. Actuarial assumptions and methods used in the projections are the same as those used in the prior valuation. Actual results will vary due to differences between actual plan experience and that anticipated in the projections.

3/27/2023



Attachment to 2023 Form 5500
Schedule MB, line 4a - Illustration Supporting Actuarial Certification of Status
Plan Name Local 338 Retirement Fund **EIN:** 13-6533678
Plan Sponsor's Name Trustees Local 338 Retirement Fund **PN:** 001

Illustrate the details providing the actuarial certification of status.
The Plan is in Critical status because it has funding or liquidity issues, or both. As of the beginning of the Plan Year the Fund was 74% funded.

Attachment to 2023 Form 5500
Schedule MB, line 4c - Illustration Supporting Actuarial Certification of Status
Plan Name Local 338 Retirement Fund **EIN:** 13-6533678
Plan Sponsor's Name Trustees Local 338 Retirement Fund **PN:** 001

Compare the current status of the plan to the scheduled progress under the applicable funding improvement or rehabilitation plan to this Schedule MB.
Based upon the actuarial and financial status of the Local 338 Retirement Fund as well as current and expected contribution levels, the Pension Fund is expected to meet the Reasonable Measures Rehabilitation Plan as required under the Pension Protection Act.

Local 338 Retirement Fund
2023 Schedule MB, Line 3(d) - Withdrawal Liability Payments

1. BAM Produce

January 4th	\$ 2,418.00
March 21st	981.00
April 25th	1,000.00
May 24th	2,700.00
September 6th	8,504.00
	<u>\$ 15,603.00</u>

2 Fruit A Plenty, Inc.

April 1st	\$ 3,526.00
October 17th	46,474.00
	<u>\$ 50,000.00</u>

4. Al Saleh Grocery Corp.

June 22nd	\$ 50,000.00
July 10th	497.70
August 22nd	497.70
September 26th	497.70
October 31st	497.70
November 16th	497.70
December 19th	497.70
	<u>\$ 52,986.20</u>

5 Food Parade Inc

March 31st	\$ 223,318.35
May 26th	223,318.35
October 10th	222,062.19
	<u>\$ 668,698.89</u>

6. West Side Supermarket - aka Villa Management Holdings, LLC

January 4th	\$ 15,198.00
March 21st	15,198.00
June 27th	15,198.00
October 10th	15,198.00
	<u>\$ 60,792.00</u>

TOTALS	<u><u>\$ 848,080.09</u></u>
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**SCHEDULE B ATTACHMENT LINE #7
LOCAL 338 RWDSU PENSION PLAN
E.I.N. 13-6533678 PLAN NUMBER 001
AMORTIZATION RECORD IN SUPPORT OF FUNDING STANDARD ACCOUNT FOR 2023**

AMORTIZATION CHARGES	<u>DATE OF FIRST CHARGE OR CREDIT</u>	<u>YEARS REMAINING</u>	<u>OUTSTANDING BALANCE BEGINNING OF YEAR</u>	<u>AMORTIZATION CHARGE OR CREDIT</u>
Combined IRC 412 Base	01/01/2017	8	76,255,323	11,846,488
Actuarial Loss	01/01/2017	9	22,081,552	3,141,231
Actuarial Loss	01/01/2019	11	21,331,376	2,631,725
Actuarial Loss	01/01/2020	12	17,503,602	2,036,973
Assumption Change	01/01/2022	14	28,571,718	3,014,729
Actuarial Loss	01/01/2023	15	102,785,446	10,405,381
Total Charges			268,529,016	33,076,527
AMORTIZATION CREDITS				
	01/01/2018	10	330,331	43,550
Actuarial Gain	01/01/2021	13	21,644,681	2,391,783
Actuarial Gain	01/01/2021	8	63,288,401	9,832,611
Method Change	01/01/2022	14	12,876,977	1,358,707
Actuarial Gain			98,140,390	13,626,651

SECTION 4. ACTUARIAL STATUS (CONT'D)

ASSUMPTIONS

We suggest and have used in this valuation the following assumptions:

1. **MORTALITY.** The mortality table we have employed in this valuation is the RP2014 Blue Collar Mortality Table.
2. **INVESTMENT YIELD FOR VALUATION PURPOSES.** We have assumed that the plan funds will earn 6.75% annual compound interest in the future.
3. **TURNOVER.** For normal cost calculations, we have assumed that terminations of employment, other than death, disability or pension, will occur in the future in accordance with the Crocker Sarason T-8 incidence of turnover for Plan 1 vested participants. For all others, we assumed twice the T-8 incidence of turnover.
4. **DISABILITY.** We have employed the 1973 Disability Model, Transactions of Society of Actuaries, XXVI, in assuming the rate of disability in the future.
5. **FUTURE WORK YEAR.** We have assumed that each active participant will earn benefit service in each year in the future based on their service earned in the current year.
6. **AGE AT PENSION.** We have assumed that the active participants will elect pension as soon as eligible for normal pension but not before one year if already eligible.
7. **ADMINISTRATION EXPENSES.** We have assumed \$1,750,000 will be the annual cost of administration, the present value of which is included in the present value of the actuarial accrued liability for active participants.
8. **NUMBER OF ACTIVE PARTICIPANTS.** We have assumed that the number of active participants will remain constant from here forward with replacements being made immediately upon pension, death or disability.

Schedule MB, line 4f - Solvency Projection**Local 338 Retirement Fund - Solvency Projection**

	<u>BOY Assets</u>	<u>Contribs/EWL Pymnts</u>	<u>Benefits & Administration</u>	<u>EOY Assets</u>
2023	\$575,418,000	\$5,724,800	\$52,370,300	\$584,017,500
2024	\$584,017,500	\$7,264,600	\$52,840,941	\$576,324,100
2025	\$576,324,100	\$7,520,600	\$53,857,760	\$567,324,900
2026	\$567,324,900	\$7,789,400	\$54,894,915	\$556,924,000
2027	\$556,924,000	\$7,737,300	\$55,952,814	\$544,673,600
2028	\$544,673,600	\$8,017,500	\$57,031,870	\$530,770,500
2029	\$530,770,500	\$8,328,700	\$58,132,507	\$515,112,800
2030	\$515,112,800	\$8,655,500	\$59,114,826	\$497,720,600
2031	\$497,720,600	\$8,998,600	\$60,114,336	\$478,475,800
2032	\$478,475,800	\$9,358,900	\$61,131,336	\$457,253,200
2033	\$457,253,200	\$9,737,200	\$62,166,135	\$433,919,400
2034	\$433,919,400	\$10,134,400	\$60,962,812	\$410,665,100
2035	\$410,665,100	\$10,551,400	\$59,783,556	\$387,491,300
2036	\$387,491,300	\$10,989,300	\$58,627,885	\$364,400,600
2037	\$364,400,600	\$11,449,100	\$57,495,327	\$341,397,400
2038	\$341,397,400	\$11,931,900	\$56,385,420	\$318,487,900
2039	\$318,487,900	\$10,645,300	\$55,297,712	\$293,826,400
2040	\$293,826,400	\$11,177,600	\$54,231,758	\$269,152,400
2041	\$269,152,400	\$11,736,500	\$53,187,123	\$244,470,600
2042	\$244,470,600	\$12,323,300	\$52,163,380	\$219,787,700
2043	\$219,787,700	\$12,939,500	\$51,160,113	\$195,112,800
2044	\$195,112,800	\$13,586,500	\$50,176,910	\$170,457,600
2045	\$170,457,600	\$14,265,800	\$49,213,372	\$145,836,400
2046	\$145,836,400	\$14,979,100	\$48,269,105	\$121,266,800
2047	\$121,266,800	\$15,728,100	\$47,343,723	\$96,769,700
2048	\$96,769,700	\$16,514,500	\$46,436,848	\$72,369,400
2049	\$72,369,400	\$17,340,200	\$45,548,111	\$48,094,400
2050	\$48,094,400	\$18,207,200	\$44,677,149	\$23,977,500
2051	\$23,977,500	\$19,117,600	\$43,823,606	\$56,100
2052	\$56,100	\$20,073,500	\$42,987,134	-\$23,627,100

Assumptions:

1. MV of Assets @ 12/31/2022 and 12/31/2023 and will earn 6.75% per year thereafter
2. RP-2014BC Mortality Table
3. Contributions increase by 5% per year
4. MV of Assets as of 12/31/2023 from auditors report

Attachment to 2023 IRS Form 5500
Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
Current	\$2,386,689	\$6,031,541	\$42,261,168	\$50,679,398
Current + 1	\$2,790,996	\$8,157,202	\$40,616,578	\$51,564,777
Current + 2	\$3,334,485	\$10,392,714	\$38,932,570	\$52,659,769
Current + 3	\$3,917,049	\$13,078,404	\$37,213,173	\$54,208,625
Current + 4	\$4,330,331	\$15,914,093	\$35,463,020	\$55,707,444
Current + 5	\$4,750,325	\$18,590,179	\$33,687,338	\$57,027,842
Current + 6	\$5,209,583	\$21,040,071	\$31,891,866	\$58,141,520
Current + 7	\$5,571,788	\$23,085,948	\$30,082,837	\$58,740,574
Current + 8	\$5,940,320	\$24,951,662	\$28,266,985	\$59,158,967
Current + 9	\$6,317,738	\$26,929,449	\$26,451,524	\$59,698,711
Current + 10	\$6,689,654	\$28,367,913	\$24,644,012	\$59,701,578
Current + 11	\$6,888,597	\$29,598,460	\$22,852,331	\$59,339,388
Current + 12	\$6,979,731	\$30,377,942	\$21,084,608	\$58,442,282
Current + 13	\$7,071,903	\$30,932,034	\$19,349,047	\$57,352,984
Current + 14	\$7,049,253	\$31,307,707	\$17,653,858	\$56,010,818
Current + 15	\$7,053,727	\$31,320,731	\$16,007,239	\$54,381,698
Current + 16	\$6,994,927	\$31,348,789	\$14,417,330	\$52,761,045
Current + 17	\$6,952,748	\$31,055,553	\$12,892,036	\$50,900,338
Current + 18	\$6,864,306	\$30,822,411	\$11,438,966	\$49,125,684
Current + 19	\$6,727,047	\$30,258,666	\$10,065,328	\$47,051,041
Current + 20	\$6,577,465	\$29,742,579	\$8,777,742	\$45,097,786
Current + 21	\$6,516,617	\$29,093,662	\$7,582,049	\$43,192,328
Current + 22	\$6,346,850	\$28,435,984	\$6,483,018	\$41,265,852
Current + 23	\$6,159,628	\$27,623,054	\$5,484,127	\$39,266,809
Current + 24	\$5,951,676	\$26,725,443	\$4,587,203	\$37,264,322
Current + 25	\$5,696,396	\$25,754,567	\$3,792,200	\$35,243,163
Current + 26	\$5,464,057	\$24,715,326	\$3,097,136	\$33,276,518
Current + 27	\$5,220,170	\$23,609,748	\$2,498,065	\$31,327,983
Current + 28	\$4,924,066	\$22,419,029	\$1,989,221	\$29,332,316
Current + 29	\$4,648,537	\$21,190,775	\$1,563,397	\$27,402,709
Current + 30	\$4,449,061	\$20,017,617	\$1,212,392	\$25,679,071
Current + 31	\$4,194,480	\$18,795,469	\$927,477	\$23,917,425
Current + 32	\$3,961,723	\$17,504,701	\$699,768	\$22,166,192
Current + 33	\$3,699,528	\$16,384,493	\$520,597	\$20,604,617
Current + 34	\$3,442,494	\$14,983,759	\$381,826	\$18,808,079
Current + 35	\$3,195,563	\$13,661,719	\$276,036	\$17,133,319
Current + 36	\$2,958,580	\$12,421,647	\$196,665	\$15,576,892
Current + 37	\$2,743,372	\$11,264,385	\$138,071	\$14,145,827
Current + 38	\$2,545,184	\$10,189,413	\$95,510	\$12,830,107
Current + 39	\$2,366,392	\$9,194,628	\$65,084	\$11,626,103
Current + 40	\$2,188,138	\$8,276,497	\$43,674	\$10,508,309
Current + 41	\$2,028,568	\$7,430,743	\$28,848	\$9,488,159
Current + 42	\$1,888,101	\$6,652,702	\$18,751	\$8,559,553
Current + 43	\$1,763,670	\$5,937,715	\$11,987	\$7,713,372
Current + 44	\$1,633,433	\$5,280,995	\$7,532	\$6,921,959
Current + 45	\$1,498,860	\$4,677,703	\$4,647	\$6,181,210
Current + 46	\$1,360,780	\$4,124,004	\$2,813	\$5,487,597
Current + 47	\$1,232,652	\$3,616,785	\$1,669	\$4,851,106
Current + 48	\$1,113,899	\$3,152,318	\$970	\$4,267,187
Current + 49	\$1,006,586	\$2,747,498	\$564	\$3,754,647

Schedule MB, line 8b(3) - Contribution EWL Projection

Local 338 Retirement Fund - Contributions and EWL Payments

	<u>Contributions</u>	<u>EWL Payments</u>	<u>Total</u>
2023	\$4,876,700	\$848,100	\$5,724,800
2024	\$5,120,500	\$2,144,100	\$7,264,600
2025	\$5,376,500	\$2,144,100	\$7,520,600
2026	\$5,645,300	\$2,144,100	\$7,789,400
2027	\$5,927,600	\$1,809,700	\$7,737,300
2028	\$6,224,000	\$1,793,500	\$8,017,500
2029	\$6,535,200	\$1,793,500	\$8,328,700
2030	\$6,862,000	\$1,793,500	\$8,655,500
2031	\$7,205,100	\$1,793,500	\$8,998,600
2032	\$7,565,400	\$1,793,500	\$9,358,900
2033	\$7,943,700	\$1,793,500	\$9,737,200
2034	\$8,340,900	\$1,793,500	\$10,134,400
2035	\$8,757,900	\$1,793,500	\$10,551,400
2036	\$9,195,800	\$1,793,500	\$10,989,300
2037	\$9,655,600	\$1,793,500	\$11,449,100
2038	\$10,138,400	\$1,793,500	\$11,931,900
2039	\$10,645,300	\$0	\$10,645,300
2040	\$11,177,600	\$0	\$11,177,600
2041	\$11,736,500	\$0	\$11,736,500
2042	\$12,323,300	\$0	\$12,323,300
2043	\$12,939,500	\$0	\$12,939,500
2044	\$13,586,500	\$0	\$13,586,500
2045	\$14,265,800	\$0	\$14,265,800
2046	\$14,979,100	\$0	\$14,979,100
2047	\$15,728,100	\$0	\$15,728,100
2048	\$16,514,500	\$0	\$16,514,500
2049	\$17,340,200	\$0	\$17,340,200
2050	\$18,207,200	\$0	\$18,207,200
2051	\$19,117,600	\$0	\$19,117,600
2052	\$20,073,500	\$0	\$20,073,500

Assumptions:

1. Assumes Contributions will increase 5% per year
2. Assumes any future withdrawals will be basically equal to lost contributions

Local 338 RETIREMENT FUND
Schedule R, Line 13e - Information on Contribution and Base Units
Master Contract Rates
Period : 01/01/2023 to 12/31/2023

#	Fund	-----Contribution type-----		-----Date-----		---Contrib---	----- Eligibility waiting period and Coverage -----						
		Plan	Enr.Val(\$)	Value(\$)	Start	End	Waiting period	Medical	Dental	Optical	Prescription	Legal	Death
Contract Name : DE CICCO MARKETPLACE (Scarsdale)- BENEFITS													
Benefit Classification : Level 1 FT													
1	RETIREE	GOLD PLAN	0	439.50	12/01/2023	12/31/2023	90 D						
2	RETIREE	GOLD PLAN	0	418.50	07/01/2023	11/30/2023	90 D						
Contract Name : DE CICCO MARKETPLACE (Scarsdale)- BENEFITS													
Benefit Classification : Level 1 FT													
1	RETIREE	GOLD PLAN	0	418.50	06/01/2023	06/30/2023	90 D						
2	RETIREE	GOLD PLAN	0	418.50	10/01/2022	05/31/2023	90 D						
Contract Name : DE CICCO MARKETPLACE (Scarsdale)- BENEFITS													
Benefit Classification : LEVEL 1 FT OPT OUT													
1	RETIREE	GOLD PLAN	0	439.50	12/01/2023	12/31/2023	90 D						
2	RETIREE	GOLD PLAN	0	418.50	07/01/2023	11/30/2023	90 D						
Contract Name : DE CICCO MARKETPLACE (Scarsdale)- BENEFITS													
Benefit Classification : LEVEL 1 FT OPT OUT													
1	RETIREE	GOLD PLAN	0	418.50	06/01/2023	06/30/2023	90 D						
2	RETIREE	GOLD PLAN	0	418.50	10/01/2022	05/31/2023	90 D						
Contract Name : DE CICCO MARKETPLACE (Scarsdale) - BENEFITS													
Benefit Classification : Level 1 PT													
1	RETIREE	PLAN 1B	0	172.50	12/01/2023	12/31/2023	180 D						
2	RETIREE	PLAN 1B	0	164.00	07/01/2023	11/30/2023	180 D						
Contract Name : DE CICCO MARKETPLACE (Scarsdale) - BENEFITS													
Benefit Classification : Level 1 PT													
1	RETIREE	PLAN 1B	0	164.00	06/01/2023	06/30/2023	180 D						
2	RETIREE	PLAN 1B	0	164.00	10/01/2022	05/31/2023	180 D						
Contract Name : DE CICCO MARKETPLACE (Scarsdale)- BENEFITS													
Benefit Classification : PART TIME > 30 HOURS													
1	RETIREE	GOLD PLAN	0	172.50	12/01/2023	12/31/2023	90 D						
2	RETIREE	GOLD PLAN	0	164.00	07/01/2023	11/30/2023	90 D						
Contract Name : DE CICCO MARKETPLACE (Scarsdale) - BENEFITS													
Benefit Classification : PART TIME > 30 HOURS													
1	RETIREE	GOLD PLAN	0	164.00	06/01/2023	06/30/2023	90 D						
2	RETIREE	GOLD PLAN	0	164.00	10/01/2022	05/31/2023	90 D						
Contract Name : DE CICCO MARKETPLACE (Scarsdale)- BENEFITS													
Benefit Classification : PART TIME > 30 HOURS OPT OUT													
1	RETIREE	GOLD PLAN	0	172.50	12/01/2023	12/31/2023	90 D						
2	RETIREE	GOLD PLAN	0	164.00	07/01/2023	11/30/2023	90 D						

Local 338 RETIREMENT FUND
Schedule R, Line 13e - Information on Contribution and Base Units
Master Contract Rates
Period : 01/01/2023 to 12/31/2023

#	Fund	-----Contribution type-----			-----Date-----		---Contrib---	----- Eligibility waiting period and Coverage -----					
		Plan	Enr.Val(\$)	Value(\$)	Start	End	Waiting period	Medical	Dental	Optical	Prescription	Legal	Death
Contract Name : DE CICCO MARKETPLACE (Scarsdale)- BENEFITS													
Benefit Classification : PART TIME > 30 HOURS OPT OUT													
1	RETIREE	GOLD PLAN	0	164.00	06/01/2023	06/30/2023	90 D						
2	RETIREE	GOLD PLAN	0	164.00	10/01/2022	05/31/2023	90 D						
Contract Name : DE CICCO OF JEFFERSON VALLEY - BENEFITS													
Benefit Classification : Level 1 FT													
1	RETIREE	GOLD PLAN	0	439.50	12/01/2023	02/29/2024	180 D						
2	RETIREE	GOLD PLAN	0	418.50	07/01/2023	11/30/2023	180 D						
Contract Name : DE CICCO OF JEFFERSON VALLEY - BENEFITS													
1	RETIREE	GOLD PLAN	0	439.50	12/01/2023	02/29/2024	180 D						
2	RETIREE	GOLD PLAN	0	418.50	07/01/2023	11/30/2023	180 D						
Contract Name : DE CICCO OF JEFFERSON VALLEY - BENEFITS													
1	RETIREE	PLAN 1B	0	172.50	12/01/2023	02/29/2024	180 D						
2	RETIREE	PLAN 1B	0	164.00	07/01/2023	11/30/2023	180 D						
Contract Name : DE CICCO OF JEFFERSON VALLEY - BENEFITS													
1	RETIREE	GOLD PLAN	0	172.50	12/01/2023	02/29/2024	180 D						
2	RETIREE	GOLD PLAN	0	164.00	07/01/2023	11/30/2023	180 D						
Contract Name : DE CICCO OF JEFFERSON VALLEY - BENEFITS													
Benefit Classification : PART TIME > 30 HOURS													
1	RETIREE	GOLD PLAN	0	164.00	10/01/2022	06/30/2023	180 D						
Contract Name : DE CICCO OF JEFFERSON VALLEY - BENEFITS													
1	RETIREE	GOLD PLAN	0	172.50	12/01/2023	02/29/2024	180 D						
2	RETIREE	GOLD PLAN	0	164.00	07/01/2023	11/30/2023	180 D						
Contract Name : DE CICCO OF NEW CITY - BENEFITS													
1	RETIREE	GOLD PLAN	0	439.50	12/01/2023	02/29/2024	90 D						
2	RETIREE	GOLD PLAN	0	418.50	07/01/2023	11/30/2023	90 D						
Contract Name : DE CICCO OF NEW CITY - BENEFITS													
1	RETIREE	GOLD PLAN	0	439.50	12/01/2023	02/29/2024	90 D						
2	RETIREE	GOLD PLAN	0	418.50	07/01/2023	11/30/2023	90 D						
Benefit Classification : Level 1 PT													
1	RETIREE	PLAN 1B	0	172.50	12/01/2023	02/29/2024	180 D						
2	RETIREE	PLAN 1B	0	164.00	07/01/2023	11/30/2023	180 D						
Contract Name : DE CICCO OF NEW CITY - BENEFITS													
Contract Name : DE CICCO OF NEW CITY - BENEFITS													
1	RETIREE	GOLD PLAN	0	172.50	12/01/2023	02/29/2024	90 D						
2	RETIREE	GOLD PLAN	0	164.00	07/01/2023	11/30/2023	90 D						
Contract Name : DE CICCO OF NEW CITY - BENEFITS													
1	RETIREE	GOLD PLAN	0	172.50	12/01/2023	02/29/2024	90 D						
2	RETIREE	GOLD PLAN	0	164.00	07/01/2023	11/30/2023	90 D						

Local 338 RETIREMENT FUND
Schedule R, Line 13e - Information on Contribution and Base Units
Master Contract Rates
Period : 01/01/2023 to 12/31/2023

#	Fund	-----Contribution type-----		-----Date-----		---Contrib---		----- Eligibility waiting period and Coverage -----					
		Plan	Enr.Val(\$)	Value(\$)	Start	End	Waiting period	Medical	Dental	Optical	Prescription	Legal	Death
Contract Name : JANSON SUPERMARKETS LLC - BENEFITS													
Benefit Classification : Level 1 FT													
5	RETIREE	PLATINUM PLAN	0	402.41	12/01/2023	11/30/2024	30 D						
6	RETIREE	PLATINUM PLAN	0	383.25	12/01/2022	11/30/2023	30 D						
Benefit Classification : LEVEL 1 FT OPT OUT													
3	RETIREE	PLATINUM PLAN	0	402.41	12/01/2023	11/30/2024	30 D						
4	RETIREE	PLATINUM PLAN	0	383.25	12/01/2022	11/30/2023	30 D						
Benefit Classification : Level 1 PT													
3	RETIREE	PLAN 1B	0	155.45	12/01/2023	11/30/2024	180 D						
4	RETIREE	PLAN 1B	0	148.05	12/01/2022	11/30/2023	180 D						
Benefit Classification : PART TIME > 30 + CHILD													
3	RETIREE	SILVER PLAN	0	155.45	12/01/2023	11/30/2024	180 D						
4	RETIREE	SILVER PLAN	0	148.05	12/01/2022	11/30/2023	180 D						
Benefit Classification : PART TIME > 30 + CHILDREN													
3	RETIREE	SILVER PLAN	0	155.45	12/01/2023	11/30/2024	180 D						
4	RETIREE	SILVER PLAN	0	148.05	12/01/2022	11/30/2023	180 D						
Benefit Classification : PART TIME > 30 HOURS													
5	RETIREE	SILVER PLAN	0	155.45	12/01/2023	11/30/2024	180 D						
6	RETIREE	SILVER PLAN	0	148.05	12/01/2022	11/30/2023	180 D						
Benefit Classification : PART TIME > 30 HOURS OPT OUT													
3	RETIREE	SILVER PLAN	0	155.45	12/01/2023	11/30/2024	180 D						
4	RETIREE	SILVER PLAN	0	148.05	12/01/2022	11/30/2023	180 D						
Contract Name : NAMDOR/SLOANS - BENEFITS													
Benefit Classification : Level 1 FT													
3	RETIREE	GOLD PLAN	0	398.85	06/01/2023		30 D						
4	RETIREE	GOLD PLAN	0	379.85	06/01/2022	05/31/2023	30 D						
Benefit Classification : LEVEL 1 FT OPT OUT													
3	RETIREE	GOLD PLAN	0	398.85	06/01/2023		30 D						
4	RETIREE	GOLD PLAN	0	379.85	06/01/2022	05/31/2023	30 D						
Benefit Classification : Level 1 PT													
3	RETIREE	PLAN 1B	0	156.00	06/01/2023		210 D						
4	RETIREE	PLAN 1B	0	148.00	06/01/2022	05/31/2023	210 D						
Benefit Classification : PART TIME > 30 + CHILD													
3	RETIREE	SILVER PLAN	0	156.00	06/01/2023		30 D						
4	RETIREE	SILVER PLAN	0	148.00	06/01/2022	05/31/2023	30 D						

Local 338 RETIREMENT FUND
Schedule R, Line 13e - Information on Contribution and Base Units
Master Contract Rates
Period : 01/01/2023 to 12/31/2023

#	Fund	-----Contribution type-----		-----Date-----		---Contrib---		----- Eligibility waiting period and Coverage -----					
		Plan	Enr.Val(\$)	Value(\$)	Start	End	Waiting period	Medical	Dental	Optical	Prescription	Legal	Death
Benefit Classification : PART TIME > 30 + CHILDREN													
3	RETIREE	SILVER PLAN	0	156.00	06/01/2023		30 D						
4	RETIREE	SILVER PLAN	0	148.00	06/01/2022	05/31/2023	30 D						
Benefit Classification : PART TIME > 30 HOURS													
3	RETIREE	SILVER PLAN	0	156.00	06/01/2023		30 D						
4	RETIREE	SILVER PLAN	0	148.00	06/01/2022	05/31/2023	30 D						
Benefit Classification : PART TIME > 30 HOURS OPT OUT													
3	RETIREE	SILVER PLAN	0	156.00	06/01/2023		30 D						
4	RETIREE	SILVER PLAN	0	148.00	06/01/2022	05/31/2023	30 D						
Contract Name : TAPPS S/M INC - BENEFITS													
Benefit Classification : LEVEL 1 FT OPT IN													
4	RETIREE	SILVER PLAN	0	377.00	01/01/2023	12/31/2023	180 D						
5	RETIREE	GOLD PLAN	0	377.00	01/01/2023	12/31/2023	180 D						
6	RETIREE	PLATINUM PLAN	0	377.00	01/01/2023	12/31/2023	180 D						
Benefit Classification : LEVEL 1 FT OPT OUT													
2	RETIREE	SILVER PLAN	0	377.00	01/01/2023	12/31/2023	180 D						
Benefit Classification : Level 1 PT													
2	RETIREE	PLAN 1B	0	149.00	01/01/2023	12/31/2023	180 D						
Contract Name : ZABARS & CO INC - BENEFITS													
Benefit Classification : FT FAMILY HIRED BEFORE 12/1/2017													
3	RETIREE	GOLD PLAN	0	438.00	03/01/2023	12/31/2023	120 D						
4	RETIREE	GOLD PLAN	0	417.00	01/01/2023	02/28/2023	120 D						
Benefit Classification : FT FAMILY HIRED ON OR AFTER 12/1/2017 (ZABARS)													
3	RETIREE	SILVER PLAN	0	438.00	03/01/2023	12/31/2023	210 D						
4	RETIREE	SILVER PLAN	0	417.00	01/01/2023	02/28/2023	210 D						
Benefit Classification : FT SINGLE + 1 HIRED BEFORE 12/1/2017													
3	RETIREE	GOLD PLAN	0	438.00	03/01/2023	12/31/2023	120 D						
4	RETIREE	GOLD PLAN	0	417.00	01/01/2023	02/28/2023	120 D						
Benefit Classification : FT SINGLE + 1 HIRED ON OR AFTER 12/1/2017 (ZABARS)													
3	RETIREE	SILVER PLAN	0	438.00	03/01/2023	12/31/2023	210 D						
4	RETIREE	SILVER PLAN	0	417.00	01/01/2023	02/28/2023	210 D						
Benefit Classification : FT SINGLE HIRED BEFORE 12/1/2017													
3	RETIREE	GOLD PLAN	0	438.00	03/01/2023	12/31/2023	120 D						
4	RETIREE	GOLD PLAN	0	417.00	01/01/2023	02/28/2023	120 D						
Benefit Classification : FT SINGLE HIRED BEFORE 12/1/2017 OPT OUT													
3	RETIREE	GOLD PLAN	0	438.00	03/01/2023	12/31/2023	120 D						

Local 338 RETIREMENT FUND
Schedule R, Line 13e - Information on Contribution and Base Units
Master Contract Rates
Period : 01/01/2023 to 12/31/2023

#	Fund	-----Contribution type-----			-----Date-----	---Contrib---	----- Eligibility waiting period and Coverage -----						
		Plan	Enr.Val(\$)	Value(\$)	Start	End	Waiting period	Medical	Dental	Optical	Prescription	Legal	Death
4	RETIREE	GOLD PLAN	0	417.00	01/01/2023	02/28/2023	120 D						
Benefit Classification : FT SINGLE HIRED ON OR AFTER 12/1/17 OPT OUT													
3	RETIREE	SILVER PLAN	0	438.00	03/01/2023	12/31/2023	210 D						
4	RETIREE	SILVER PLAN	0	417.00	01/01/2023	02/28/2023	210 D						
Benefit Classification : FT SINGLE HIRED ON OR AFTER 12/1/2017 (ZABARS)													
3	RETIREE	SILVER PLAN	0	438.00	03/01/2023	12/31/2023	210 D						
4	RETIREE	SILVER PLAN	0	417.00	01/01/2023	02/28/2023	210 D						
Benefit Classification : Level 1 PT													
3	RETIREE	PLAN 1B	0	175.00	03/01/2023	12/31/2023	210 D						
4	RETIREE	PLAN 1B	0	167.00	01/01/2023	02/28/2023	210 D						
Benefit Classification : PART TIME > 30 FAMILY													
3	RETIREE	SILVER PLAN	0	175.00	03/01/2023	12/31/2023	210 D						
4	RETIREE	SILVER PLAN	0	167.00	01/01/2023	02/28/2023	210 D						
Benefit Classification : PART TIME > 30 HOURS OPT OUT													
3	RETIREE	SILVER PLAN	0	175.00	03/01/2023	12/31/2023	210 D						
4	RETIREE	SILVER PLAN	0	167.00	01/01/2023	02/28/2023	210 D						
Benefit Classification : PART TIME > 30 SINGLE													
3	RETIREE	SILVER PLAN	0	175.00	03/01/2023	12/31/2023	210 D						
4	RETIREE	SILVER PLAN	0	167.00	01/01/2023	02/28/2023	210 D						
Benefit Classification : PART TIME > 30 SINGLE + 1													
3	RETIREE	SILVER PLAN	0	175.00	03/01/2023	12/31/2023	210 D						
4	RETIREE	SILVER PLAN	0	167.00	01/01/2023	02/28/2023	210 D						

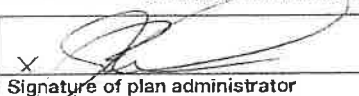
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively bargained plan, check here ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information - enter all requested information
1a	Name of plan LOCAL 338 RETIREMENT FUND
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan 02/03/1955
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES LOCAL 338 RETIREMENT FUND 1505 KELLUM PLACE MINEOLA NY 11501-4811
2b	Employer Identification Number (EIN) 13-6533678
2c	Plan Sponsor's telephone number 516-294-1338
2d	Business code (see instructions) 445110

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 ☒		<u>10/7/2024</u>	JOHN R. DURSO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
--	--

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

5 Total number of participants at the beginning of the plan year	5	19,027
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	2,454
a(2) Total number of active participants at the end of the plan year	6a(2)	1,782
b Retired or separated participants receiving benefits	6b	5,735
c Other retired or separated participants entitled to future benefits	6c	9,308
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	16,825
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	408
f Total. Add lines 6d and 6e	6f	17,233
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	47

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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		
Round off amounts to nearest dollar.		
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan LOCAL 338 RETIREMENT FUND		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES LOCAL 338 RETIREMENT FUND		D Employer Identification Number (EIN) 13-6533678
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month 01 Day 01 Year 2023		
b Assets		
(1) Current value of assets	1b(1)	575,418,030
(2) Actuarial value of assets for funding standard account	1b(2)	575,418,030
c (1) Accrued liability for plan using immediate gain methods		
(2) Information for plans using spread gain methods:	1c(1)	787,352,994
(a) Unfunded liability for methods with bases	1c(2)(a)	0
(b) Accrued liability under entry age normal method	1c(2)(b)	0
(c) Normal cost under entry age normal method	1c(2)(c)	0
(3) Accrued liability under unit credit cost method	1c(3)	774,079,086
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	0
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	1,310,350,455
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	9,574,467
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	0
(3) Expected plan disbursements for the plan year	1d(3)	49,844,060
Statement by Enrolled Actuary		
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE	Signature of actuary	10/07/2024 Date
FRANK IANNUCCI	Type or print name of actuary	2302541
SUMMIT ACTUARIAL SERVICES, LLC	Firm name	Most recent enrollment number
720 East Main Street Unit 2S	Address of the firm	856-234-8801
MOORESTOWN NJ 08057		Telephone number (including area code)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		
Schedule MB (Form 5500) 2023 v. 230728		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	575,418,030
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	5,632	566,126,057
(2) For terminated vested participants	9,409	611,393,401
(3) For active participants:		
(a) Non-vested benefits		6,298,790
(b) Vested benefits		126,532,207
(c) Total active	2,455	132,830,997
(4) Total	17,496	1,310,350,455
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	43.91 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2023	4,733,124	0			
01/31/2024	991,688	0			
Totals ▶			3(b)	5,724,812	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					848,080

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	74.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☒ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2052

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

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

j If box h is checked, enter period of use of shortfall method

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

6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability **6a** 2.55 %
- | | Pre-retirement | Post-retirement |
|--|--|--|
| b Rates specified in insurance or annuity contracts | ☐ Yes ☒ No ☐ N/A | ☐ Yes ☒ No ☐ N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males | 6c(1) 6 | 6 |
| (2) Females | 6c(2) 6F | 6F |
| d Valuation liability interest rate | 6d 6.75 % | 6.75 % |
| e Salary scale | 6e 0.00 % ☐ N/A | |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate | 6f(1) ☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A | |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) 6.75 % | |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g -13.2 % | |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h -13.2 % | |
| i Expense load included in normal cost reported in line 9b | 6i N/A | |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage | 6i(1) 2.3 % | |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2) | |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) ☐ | |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	102,785,446	10,405,381

8 Miscellaneous information:

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

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s).....	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	41,546,339
b Employer's normal cost for plan year as of valuation date	9b	3,350,178
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	268,529,016
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	5,263,180
e Total charges. Add lines 9a through 9d.....	9e	83,236,224
Credits to funding standard account:		
f Prior year credit balance, if any	9f	0
g Employer contributions. Total from column (b) of line 3	9g	5,724,812
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	98,140,390
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	1,079,542
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	185,466,172
(2) "RPA '94" override (90% current liability FFL)	9j(2)	603,965,960
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	20,431,005
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	62,805,219
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	62,805,219
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		☐ Yes ☒ No