

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 07/01/2023 and ending 06/30/2024	
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) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1960
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) JT. BOARD OF TRUSTEES - CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION 7180 KOLL CENTER PARKWAY, SUITE 200 PLEASANTON, CA 94566-3184
2b	Employer Identification Number (EIN) 94-6129501
2c	Plan Sponsor's telephone number 925-208-9999
2d	Business code (see instructions) 332110

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.	04/07/2025	THOMAS A. DILLON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/07/2025	FERNANDO GARCIA
	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 1762
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) 115 6a(2) 100 6b 763 6c 796 6d 1659 6e 181 6f 1840 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 5

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

1B

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 07/01/2023 and ending 06/30/2024

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 CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION TRUST	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JT. BOARD OF TRUSTEES - CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION	D Employer Identification Number (EIN) 94-6129501

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

1a Enter the valuation date: Month 07 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 71686378
(2) Actuarial value of assets for funding standard account	1b(2) 76033331
c (1) Accrued liability for plan using immediate gain methods	1c(1) 85462286
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 84854437
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) 136959678
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 338339
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 6743908
(3) Expected plan disbursements for the plan year	1d(3) 7318908

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	03/14/2025
Signature of actuary MARK HAMWEE, FSA, MAAA	Date 23-05829
Type or print name of actuary SEGAL	Most recent enrollment number 415-263-8200
Firm name 180 HOWARD STREET, SUITE 1100, SUITE 1100, SAN FRANCISCO, CA 94105-6147	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	71686378
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	913	76028489
(2) For terminated vested participants	718	47785001
(3) For active participants:		
(a) Non-vested benefits		178704
(b) Vested benefits		12967484
(c) Total active	101	13146188
(4) Total	1732	136959678
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	52.34 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2023	333282	0	04/11/2024	145864	0
07/06/2023	145864	0	06/24/2024	145864	0
10/17/2023	145864	0			
11/10/2023	29750030	0			
01/08/2024	145864	0			
Totals ▶			3(b)	30812632	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 30479350

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	89.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		2.85 %
b Rates specified in insurance or annuity contracts	Pre-retirement ☐ Yes ☐ No ☒ N/A		Post-retirement ☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		4.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		6.5 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		554414
(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	-690146	-70817

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	638893

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)	22442647	4893595
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 387274**e** Total charges. Add lines 9a through 9d**9e** 5919762**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 4327956**g** Employer contributions. Total from column (b) of line 3**9g** 30812632**h** Amortization credits as of valuation date

Outstanding balance

9h 8685736 1767597**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 1788566**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**9j(1)** 20054750**(2)** "RPA '94" override (90% current liability FFL)**9j(2)** 47151405**(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** 38696751**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 32776989**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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 07/01/2023 and ending 06/30/2024		
A Name of plan CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JT. BOARD OF TRUSTEES - CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION	D Employer Identification Number (EIN) 94-6129501	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

 Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b

 If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAPITAL RESEARCH & MANAGEMENT COMP
95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FREEPORT FINANCIAL PARTNERS LLC
46-5081236

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GUGGENHEIM PARTNERS INVESTMENT MGMT
80-0644053

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HATTERAS FUNDS LLC
46-3765543

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

INVESCO TRUST CO

46-3793325

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

RREEF AMERICA LLC

58-2364506

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

PACIFIC INVESTMENT MGMT CO LLC

33-0629048

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

AFL-CIO HOUSING INVESTMENT TRUST

1227 25TH ST NW
WASHINGTON, DC 20037

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

WHITE OAK GLOBAL ADVISORS, LLC

26-0340395

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

ULLICO INFRASTRUCTURE TAX-EXEMPT LP

90-0622302

(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)

BENESYS ADMINISTRATORS

38-2383171

(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?
13 36 50	NONE	233471	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALAN BILLER AND ASSOCIATES, INC

94-2854958

(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	157612	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRUCKER HUSS, APC

94-3216063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	151150	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)

THE SEGAL COMPANY (WESTERN STATES)

94-1503999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	147627	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLEN MATKINS, LLP

95-3605309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	118111	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SALTZMAN & JOHNSON LAW CORPORATION

94-2376174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	101908	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)

WELLINGTON TRUST COMPANY

04-2755549

(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 50 51 68	NONE	47502	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

WITHUMSMITH+BROWN, PC

22-2027092

(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	42460	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PROMETHEUS PARTNERS

58-2249286

(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	38880	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)

COMERICA BANK

94-6129501

(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 50 59 62 72	NONE	17547	Yes ☒ No ☐	Yes ☒ No ☐	2842	Yes ☐ No ☒

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

BLACKROCK INSTITUTIONAL TRUST, N.A.

94-3112180

(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?
21 24 28 50 51	NONE	11712	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRON MOUNTAIN, INC.

23-2588479

(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	10443	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)

FREMONT BANK

94-1569025

(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?
18 50	NONE	7105	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES & CO., LP

04-3200030

(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	6901	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMART SOURCE LLC

30-0830429

(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?
36 50	NONE	5825	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
(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.	
(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.	

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
COMERICA BANK 94-6129501	19 49 50 59 62 72	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION REGARDING INDIRECT COMPENSATION
(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 07/01/2023 and ending 06/30/2024		
A Name of plan CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION TRUST		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 JT. BOARD OF TRUSTEES - CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION		D Employer Identification Number (EIN) 94-6129501
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: PANAGORA GROUP TRUST RISK PARITY		
b Name of sponsor of entity listed in (a): PANAGORA ASSET MANAGEMENT, INC.		
c EIN-PN 04-3183235-006	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 INDEX NON-LENDABLE FUN		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY		
c EIN-PN 26-4299518-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39698137
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II INTERNATIONAL OPPORTUNIT		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY		
c EIN-PN 04-6913417-110	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT CORE DISCIPLINED ALPHA TRUST		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC		
c EIN-PN 20-8080381-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5357504
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BALANCED-RISK ALLOCATION		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 20-2583973-307	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX-EXEMPT LP		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC		
c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4303448
a Name of MTIA, CCT, PSA, or 103-12 IE: NB STRATEGIC M-S FIXED CL VII		
b Name of sponsor of entity listed in (a): NEUBERGER BERMAN TRUST COMPANY N.A.		
c EIN-PN 20-4797982-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7034971
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: BNYM-M DB NSL ACWI EX-US FUND**b** Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 25-6078093-193	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5578526
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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 07/01/2023 and ending 06/30/2024		
A Name of plan CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JT. BOARD OF TRUSTEES - CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION	D Employer Identification Number (EIN) 94-6129501	

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	1256469	1271512
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	17347054	4438496
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	39897	67689
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	110464	7955638
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	10828894	10647126
(6) Real estate (other than employer real property)	1c(6)	4598929	4036123
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	33558361	57669138
(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)	5454075	4303448
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13139815	21666298
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)	3218836	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	89552794	112055468
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	36746	84918
i Acquisition indebtedness	1i		
j Other liabilities	1j	525000	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	561746	84918
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	88991048	111970550

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)	333282	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		333282
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	420733	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		420733
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	675615	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		675615
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	60643208	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	60457830	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		185378
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-526788	
(B) Other	2b(5)(B)	5845406	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		5318618

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		5538305
(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)		255632
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		807140
c Other income	2c		17602730
d Total income. Add all income amounts in column (b) and enter total	2d		31137433

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6797238	
(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)		6797238
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)		
(2) Contract administrator fees.....	2i(2)	216684	
(3) Recordkeeping fees.....	2i(3)	2870	
(4) IQPA audit fees.....	2i(4)	38011	
(5) Investment advisory and investment management fees	2i(5)	343816	
(6) Bank or trust company trustee/custodial fees	2i(6)	7105	
(7) Actuarial fees	2i(7)	135018	
(8) Legal fees	2i(8)	317853	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	12588	
(11) Other expenses	2i(11)	286748	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1360693
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8157931

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		22979502
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: **WITHUMSMITH+BROWN, PC**

(2) EIN: **22-2027092**

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?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 533562.

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.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JT. BOARD OF TRUSTEES - CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION	D Employer Identification Number (EIN) 94-6129501

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ 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 GENERAL FOUNDRY SERVICE CORP.

b EIN 94-1048200

c Dollar amount contributed by employer 256699

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 02 Day 28 Year 2025

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

(1) Contribution rate (in dollars and cents) 2.00

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

a Name of contributing employer RIDGE CAST METALS CORP.

b EIN 94-3351557

c Dollar amount contributed by employer 24335

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 02 Day 28 Year 2025

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

(1) Contribution rate (in dollars and cents) 2.00

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

a Name of contributing employer CALIFORNIA CASTING, INC.

b EIN 94-1295367

c Dollar amount contributed by employer 21963

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 02 Day 28 Year 2025

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

(1) Contribution rate (in dollars and cents) 2.00

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

a Name of contributing employer PRODUCTION PATTERN & FOUNDRY

b EIN 26-0078693

c Dollar amount contributed by employer 14141

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 02 Day 28 Year 2025

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

(1) Contribution rate (in dollars and cents) 2.00

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

a Name of contributing employer EAST BAY BRASS

b EIN 94-1530310

c Dollar amount contributed by employer 13349

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 02 Day 28 Year 2025

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

(1) Contribution rate (in dollars and cents) 2.00

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

- 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

712

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

654

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

615

- 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

1.02

b The corresponding number for the second preceding plan year

15b

0.96

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

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

16a

0

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 53.4 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 18.0 %

High-Yield Debt: 15.5 % Real Assets: 6.4 % Cash or Cash Equivalents: 0.2 % Other: 6.5 %

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 _____.

**CMTA - GLASS, MOLDERS, POTTERY, PLASTICS AND
ALLIED WORKERS (LOCAL 164B) PENSION TRUST**
Financial Statements
June 30, 2024 and 2023
With Independent Auditor's Report

CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B)
Pension Trust
Table of Contents
June 30, 2024 and 2023

Independent Auditor's Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-15
Supplementary Information	
Independent Auditor's Report on Supplementary Information	16
Schedules of Administrative Expenses	17
Form 5500 Schedule H, Line 4i - Schedule of Assets Held (At End of Year)	18
Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions	19-33

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B) Pension Trust:

Opinion

We have audited the financial statements of CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B) Pension Trust (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 June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibility for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Withum Smith & Brown, PC

March 13, 2025

CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B)
Pension Trust
Statements of Net Assets Available for Benefits
June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Money market fund	\$ 7,955,638	\$ 110,464
Mutual funds	21,666,298	13,139,815
Common/collective trusts and 103-12 investment entities	61,972,586	39,012,436
Real estate investment trust	4,036,123	4,598,929
Limited partnerships	10,647,126	10,828,894
Limited liability company	<u>-</u>	<u>3,218,836</u>
Total investments	<u>106,277,771</u>	<u>70,909,374</u>
Receivables		
Employer contributions	45,450	42,384
Withdrawal liability (net of allowance for credit loss of \$0 and \$18,150,000, respectively)	4,393,046	17,304,670
Interest and dividends	<u>38,986</u>	<u>16,878</u>
Total receivables	<u>4,477,482</u>	<u>17,363,932</u>
Prepaid expenses	<u>28,703</u>	<u>23,019</u>
Cash	<u>1,271,512</u>	<u>1,256,469</u>
Total assets	<u>112,055,468</u>	<u>89,552,794</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	84,918	36,746
Due to Broker for securities sold	<u>-</u>	<u>525,000</u>
Total liabilities	<u>84,918</u>	<u>561,746</u>
Net assets available for benefits	<u>\$ 111,970,550</u>	<u>\$ 88,991,048</u>

The Notes to Financial Statements are an integral part of these statements.

CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B)
Pension Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 12,105,073	\$ 4,230,092
Interest and dividends	<u>1,096,348</u>	<u>465,464</u>
	13,201,421	4,695,556
Less: Investment expenses	<u>(343,816)</u>	<u>(185,397)</u>
Investment income (loss) - net	12,857,605	4,510,159
Employer contributions	333,282	436,419
Protective advance expenses recovery (Note 7)	-	1,976,097
Gain on sale of property (Note 7)	<u>17,602,730</u>	<u>-</u>
Total additions	<u>30,793,617</u>	<u>6,922,675</u>
Deductions		
Pension benefits	6,797,238	6,540,856
Administrative expenses	898,766	657,286
Protective advance expenses (Note 7)	<u>118,111</u>	<u>-</u>
Total deductions	<u>7,814,115</u>	<u>7,198,142</u>
Net change in net assets available for benefits	22,979,502	(275,467)
Net assets available for benefits		
Beginning of year	<u>88,991,048</u>	<u>89,266,515</u>
End of year	<u>\$ 111,970,550</u>	<u>\$ 88,991,048</u>

The Notes to Financial Statements are an integral part of these statements.

**CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B)
Pension Trust
Notes to Financial Statements
June 30, 2024 and 2023**

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting

The accompanying financial statements of CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B) Pension Trust (the "Plan") are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation, Transactions and Income Recognition

General - Investments are carried at fair value, which is determined, presented and disclosed in accordance with Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 820, *Fair Value Measurements and Disclosures*. Under FASB ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

FASB ASC 820 establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumptions about inputs that market participants would use in pricing the investments developed based on the best information available in the circumstances. The fair value hierarchy is categorized into three levels, based on the inputs, as follows:

Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Valuations based on quoted prices in markets that are not active, quoted prices for similar investments in active markets or model-based valuations for which all significant assumptions are observable and can be corroborated by observable market data.

Level 3 - Valuations based on unobservable inputs that are supported by little or no market activity and are significant to the overall fair value measurement. Values are determined using proprietary pricing models, discounted cash flow models that include the investment entities' own judgments and estimations, or some other pricing method using unobservable inputs.

Inputs and Valuation Methods - In determining fair value, FASB ASC 820 allows various valuation approaches. The specific methods used for each of the Plan's investment classes are presented below.

Money Market Fund: The fair value of the money market fund is based on amortized cost and inputs that may include corporate actions, Nationally Recognized Municipal Securities Information Repository material event notices and new-issue money market rates (Level 2).

Investments with Quoted Market Prices: Where available, quoted market prices are used to value the Plan's investments (Level 1).

Common/Collective Trusts and 103-12 Investment Entities, Certain Mutual Funds, Real Estate Investment Trust, Limited Partnerships and Limited Liability Company: The fair value of the units in these categories has been estimated based on the net asset value per unit of the investments. The net asset value is being used as a practical expedient to estimate fair value.

CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B)
Pension Trust
Notes to Financial Statements
June 30, 2024 and 2023

Valuation Methods, Consistency - The valuation techniques used in the accompanying financial statements have been consistently applied.

Transactions and Income Recognition - 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. Certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Contributions Receivable

Employer contributions due but not paid at year-end are recorded as employer contributions receivable. Management has evaluated contributions receivable and believes all amounts are fully collectible. Therefore, an estimate for current expected credit losses is not provided.

The collectability of contributions due as a result of payroll audits is uncertain. In determining the amount of the allowance as of the financial statement date, management developed a loss rate based on management's historical collection experience, adjusted for management's expectations about current and future economic conditions. At June 30, 2024, management believes its historical loss rate is a reasonable and supportive forecast for current and future economic and industry conditions.

Withdrawal Contributions Income and Receivable

Withdrawal contributions income is recognized when the withdrawal liability amount has been assessed. An allowance for uncollectible accounts is deemed necessary because collectability is uncertain. Refer to Note 7.

Pension Benefits

Payments to participants are recorded upon distribution.

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 that 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.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

The actuarial present value of accumulated Plan benefits is calculated based on certain assumptions pertaining to interest rates, participant demographics and other assumptions, all of which are subject to change. Due to the inherent uncertainty of the assumption process, it is at least reasonably possible that changes in these assumptions in the near term would be material to the disclosure to the financial statements of the actuarial present value of accumulated Plan benefits.

**CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B)
Pension Trust
Notes to Financial Statements
June 30, 2024 and 2023**

The Plan invests in various investments. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty with respect to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Recently Adopted Accounting Standards

In June 2016, the FASB issued an Accounting Standards Update amending the accounting for estimating current expected credit losses on financial instruments, using a wide range of reasonable and supportable information. The amendment requires immediate recognition of estimated expected credit losses over the life of a financial instrument, including debt securities, trade receivables, and certain off-balance-sheet credit exposures. The Plan adopted the new standard effective July 1, 2023, using the modified retrospective approach. Comparative prior periods were not adjusted upon adoption. In implementing the amendment, management used their historical experience with current and future payments associated with the receivables.

2. DESCRIPTION OF THE PLAN

CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B) Pension Trust (the "Plan") was established in 1960 for the purpose of providing retirement and other benefits to eligible employees of subscribing employers and their beneficiaries.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension benefits depend on the type of retirement for which a participant is eligible and the number of years of service with which the participant is credited. The types of pensions awarded include regular, early retirement, disability, deferred vested, and husband and wife.

Participants become vested once they have accumulated five years of credited service without a permanent break in service.

Pre-retirement and post-retirement death benefits are available to the surviving spouse or beneficiary of an eligible participant.

Prior to April 1, 1993, active employees contributed five cents to the Plan for each hour worked in covered employment. Interest is credited on these contributions at a rate of 5% per annum. If a participant who had previously contributed under the former provision discontinues work in covered employment, their accumulated contributions and accrued interest will be paid to them in accordance with the rules specified in the Plan booklet.

The Plan's Board of Trustees adopted a rehabilitation plan on May 23, 2011, which required enhanced employer contributions and reduced benefit levels, depending on the schedule selected by the collective bargaining parties, effective during the Plan year beginning July 1, 2011.

Participants should refer to the summary Plan description for more complete information.

CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B)
Pension Trust
Notes to Financial Statements
June 30, 2024 and 2023

3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for, or diverted to, purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits, and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of Plan amendments in effect for less than five years. Some benefits may be fully or partially provided, while other benefits may not be provided at all.

4. TAX STATUS

The Plan obtained its latest determination letter, dated July 28, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, 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. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

The Plan's administrator has analyzed the tax positions taken by the Plan and has concluded that, as of June 30, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's administrator believes the Plan is no longer subject to income tax examinations for the fiscal years prior to 2021.

5. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by Segal Consulting as of June 30, 2023. Information in the report included the following:

	<u>2023</u>	<u>2022</u>
Actuarial present value of accumulated Plan benefits		
Vested benefits		
Participants currently receiving benefits	\$ 53,474,924	\$ 54,372,610
Other vested benefits	<u>31,338,577</u>	<u>31,429,901</u>
Total vested benefits	84,813,501	85,802,511
Non-vested benefits	<u>40,936</u>	<u>19,202</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ 84,854,437</u>	<u>\$ 85,821,713</u>

CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B)
Pension Trust
Notes to Financial Statements
June 30, 2024 and 2023

As reported by the actuary, the changes in the present value of accumulated Plan benefits for the year ended June 30, 2023, were as follows:

Actuarial present value of accumulated	
Plan benefits at beginning of year	<u>\$ 85,821,713</u>
Increase (decrease) during the year attributable to	
Benefits accumulated, net experience gain or	
loss and changes in data	(205,010)
Interest	5,778,590
Benefits paid	<u>(6,540,856)</u>
Net decrease	<u>(967,276)</u>
Actuarial present value of accumulated Plan benefits at end of year	<u>\$ 84,854,437</u>

The changes in the present value of accumulated Plan benefits for the year ended June 30, 2023, includes changes in the Plan provisions related to expanded eligibility for unreduced early retirement at age 62 to all non-retired participants.

The computations of the actuarial present value of accumulated Plan benefits were made as of July 1, 2023. Had the valuations been made as of June 30, 2023, there would be no material differences.

At the special-call Board meeting on November 21, 2023, the plan was amended to restore the \$53 benefit multiplier for all nonretired participants, effective January 1, 2023. Additionally, at the regularly scheduled Board meeting on March 14, 2024, the plan was amended to expand the eligibility for unreduced early retirement at age 62 to all non-retired participants. As these amendments were adopted subsequent to July 1, 2023, they are not recognized in the actuarial valuation as of June 30, 2023.

The actuarial valuations were made using the entry-age normal cost method. Some of the more significant actuarial assumptions used in the June 30, 2023, valuation were:

Mortality rates:	
Healthy	Pri-2012 Blue Collar Healthy Retiree Amount-weighted tables, with generational projection using Scale MP-2021.
Disabled	Pri-2012 Disabled Retiree Amount-weighted tables, with generational projection using Scale MP-2021.
Pre-Retirement	Pri-2012 Blue Collar Employee Amount-weighted tables, with generational projection using Scale MP-2021.

CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B)
Pension Trust
Notes to Financial Statements
June 30, 2024 and 2023

Retirement age: 65

Retirement rates:	Age	Annual Retirement Rates
2023	55-58	1%
	59-61	5
	62	50
	63-64	25
	65+	100
2022	55-58	1%
	59-61	5
	62	50
	63-64	25
	65+	100

Net investment return: 7% per annum.

Administrative expenses: \$575,000 annually, payable monthly (2023 & 2022).

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

Because information on the accumulated Plan benefits at June 30, 2024, 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 June 30, 2024, and the changes in its financial status for the year then ended, but only present the net assets available for benefits and the changes therein as of and for the year ended June 30, 2024. The complete financial status is presented as of June 30, 2023.

As of July 1, 2023 and 2022, this Plan was classified in the Green Zone.

6. FUNDING POLICY

The participating employers contribute amounts as specified in the collective bargaining agreements. The predominate hourly contribution rate is \$2.00 as of March 1, 2019.

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

CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B)
Pension Trust
Notes to Financial Statements
June 30, 2024 and 2023

7. WITHDRAWAL LIABILITY

The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act ("MPPAA") of 1980, which requires imposition of withdrawal liability on a contributing employer who 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 based on certain comparisons of the employer's contributions to the Plan compared to total Plan contributions. The Plan's actuary has advised that an unfunded vested liability of approximately \$27,270,000 and \$47,300,000, respectively, exists as of June 30, 2023 and 2022; therefore, employers who withdraw from the Plan may be assessed withdrawal liability.

One of the Plan's major contributing employers, Pacific Steel Casting Company ("Pacific Steel"), commenced Chapter 11 bankruptcy proceedings in March 2014. In August 2014, the operational assets of Pacific Steel were acquired by another entity ("New Pacific Steel"). Under ERISA 4204(a)(1)(B), the buyer was required to maintain a bond or escrow arrangement for five years beginning on or about July 1, 2015. Initially, New Pacific Steel maintained the bond and continued to contribute to the Plan. In December 2017, however, the bond was canceled and it was determined that the requirements of ERISA Section 4204 were not met. As a result, Pacific Steel was assessed withdrawal liability of approximately \$24.3 million, payable for 20 years. The Plan has a deed of trust on the real property of Pacific Steel. Management and the Board of Trustees have conservatively estimated an allowance for uncollectible amounts of approximately \$12.1 million. In November 2023, the withdrawal liability balance of approximately \$12.1 million was paid in full. See below for further information.

Also, in November 2018, New Pacific Steel closed its facilities and ceased contributing to the Plan. Shortly after the closure, New Pacific Steel commenced Chapter 7 bankruptcy proceedings. The Plan has filed a proof of claim in that bankruptcy in the amount of \$30.3 million, comprising potential liability for Pacific Steel's withdrawal amount (\$24.3 million) as well as New Pacific Steel's own withdrawal liability amount of \$6 million. At this point it is uncertain whether the Plan will recover any amount pursuant to this claim, and the additional \$6 million of withdrawal liability is, therefore, completely offset by an allowance for doubtful collections on the table below. See below for further information.

On November 29, 2021, a purchase and sale agreement related to the Plan's interest in the Pacific Steel property was signed. Under the terms of the amendments, the buyer has agreed to pay \$6,000,000 in non-refundable extension payments for extending the closing date. In accordance with the October 18, 2022, court order, the court-appointed receiver is entitled to receive all extension payments to pay expenses associated with maintaining the property and related administrative costs; the Plan is entitled to receive extension payments from the court-appointed receiver for all principal amounts owed as a result of receiver certificates issued for certain property related expenses paid by the Plan, plus 5% interest per year. During the year ended, June 30, 2023, the Plan received approximately \$1,900,000 in extension payments and interest, which have been presented as Protective advance expenses recovery on the statement of net assets available for benefits.

In order to maintain the value of the Plan's interest in the property, the Plan incurred various protective advance expenses related to the property, such as property taxes, insurance, security and receivership fees. The aforementioned property-related expenses are presented as protective advance expenses on the statements of changes in net assets available for benefits. The Plan also paid legal expenses related to the property, which are presented with administrative expenses on the statements of changes in net assets available for benefits for the years ended June 30, 2024 and 2023.

CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B)
Pension Trust
Notes to Financial Statements
June 30, 2024 and 2023

In September 2019, American Brass & Iron Foundry ("AB&I"), one of the Plan's major employers, withdrew from the Plan and was assessed a withdrawal liability of approximately \$12.3 million. AB&I is current in its payments, which are expected to last another 8 years, accordingly management has determined no allowance is necessary.

In November 2023, the real property of Pacific Steel was sold for \$29,750,030, of which, \$12,147,300 was applied towards full payment of the outstanding withdrawal liability balance and the remaining amount, \$17,602,730, was applied as a gain on the sale of the property. As of June 30, 2024, the withdrawal liability balance for Pacific Steel and New Pacific Steel is zero.

As of June 30, 2024 and 2023, a total of approximately \$4,400,000 and \$35,500,000, respectively were due from employers who withdrew from the Plan. Management has evaluated the collectability of the amounts assessed and has recorded an allowance for doubtful collections:

	<u>2024</u>	<u>2023</u>
Withdrawal liability receivable	4,393,046	\$ 35,454,670
Less: Allowance for credit losses	<u>-</u>	<u>(18,150,000)</u>
Withdrawal liability (net of allowance)	<u>\$ 4,393,046</u>	<u>\$ 17,304,670</u>

Changes in the allowance for credit losses for the year ended June 30, 2024, were as follows:

Balance at the beginning of the year	\$ 18,150,000
Write-offs, net of recoveries	<u>(18,150,000)</u>
Balance at the end of the year	<u>\$ -</u>

8. INVESTMENTS AT FAIR VALUE HIERARCHY

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at June 30, 2024 and 2023, are as follows:

Description	June 30, 2024	Fair Value Measurements at Reporting Date Using	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets in the fair value hierarchy			
Money market fund	\$ 7,955,638	\$ -	\$ 7,955,638
Mutual funds	<u>19,058,529</u>	<u>19,058,529</u>	<u>-</u>
Total assets in the fair value hierarchy	<u>27,014,167</u>	<u>\$ 19,058,529</u>	<u>\$ 7,955,638</u>
Investments measured at net asset value			
Mutual fund	2,607,769		
Common/collective trusts and 103-12 investment entities	61,972,586		
Real estate investment trust	4,036,123		
Limited partnership	<u>10,647,126</u>		
Total investments measured at net asset value	<u>79,263,604</u>		
Total investments at fair value	<u>\$ 106,277,771</u>		

CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B)
Pension Trust
Notes to Financial Statements
June 30, 2024 and 2023

Description	June 30, 2023	Fair Value Measurements at Reporting Date Using	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets in the fair value hierarchy			
Money market fund	\$ 110,464	\$ -	\$ 110,464
Mutual funds	10,501,387	10,501,387	-
Total assets in the fair value hierarchy	10,611,851	\$ 10,501,387	\$ 110,464
Investments measured at net asset value			
Mutual fund	2,638,428		
Common/collective trusts and 103-12 investment entities	39,012,436		
Real estate investment trust	4,598,929		
Limited partnership	10,828,894		
Limited liability company	3,218,836		
Total investments measured at net asset value	60,297,523		
Total investments at fair value	\$ 70,909,374		

9. INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE

The guidance provided by FASB Accounting Standards Update 2009-12, *Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)*, permits entities to use net asset value ("NAV") per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting.

Investments valued based on net asset value as of June 30, 2024 and 2023, are as follows:

Investment Type	Fair Value as of June 30,		Unfunded Commitments as of June 30,		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2024	2023	2024	2023		
Common/collective trusts and 103-12 investment entities						
U.S. equity	\$ 45,055,641	\$ 28,161,937 {a}	\$ -	\$ -	Daily	None
International equity	5,578,526	3,694,442 {a}	-	-	Daily	None
Infrastructure	4,303,448	3,868,807 {a}	-	-	See {c}	See {c}
Fixed income	7,034,971	- {a}	-	-	Daily	None
Balanced risk	-	1,701,982 {a}	-	-	Daily	None
Multi asset	-	1,585,268 {a}	-	-	Bi-monthly	Two days prior to fund valuation
Total common/collective trusts and 103-12 investment entities	61,972,586	39,012,436	-	-		
Real estate investment trust	4,036,123	4,598,929 {b}	-	-	Quarterly	45 days
Limited partnership						
Fixed income	10,647,126	10,828,894 {d}	4,100,501	3,635,001	See {d}	See {d}
Limited liability company						
Fixed income	-	3,218,836 {e}	-	-	Monthly	30 days
Mutual funds						
Fixed income	2,607,769	2,638,428 {f}	-	-	Monthly	15 days
	\$ 79,263,604	\$ 60,297,523	\$ 4,100,501	\$ 3,635,001		

{a} These investments are direct filing entities with the Department of Labor; therefore, information regarding each investment's strategy is not disclosed.

**CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B)
Pension Trust
Notes to Financial Statements
June 30, 2024 and 2023**

- {b} This category is composed of the Plan's investment in the RREEF America REIT II, Inc. (the "REIT"). The principal investment objective of the REIT is to generate attractive, predictable investment returns from a target portfolio of low-risk equity investments in income-producing real estate while maximizing the total return to shareholders through cash dividends and appreciation in the value of REIT shares. The REIT invests in real estate investments consisting of multi-family, industrial, retail and office properties in metropolitan areas within the continental United States. The REIT is open ended, and quarterly redemptions may be subject to approval by the Board of the fund; if the fund is unable to liquidate assets, the redemption may take longer.
- {c} This category is composed of the Plan's investment in the Ullico Infrastructure Tax-Exempt Fund, L.P. The investment has no definite termination date. A limited partner will be permitted to redeem all or a portion of its units after the expiration of the four-year lock-up period applicable to such limited partner. Upon 45 days' notice from a requesting limited partner, such limited partner will be placed in a redemption queue. A limited partner who is next up in the redemption queue will be able to have all or a portion of its requested units redeemed subject to available liquidity. The Plan funded this investment in June of 2022.
- {d} This category is composed of the Plan's investment in the Hatteras Core Alternative TEI Institutional Fund, L.P. (the "Hatteras Fund"); the White Oak Pinnacle Fund, L.P.; the White Oak Summit Fund, L.P.; the Freeport First Lien Loan Fund III-B L.P.; and the Audax Senior Loan Fund.

The Hatteras Fund invests substantially all of its assets in the Hatteras Core Alternatives Offshore Institutional Fund, LDC, which serves solely as an intermediate entity through which the Hatteras Fund invests in the Hatteras Master Fund, L.P. The primary investment objective of the Hatteras Fund is to provide capital appreciation consistent with the return characteristic of the alternative investment portfolio of larger endowments through investments in the following asset classes: Opportunistic Equity, Enhanced Fixed Income, Absolute Return, Real Estate, Private Equity, and Energy and Natural Resources. At the discretion of the Hatteras Fund's Board of Directors, the Hatteras Fund intends to provide a limited degree of liquidity to the limited partners by conducting repurchase offers, which generally occur on a quarterly basis. Each repurchase offer will be limited to the repurchase of approximately 5% of the units, but in no event will the repurchase exceed more than 20% of the units per quarter. The minimum value of a repurchase is \$50,000, subject to the discretion of the general partner. Units are expected to be repurchased at their net asset value, as determined at the end of the quarter. Partners tendering units for repurchase shall provide written notice of their intent to do so at least 65 days prior to the date of repurchase or as otherwise specified by the Hatteras Fund. There is no guarantee that limited partners will be able to sell all or any of the units that they desire to sell in any particular repurchase offer or otherwise. During the year ended June 30, 2014, the Plan's Board of Trustees approved redeeming the Plan's holdings in the Hatteras Fund, which are currently in a redemption queue.

The White Oak Pinnacle Fund, L.P., invests substantially all of its assets in equity securities, pooled investment fund interests and other securities. The primary investment objective of the White Oak Fund, L.P., is to provide capital appreciation consistent with the return characteristic of the alternative investment portfolio of larger endowments through investments in the following asset classes: Opportunistic Equity, Enhanced Fixed Income, Absolute Return, Real Estate, Private Equity and Natural Resources. This investment cannot be redeemed. The partnership is scheduled to terminate on the seven-year anniversary of the final closing, subject to extension for up to three additional one-year periods as determined by the general partner, to affect an orderly liquidation of the investments.

**CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B)
Pension Trust
Notes to Financial Statements
June 30, 2024 and 2023**

The investment objective of White Oak Summit Fund, L.P., is to earn substantial current income by lending and investing in a diversified portfolio of corporate credit and senior-secured asset-based loans and debt instruments issued by small- to middle-market companies in the United States. This investment cannot be redeemed. The partnership is expected to terminate on March 31, 2023, unless terminated earlier or extended in accordance with the provisions of the partnership's limited partnership agreement.

The primary objective of Freeport First Lien Loan Fund III-B L.P. is to provide investors with current income and long-term capital appreciation by investing primarily in floating-rate senior-secured loans to middle-market borrowers. This fund is not redeemable. The fund shall be terminated on the sixth anniversary of the final closing date, or earlier as determined by the general partner.

This category is composed of the Plan's investment in the Audax Senior Loan Fund, which was organized to invest primarily in first-lien senior-secured term loans. The partnership has no definite termination date. Redemptions can be made semi-annually provided a 90-day notice period. The partnership has a withdrawal restriction of a one-year lockup period with 90% of withdrawal paid 45 days after the withdrawal request and the remaining paid 30 days after the audit.

{e} This category is composed of the Plan's investment in the Guggenheim Core Plus Fund, LLC, which was organized for the purpose of trading and investing in securities. The Guggenheim Fund invests substantially all of its assets in Guggenheim Core Plus Master Fund, Ltd. The investment objective is to seek return consistent with the Bloomberg U.S. Aggregate Index. The investment has no definite termination date. As of year-end, CMTA Pension Trust Fund no longer hold this investment.

{f} The investment objective of the American Federation of Labor and Congress of Industrial Organizations Housing Investment Trust ("HIT") is to generate competitive risk-adjusted total rates of return for its participants by investing in fixed-income investments, primarily multifamily and single-family mortgage-backed securities and mortgage-backed obligations. Other important objectives of the HIT are to encourage the construction of housing and to facilitate employment for union members in the construction trades and related industries. The HIT is an open-end investment company, commonly called a mutual fund.

10. MAJOR EMPLOYERS

Employer contributions from one employer represent over 75% of the total employer contributions from all participating employers for each of the years ended June 30, 2024 and 2023.

11. SUBSEQUENT EVENTS

In October 2024, East Bay Brass Foundry, Inc. ("EBB"), one of the Plan's contributing employers withdrew from the Plan and was assessed a withdrawal liability of \$100,000. The Plan has a deed of trust on the real property of EBB and management has determined the withdrawal liability to be fully collectible.

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after June 30, 2024, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through March 13, 2025, the date that the financial statements were available to be issued, and no items, except as disclosed above, have come to the attention of management that require recognition or disclosure.

SUPPLEMENTARY INFORMATION

REPORT ON SUPPLEMENTARY INFORMATION

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B) Pension Trust:

We have audited the financial statements of CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B) Pension Trust (the "Plan") for the year ended June 30, 2024 and 2023, and have issued our report thereon dated March 13, 2025, which contained an unmodified opinion on those financial statements.

Our audits were conducted for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying schedules of administrative expenses which appears on page 17, Schedule H, Line 4i - Schedule of Assets Held (at end of year) as of June 30, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended June 30, 2024, is presented for the purpose of additional analysis and is not a required part of the basic financial statements. The Schedule H, Line 4i - Schedule of Assets Held (at end of year) as of June 30, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended June 30, 2024, present supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

WithumSmith+Brown, PC

March 13, 2025

CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B)
Pension Trust
Schedules of Administrative Expenses
Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Administrative fees	\$ 216,684	\$ 215,149
Actuarial consulting fees	135,018	55,036
Audit and accounting fees	40,881	35,681
Bank service charges	7,105	6,956
Insurance expense	106,419	99,572
Legal fees	317,853	205,262
Printing and other expenses	61,895	32,091
Miscellaneous expense	323	-
Trustee meeting and continuing education expenses	<u>12,588</u>	<u>7,539</u>
	<u>\$ 898,766</u>	<u>\$ 657,286</u>

See Independent Auditor's Report on Supplementary Information.

CMTA - Glass, Molders, Pottery, Plastics and Allied Workers (Local 164B) Pension Trust
Schedule H, Line 4i - Schedules of Assets (Held at End of Year)
EIN #94-6129501, Plan #001
June 30, 2024 and 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	(d) Cost	(e) Current Value
	U.S. Government Money Market - Principal S Fund	Money market fund	\$ 252,556	\$ 252,556
	Gabelli Money Market Fund	Money market fund	7,703,082	7,703,082
	PIMCO Income Fund	Mutual fund	7,283,064	7,006,682
	AFL-CIO Housing Investment TR	Mutual fund	3,385,840	2,607,769
	Dodge & Cox Intl Stock Fund	Mutual fund	5,187,810	5,861,002
	Europacific Growth Fund American	Mutual fund	5,591,521	6,190,845
	Ullico Infrastructure Tax-Exempt Fund, LP	Common/collective trusts and 103-12 investment entities	3,649,997	4,303,448
	BlackRock Russell 3000 Index NL Fund	Common/collective trusts and 103-12 investment entities	19,620,086	39,698,137
	Loomis NHIT Core Disciplined Alpha Trust CL A	Common/collective trusts and 103-12 investment entities	5,023,138	5,357,504
	BNYM- M DB NSL ACWI EX-US Fund	Common/collective trusts and 103-12 investment entities	5,300,000	5,578,526
	NB Strategic M-S Fixed CL VII	Common/collective trusts and 103-12 investment entities	6,950,000	7,034,971
	RREEF America REIT II, Inc.	Real estate investment trust	2,934,151	4,036,123
	Audax Senior Loan IDF Fund	Limited partnerships	4,003,735	6,105,718
	Freeport First Lien Loan Fund	Limited partnerships	308,999	409,756
	White Oak Pinnacle Fund LP	Limited partnerships	2,570,751	2,915,076
	White Oak Summit Fund LP	Limited partnerships	1,058,367	1,215,686
	Hatteras Core Alternatives TEI Institutional Fund LP	Limited partnerships	890	890
			<u>\$ 80,823,987</u>	<u>\$ 106,277,771</u>

See Independent Auditor's Report on Supplementary Information.

**CMTA GMPP & ALLIED WKRS LCL 164B**

Account Number: 1-104443

**5% Transactions - Single Transactions
For the Period July 01, 2023 - June 30, 2024**

Page 46 of 71

Date	Transaction	Description	EBT Cost	Market Value
CMTA GMPP & ALLIED WKRS LCL 164B				
12/06/2023	PURCHASE	GABELLI MONEY MKT FDS US TREAS MKT	0.00	13,200,000.00
03/31/2024	PURCHASE	BLACKROCK RUSSELL 3000 INDEX NL FUND	0.00	11,000,000.00
06/27/2024	SALE	BLACKROCK RUSSELL 3000 INDEX NL FUND	0.00	4,165,000.00
05/01/2024	SALE CASH SETTLEMENT	266,042.5058 shares CIF II INTERNATIONAL OPPORTUNITIES Trade 04/30/2024 Settle 04/30/2024 266,042.5058 Units @ 14.34000003 Fed Long Term Gain: 1,015,095.73	3,645,452.36	3,815,049.54
11/10/2023	SWEEP PURCHASE	29,750,029.84 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	29,750,029.84	29,750,029.84
11/16/2023	SWEEP SALE	5,082,162.62 shares U.S.GOVERNMENT MONEY MARKET	5,082,162.62	5,082,162.62
11/20/2023	SWEEP SALE	11,500,000 shares U.S.GOVERNMENT MONEY MARKET	11,500,000.00	11,500,000.00
12/06/2023	SWEEP SALE	13,200,000 shares U.S.GOVERNMENT MONEY MARKET	13,200,000.00	13,200,000.00
Total Single Transactions			63,177,644.82	91,712,242.00



CMTA GMPP & ALLIED WKRS LCL 164B

Account Number: 1-104443

**5% Transactions - Non-Security Transactions
For the Period July 01, 2023 - June 30, 2024**

Page 47 of 71

No data in the reporting period

**CMTA GMPP & ALLIED WKRS LCL 164B**

Account Number: 1-104443

**5% Transactions - By Issue
For the Period July 01, 2023 - June 30, 2024**

Page 48 of 71

Date	Transaction	Description	EBT Cost	Market Value
CMTA GMPP & ALLIED WKRS LCL 164B				
07/03/2023	SWEEP PURCHASE	459.84 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	459.84	459.84
07/13/2023	SWEEP PURCHASE	75,000 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	75,000.00	75,000.00
07/21/2023	SWEEP SALE	4,323.1 shares U.S.GOVERNMENT MONEY MARKET	4,323.10	4,323.10
07/25/2023	SALE	BLACKROCK RUSSELL 3000 INDEX NL FUND	0.00	470,000.00
07/25/2023	SWEEP PURCHASE	470,000 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	470,000.00	470,000.00
07/26/2023	PURCHASE	CIF II INTERNATIONAL OPPORTUNITIES	0.00	8,264.49
07/27/2023	PURCHASE SETTLEMENT	603.247 shares CIF II INTERNATIONAL OPPORTUNITIES Trade 07/26/2023 Settle 07/26/2023 603.247 Units @ 13.70001	8,264.49	0.00
07/31/2023	SWEEP PURCHASE	35,350.54 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	35,350.54	35,350.54
08/01/2023	SWEEP PURCHASE	1,132.88 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	1,132.88	1,132.88
08/01/2023	SWEEP SALE	39.39 shares U.S.GOVERNMENT MONEY MARKET	39.39	39.39
08/03/2023	SWEEP SALE	550,000 shares U.S.GOVERNMENT MONEY MARKET	550,000.00	550,000.00



CMTA GMPP & ALLIED WKRS LCL 164B

Account Number: 1-104443

5% Transactions - By Issue
For the Period July 01, 2023 - June 30, 2024

Page 49 of 71

Date	Transaction	Description	EBT Cost	Market Value
08/17/2023	REDEMPTION	6,803.22 shares BLACKROCK RUSSELL 3000 INDEX NL FUND Trade 06/23/2023 Settle 06/23/2023 6,803.22 Units @ 77.16934 Fed Long Term Gain: 338,543.52	535,480.56	0.00
08/17/2023	SALE SETTLEMENT	5,837.57 shares BLACKROCK RUSSELL 3000 INDEX NL FUND Trade 07/25/2023 Settle 07/25/2023 5,837.57 Units @ 80.512953 Fed Long Term Gain: 310,009.18	459,474.38	0.00
08/25/2023	SALE	BLACKROCK RUSSELL 3000 INDEX NL FUND	0.00	520,000.00
08/25/2023	SWEEP PURCHASE	520,000 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	520,000.00	520,000.00
08/25/2023	SALE	BLACKROCK RUSSELL 3000 INDEX NL FUND	0.00	520,000.00
08/25/2023	REDEMPTION	6,617.94 shares BLACKROCK RUSSELL 3000 INDEX NL FUND Trade 08/25/2023 Settle 08/25/2023 6,617.94 Units @ 78.5743 Fed Long Term Gain: 338,621.50	520,897.20	0.00
08/29/2023	SWEEP SALE	550,000 shares U.S.GOVERNMENT MONEY MARKET	550,000.00	550,000.00
09/01/2023	SWEEP PURCHASE	1,026.24 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	1,026.24	1,026.24



CMTA GMPP & ALLIED WKRS LCL 164B

Account Number: 1-104443

5% Transactions - By Issue
For the Period July 01, 2023 - June 30, 2024

Page 50 of 71

Date	Transaction	Description	EBT Cost	Market Value
09/06/2023	SWEEP PURCHASE	22,083.33 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	22,083.33	22,083.33
09/20/2023	SWEEP PURCHASE	13.41 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	13.41	13.41
09/25/2023	SWEEP SALE	30,000 shares U.S.GOVERNMENT MONEY MARKET	30,000.00	30,000.00
09/25/2023	REDEMPTION	6,777.32 shares BLACKROCK RUSSELL 3000 INDEX NL FUND Trade 09/25/2023 Settle 09/25/2023 6,777.32 Units @ 76.726494 Fed Long Term Gain: 334,253.36	533,441.98	0.00
10/02/2023	SWEEP PURCHASE	506.51 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	506.51	506.51
10/02/2023	SWEEP PURCHASE	70,245.18 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	70,245.18	70,245.18
10/10/2023	SWEEP PURCHASE	66,666.67 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	66,666.67	66,666.67
10/23/2023	SWEEP PURCHASE	6,450.93 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	6,450.93	6,450.93
10/25/2023	SWEEP PURCHASE	270,000 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	270,000.00	270,000.00
10/26/2023	SWEEP SALE	500,000 shares U.S.GOVERNMENT MONEY MARKET	500,000.00	500,000.00



CMTA GMPP & ALLIED WKRS LCL 164B

Account Number: 1-104443

5% Transactions - By Issue
For the Period July 01, 2023 - June 30, 2024

Page 51 of 71

Date	Transaction	Description	EBT Cost	Market Value
10/26/2023	SALE	CIF II INTERNATIONAL OPPORTUNITIES	0.00	95,000.00
10/26/2023	SWEEP PURCHASE	95,000 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	95,000.00	95,000.00
10/31/2023	SWEEP PURCHASE	34,751.88 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	34,751.88	34,751.88
11/01/2023	SWEEP PURCHASE	880.61 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	880.61	880.61
11/10/2023	SWEEP PURCHASE	29,750,029.84 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	29,750,029.84	29,750,029.84
11/16/2023	SWEEP SALE	5,082,162.62 shares U.S.GOVERNMENT MONEY MARKET	5,082,162.62	5,082,162.62
11/20/2023	SWEEP SALE	11,500,000 shares U.S.GOVERNMENT MONEY MARKET	11,500,000.00	11,500,000.00
11/28/2023	SALE SETTLEMENT	7,486.2102 shares CIF II INTERNATIONAL OPPORTUNITIES Trade 10/26/2023 Settle 10/26/2023 7,486.2102 Units @ 12.689999 Fed Long Term Gain: 16,502.76	102,559.80	0.00
12/01/2023	SWEEP PURCHASE	59,575.35 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	59,575.35	59,575.35
12/06/2023	SWEEP SALE	13,200,000 shares U.S.GOVERNMENT MONEY MARKET	13,200,000.00	13,200,000.00



CMTA GMPP & ALLIED WKRS LCL 164B

Account Number: 1-104443

5% Transactions - By Issue
For the Period July 01, 2023 - June 30, 2024

Page 52 of 71

Date	Transaction	Description	EBT Cost	Market Value
12/07/2023	SWEEP PURCHASE	22,333.33 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	22,333.33	22,333.33
12/26/2023	SWEEP PURCHASE	560,000 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	560,000.00	560,000.00
12/27/2023	SWEEP PURCHASE	1,591,144.96 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	1,591,144.96	1,591,144.96
12/29/2023	SWEEP SALE	1,591,135.51 shares U.S.GOVERNMENT MONEY MARKET	1,591,135.51	1,591,135.51
01/02/2024	SWEEP PURCHASE	92,501.94 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	92,501.94	92,501.94
01/03/2024	SWEEP SALE	650,000 shares U.S.GOVERNMENT MONEY MARKET	650,000.00	650,000.00
01/18/2024	SWEEP SALE	4,690.01 shares U.S.GOVERNMENT MONEY MARKET	4,690.01	4,690.01
01/25/2024	SWEEP SALE	100,000 shares U.S.GOVERNMENT MONEY MARKET	100,000.00	100,000.00
02/01/2024	SWEEP PURCHASE	919.42 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	919.42	919.42
02/20/2024	SWEEP PURCHASE	79,174 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	79,174.00	79,174.00
02/26/2024	SWEEP SALE	70,000 shares U.S.GOVERNMENT MONEY MARKET	70,000.00	70,000.00
03/01/2024	SWEEP PURCHASE	450.07 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	450.07	450.07

**CMTA GMPP & ALLIED WKRS LCL 164B**

Account Number: 1-104443

**5% Transactions - By Issue
For the Period July 01, 2023 - June 30, 2024**

Page 53 of 71

Date	Transaction	Description	EBT Cost	Market Value
03/05/2024	SWEEP PURCHASE	20,416.67 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	20,416.67	20,416.67
03/06/2024	SWEEP PURCHASE	36,133.53 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	36,133.53	36,133.53
03/26/2024	SWEEP SALE	61,000 shares U.S.GOVERNMENT MONEY MARKET	61,000.00	61,000.00
03/31/2024	PURCHASE	BLACKROCK RUSSELL 3000 INDEX NL FUND	0.00	11,000,000.00
03/31/2024	PURCHASE SETTLEMENT	137,885.3499 shares BLACKROCK RUSSELL 3000 INDEX NL FUND Trade 03/31/2024 Settle 03/31/2024 137,885.3499 Units @ 79.776423	11,000,000.00	0.00
04/01/2024	SWEEP PURCHASE	603.88 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	603.88	603.88
04/01/2024	SWEEP PURCHASE	40,806.77 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	40,806.77	40,806.77
04/08/2024	SWEEP PURCHASE	16,024 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	16,024.00	16,024.00
04/09/2024	SWEEP PURCHASE	125,000 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	125,000.00	125,000.00
04/10/2024	SWEEP PURCHASE	26,444 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	26,444.00	26,444.00



CMTA GMPP & ALLIED WKRS LCL 164B

Account Number: 1-104443

5% Transactions - By Issue
For the Period July 01, 2023 - June 30, 2024

Page 54 of 71

Date	Transaction	Description	EBT Cost	Market Value
04/17/2024	SWEEP SALE	4,636.78 shares U.S.GOVERNMENT MONEY MARKET	4,636.78	4,636.78
04/18/2024	SWEEP PURCHASE	1,900,000 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	1,900,000.00	1,900,000.00
04/19/2024	SWEEP SALE	1,484,950.46 shares U.S.GOVERNMENT MONEY MARKET	1,484,950.46	1,484,950.46
04/25/2024	SWEEP SALE	550,000 shares U.S.GOVERNMENT MONEY MARKET	550,000.00	550,000.00
04/30/2024	SWEEP PURCHASE	46,338.88 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	46,338.88	46,338.88
05/01/2024	SWEEP PURCHASE	1,645.12 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	1,645.12	1,645.12
05/01/2024	SALE CASH SETTLEMENT	266,042.5058 shares CIF II INTERNATIONAL OPPORTUNITIES Trade 04/30/2024 Settle 04/30/2024 266,042.5058 Units @ 14.34000003 Fed Long Term Gain: 1,015,095.73	3,645,452.36	3,815,049.54
05/02/2024	SWEEP SALE	57.3 shares U.S.GOVERNMENT MONEY MARKET	57.30	57.30
05/02/2024	SWEEP PURCHASE	106,666.67 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	106,666.67	106,666.67
05/21/2024	SWEEP PURCHASE	3,168,730.44 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	3,168,730.44	3,168,730.44
05/22/2024	SWEEP SALE	3,000,000 shares U.S.GOVERNMENT MONEY MARKET	3,000,000.00	3,000,000.00



CMTA GMPP & ALLIED WKRS LCL 164B

Account Number: 1-104443

5% Transactions - By Issue
For the Period July 01, 2023 - June 30, 2024

Page 55 of 71

Date	Transaction	Description	EBT Cost	Market Value
05/24/2024	SWEEP SALE	225,000 shares U.S.GOVERNMENT MONEY MARKET	225,000.00	225,000.00
06/03/2024	SWEEP PURCHASE	1,797.03 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	1,797.03	1,797.03
06/06/2024	SWEEP PURCHASE	17,166.67 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	17,166.67	17,166.67
06/26/2024	SWEEP SALE	285,938.19 shares U.S.GOVERNMENT MONEY MARKET	285,938.19	285,938.19
06/27/2024	SALE	BLACKROCK RUSSELL 3000 INDEX NL FUND	0.00	4,165,000.00
06/27/2024	SWEEP PURCHASE	752,554.19 shares U.S.GOVERNMENT MONEY MARKET STATE COST: 0.00	752,554.19	752,554.19
06/28/2024	SWEEP SALE	500,000 shares U.S.GOVERNMENT MONEY MARKET	500,000.00	500,000.00
Total			96,835,528.91	100,623,272.17
12/06/2023	PURCHASE	GABELLI MONEY MKT FDS US TREAS MKT	0.00	13,200,000.00
12/06/2023	PURCHASE SETTLEMENT	13,200,000 shares GABELLI MONEY MKT FDS US TREAS MKT Trade 12/04/2023 Settle 12/04/2023 13,200,000 Units @ 1	13,200,000.00	0.00
12/26/2023	SALE SETTLEMENT	560,000 shares GABELLI MONEY MKT FDS US TREAS MKT Trade 12/22/2023 Settle 12/22/2023 560,000 Units @ 1	560,000.00	560,000.00
12/29/2023	PURCHASE SETTLEMENT	1,591,135.51 shares GABELLI MONEY MKT FDS US TREAS MKT Trade 12/28/2023 Settle 12/28/2023 1,591,135.51 Units @ 1	1,591,135.51	1,591,135.51



CMTA GMPP & ALLIED WKRS LCL 164B

Account Number: 1-104443

5% Transactions - By Issue
For the Period July 01, 2023 - June 30, 2024

Page 56 of 71

Date	Transaction	Description	EBT Cost	Market Value
12/29/2023	REINVESTMENT	42,331.06 shares GABELLI MONEY MKT FDS US TREAS MKT DTD 1/1/2021 Trade 12/27/2023 Settle 12/27/2023 42,331.06 Units @ 1	42,331.06	0.00
01/08/2024	PURCHASE CASH SETTLEMENT	9,231.4 shares GABELLI MONEY MKT FDS US TREAS MKT DTD 1/1/2021 Trade 01/01/2024 Settle 01/01/2024 9,231.4 Units @ 1	9,231.40	9,231.40
01/25/2024	SALE SETTLEMENT	500,000 shares GABELLI MONEY MKT FDS US TREAS MKT DTD 1/1/2021 Trade 01/24/2024 Settle 01/24/2024 500,000 Units @ 1	500,000.00	500,000.00
01/31/2024	REINVESTMENT	57,719.04 shares GABELLI MONEY MKT FDS US TREAS MKT DTD 1/1/2021 Trade 01/29/2024 Settle 01/29/2024 57,719.04 Units @ 1	57,719.04	0.00
02/21/2024	SALE SETTLEMENT	3,000,000 shares GABELLI MONEY MKT FDS US TREAS MKT DTD 1/1/2021 Trade 02/20/2024 Settle 02/20/2024 3,000,000 Units @ 1	3,000,000.00	3,000,000.00
02/26/2024	SALE SETTLEMENT	630,000 shares GABELLI MONEY MKT FDS US TREAS MKT DTD 1/1/2021 Trade 02/23/2024 Settle 02/23/2024 630,000 Units @ 1	630,000.00	630,000.00



CMTA GMPP & ALLIED WKRS LCL 164B

Account Number: 1-104443

5% Transactions - By Issue
For the Period July 01, 2023 - June 30, 2024

Page 57 of 71

Date	Transaction	Description	EBT Cost	Market Value
02/29/2024	PURCHASE CASH SETTLEMENT	54,882.72 shares GABELLI MONEY MKT FDS US TREAS MKT DTD 1/1/2021 Trade 02/27/2024 Settle 02/27/2024 54,882.72 Units @ 1	54,882.72	54,882.72
03/26/2024	SALE SETTLEMENT	439,000 shares GABELLI MONEY MKT FDS US TREAS MKT DTD 1/1/2021 Trade 03/25/2024 Settle 03/25/2024 439,000 Units @ 1	439,000.00	439,000.00
03/28/2024	REINVESTMENT	41,453.07 shares GABELLI MONEY MKT FDS US TREAS MKT DTD 1/1/2021 Trade 03/28/2024 Settle 03/28/2024 41,453.07 Units @ 1	41,453.07	0.00
04/18/2024	SALE SETTLEMENT	1,900,000 shares GABELLI MONEY MKT FDS US TREAS MKT DTD 1/1/2021 Trade 04/17/2024 Settle 04/17/2024 1,900,000 Units @ 1	1,900,000.00	1,900,000.00
04/30/2024	PURCHASE CASH SETTLEMENT	43,926.42 shares GABELLI MONEY MKT FDS US TREAS MKT DTD 1/1/2021 Trade 04/26/2024 Settle 04/26/2024 43,926.42 Units @ 1	43,926.42	43,926.42
05/24/2024	SALE SETTLEMENT	375,000 shares GABELLI MONEY MKT FDS US TREAS MKT DTD 1/1/2021 Trade 05/23/2024 Settle 05/23/2024 375,000 Units @ 1	375,000.00	375,000.00



CMTA GMPP & ALLIED WKRS LCL 164B

Account Number: 1-104443

5% Transactions - By Issue
For the Period July 01, 2023 - June 30, 2024

Page 58 of 71

Date	Transaction	Description	EBT Cost	Market Value
05/31/2024	PURCHASE CASH SETTLEMENT	35,467.79 shares GABELLI MONEY MKT FDS US TREAS MKT DTD 1/1/2021 Trade 05/29/2024 Settle 05/29/2024 35,467.79 Units @ 1	35,467.79	35,467.79
06/28/2024	PURCHASE CASH SETTLEMENT	30,935.34 shares GABELLI MONEY MKT FDS US TREAS MKT DTD 1/1/2021 Trade 06/26/2024 Settle 06/26/2024 30,935.34 Units @ 1	30,935.34	30,935.34
Total GABELLI MONEY			22,511,082.35	22,369,579.18
Total All Issues			119,346,611.26	122,992,851.35



CMTA GMPP & ALLIED WKRS LCL 164B

Account Number: 1-104443

**5% Transactions - By Broker
For the Period July 01, 2023 - June 30, 2024**

Page 59 of 71

Date	Transaction	Description	EBT Cost	Market Value
CMTA GMPP & ALLIED WKRS LCL 164B				
12/06/2023	PURCHASE	GABELLI MONEY MKT FDS US TREAS MKT	0.00	13,200,000.00
03/31/2024	PURCHASE	BLACKROCK RUSSELL 3000 INDEX NL FUND	0.00	11,000,000.00
06/27/2024	SALE	BLACKROCK RUSSELL 3000 INDEX NL FUND	0.00	4,165,000.00
Total				28,365,000.00
10/31/2023	SALE CASH SETTLEMENT	50.199 shares ULLICO INFRASTRUCTURE TAX-EXEMPT FUND LP Trade 10/31/2023 Settle 10/31/2023 50.199 Units @ 243.73453654 Fed Long Term Gain: 348.02	13,054.05	12,235.23
10/31/2023	SALE CASH SETTLEMENT	53.1569 shares RREEF AMERICA REIT II INC. Trade 10/31/2023 Settle 10/31/2023 53.1569 Units @ 139.16274275 Fed Long Term Gain: 2,483.54	7,629.61	7,397.46
12/01/2023	SALE CASH SETTLEMENT	48.8036 shares ULLICO INFRASTRUCTURE TAX-EXEMPT FUND LP Trade 11/30/2023 Settle 11/30/2023 48.8036 Units @ 260.04639002 Fed Long Term Gain: 1,136.68	12,688.71	12,691.20
02/29/2024	SALE CASH SETTLEMENT	48.4965 shares ULLICO INFRASTRUCTURE TAX-EXEMPT FUND LP Trade 02/29/2024 Settle 02/29/2024 48.4965 Units @ 265.36430464 Fed Long Term Gain: 1,387.42	12,608.87	12,869.24



CMTA GMPP & ALLIED WKRS LCL 164B

Account Number: 1-104443

5% Transactions - By Broker
For the Period July 01, 2023 - June 30, 2024

Page 60 of 71

Date	Transaction	Description	EBT Cost	Market Value
04/30/2024	SALE CASH SETTLEMENT	52.4154 shares RREEF AMERICA REIT II INC. Trade 04/30/2024 Settle 04/30/2024 52.4154 Units @ 128.08544817 Fed Long Term Gain: 1,868.27	7,523.18	6,713.65
04/30/2024	SALE CASH SETTLEMENT	54.4132 shares RREEF AMERICA REIT II INC. Trade 04/30/2024 Settle 04/30/2024 54.4132 Units @ 129.68268729 Fed Long Term Gain: 2,026.39	7,809.93	7,056.45
05/01/2024	SALE CASH SETTLEMENT	266,042.5058 shares CIF II INTERNATIONAL OPPORTUNITIES Trade 04/30/2024 Settle 04/30/2024 266,042.5058 Units @ 14.34000003 Fed Long Term Gain: 1,015,095.73	3,645,452.36	3,815,049.54
05/31/2024	SALE CASH SETTLEMENT	47.4552 shares ULLICO INFRASTRUCTURE TAX-EXEMPT FUND LP Trade 05/31/2024 Settle 05/31/2024 47.4552 Units @ 271.4770984 Fed Long Term Gain: 1,647.72	12,338.13	12,883.00
Total CITIBANK US NA			3,719,104.84	3,886,895.77
Total All Brokers			3,719,104.84	32,251,895.77

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 07/01/2023 and ending 06/30/2024

▶ 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 CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JT. BOARD OF TRUSTEES - CMTA-GMPP & ALLIED WORKERS	D Employer Identification Number (EIN) 94-6129501

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

1a Enter the valuation date: Month 07 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 71,686,378
(2) Actuarial value of assets for funding standard account.....	1b(2) 76,033,331
c (1) Accrued liability for plan using immediate gain methods	1c(1) 85,462,286
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 84,854,437
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) 136,959,678
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 338,339
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 6,743,908
(3) Expected plan disbursements for the plan year	1d(3) 7,318,908

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 Mark Hamwee MH Signature of actuary MARK HAMWEE, FSA, MAAA Type or print name of actuary SEGAL Firm name 180 HOWARD STREET Suite 1100 SAN FRANCISCO CA 94105-6147 Address of the firm	03/14/2025 Date 2305829 Most recent enrollment number 415-263-8200 Telephone number (including area code)
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	71,686,378
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	913	76,028,489
(2) For terminated vested participants	718	47,785,001
(3) For active participants:		
(a) Non-vested benefits		178,704
(b) Vested benefits		12,967,484
(c) Total active	101	13,146,188
(4) Total	1,732	136,959,678
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	52.34 %

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
	333,282	0			
07/06/2023	145,864	0			
10/17/2023	145,864	0			
11/10/2023	29,750,030	0			
01/08/2024	145,864	0			
04/11/2024	145,864	0			
06/24/2024	145,864	0			
Totals ▶			3(b)	30,812,632	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					30,479,350

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	89.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

a ☐ Attained age normal	b ☒ Entry age normal	c ☐ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.85 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	6.5 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	554,414
(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	- 690,146	- 70,817

8 Miscellaneous information:

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

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)

8e**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any

9a

0

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

9b

638,893

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)

22,442,647

4,893,595

(2) Funding waivers

9c(2)

0

0

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

9c(3)

0

0

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

9d

387,274

e Total charges. Add lines 9a through 9d

9e

5,919,762

Credits to funding standard account:

f Prior year credit balance, if any

9f

4,327,956

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

9g

30,812,632

Outstanding balance

h Amortization credits as of valuation date

9h

8,685,736

1,767,597

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

9i

1,788,566

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

20,054,750

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

9j(2)

47,151,405

(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

38,696,751

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

9m

32,776,989

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

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

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

9o(1)

0

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

0

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

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

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

10

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



Yes



No

Schedule MB, line 3(d) – Withdrawal Liability Amounts

Payment Date	Periodic Payments	Lump Sum Amounts	Total Amounts
07/06/2023	\$145,864.00	\$0.00	\$145,864.00
10/17/2023	\$145,864.00	\$0.00	\$145,864.00
11/10/2023	\$0.00	\$29,750,030.00	\$29,750,030.00
01/08/2024	\$145,864.00	\$0.00	\$145,864.00
04/11/2024	\$145,864.00	\$0.00	\$145,864.00
06/24/2024	\$145,864.00	\$0.00	\$145,864.00

Section 3: Certificate of Actuarial Valuation

Exhibit I: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

Healthy: Pri-2012 Blue Collar Healthy Retiree Amount-weighted tables, with generational projection using Scale MP-2021.

Disabled: Pri-2012 Disabled Retiree Amount-weighted tables, with generational projection using Scale MP-2021.

Pre-Retirement: Pri-2012 Blue Collar Employee Amount-weighted tables, with generational projection using Scale MP-2021.

The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date.

These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, adjusted to estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over the most recent five years.

Section 3: Certificate of Actuarial Valuation

Annuitant mortality rates*

Age	Healthy Male	Healthy Female	Disabled Male	Disabled Female
55	0.64%	0.49%	2.17%	1.47%
60	0.93	0.71	2.35	1.71
65	1.27	1.08	2.87	2.13
70	2.05	1.64	3.94	2.84
75	3.33	2.62	5.81	4.04
80	5.72	4.35	8.92	6.15
85	9.78	7.49	13.71	9.87
90	16.54	13.05	20.52	16.11

Termination rates

Age	Mortality† Male	Mortality† Female	Disability	Withdrawal‡
20	0.07%	0.02%	0.05%	7.94%
30	0.07	0.03	0.08	7.40
40	0.09	0.06	0.17	6.11
50	0.18	0.13	0.45	3.62
60	0.44	0.30	1.22	0.13

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior year's assumption over the most recent five years.

* Mortality rates shown for base table.

† Mortality rates shown for pre-retirement base table.

‡ Withdrawal rates are doubled for the first five years and do not apply at or beyond retirement age.

Section 3: Certificate of Actuarial Valuation

Retirement rates

Age	Annual Retirement Rates
55 – 58	1%
59 – 61	5
62	50
63 – 64	25
65+	100

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent five years.

Description of weighted average retirement age

Age 63.1, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the July 1, 2023 actuarial valuation.

Retirement rates for inactive vested participants

Age	Not Eligible for Unreduced at 62	Eligible for Unreduced at 62
55 – 61	3%	3%
62	20	50
63 – 64	10	25
65 – 74	20	20
75+	100	100

As noted in Exhibit J, participants who have worked at least one hour in covered employment on or after January 1, 2018 are eligible for an Unreduced Early Retirement Pension starting at age 62.

Section 3: Certificate of Actuarial Valuation

The retirement rates for inactive vested participants were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent five years.

Future benefit accruals

1.00 Benefit Unit per year.

The future benefit accruals were based on historical and current demographic data, adjusted to reflect economic conditions of the industry, advice from the Trustees, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

Active participants are defined as those with at least 435 hours in the most recent plan year and who have accumulated at least one year of Credited Service, excluding those who have retired as of the valuation date.

Exclusion of inactive vested participants

Inactive participants over age 80 are excluded from the valuation. The number of inactive vested participants excluded from this valuation is 8.

The exclusion of inactive vested participants over age 80 was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.

Percent married

85%

Section 3: Certificate of Actuarial Valuation

Age and sex of spouse

Spouses of male participants are assumed to be female and four years younger and spouses of female participants are assumed to be male and four years older.

Benefit election

100% of future retirees are assumed to elect the single life annuity, which will include the 36-month guarantee if they are covered under the Alternative Schedule of the Rehabilitation Plan.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, economic conditions of the industry, advice from the Trustees and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent five years.

Delayed retirement factors

Inactive vested participants who are assumed to commence receipt of benefits after attaining Normal Retirement Age qualify for delayed retirement increases of 0.75% per month after Normal Retirement Age.

Net investment return

7.00%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

\$575,000 for the year beginning July 1, 2023 (equivalent to \$554,414 payable at the beginning of the year) or 656.3% of Normal Cost.

The annual administrative expenses were based on historical and current data, adjusted to reflect advice from the Trustees, and estimated future experience and professional judgment.

Section 3: Certificate of Actuarial Valuation

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Entry Age Normal Actuarial Cost Method. Entry Age is the current age minus Credited Service. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit J.

Current liability assumptions

- **Interest:** 2.85%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(3): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward using scale MP-2021 through the valuation date plus a number of years that varies by age (previously, the MP-2020 scale was used).

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 4.9%, for the Plan Year ending June 30, 2023
- **On current (market) value of assets (Schedule MB, line 6h):** 6.5%, for the Plan Year ending June 30, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 1 contribution date.

Section 3: Certificate of Actuarial Valuation

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.27% to 2.85% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- There were no other changes to actuarial assumptions.

Section 3: Certificate of Actuarial Valuation

Exhibit J: Summary of plan provisions

(Schedule MB, Line 6)

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

Plan year

July 1 through June 30

Pension credit year

July 1 through June 30

Plan status

Ongoing plan

Regular pension

- **Age Requirement:** 65
- **Service Requirement:** Five years of Credited Service
- **Amount:** \$19.00 for each Benefit Unit earned prior to July 1, 1977, \$53.00 per Benefit Unit earned from July 1, 1977 to September 30, 2011 and \$32.00 per Benefit Unit earned after September 30, 2011. The \$32.00 factor is pursuant to the Alternative Schedule and would instead be \$20.00 under the Default Schedule.

Delayed retirement

The benefit payable at Normal Retirement Age is increased 0.75% per month that the Annuity Starting Date is later than Normal Retirement Age, but not beyond the Required Beginning Date. Benefits accrued after Normal Retirement Age are increased from when they would have first become payable. Participants may elect a Retroactive Annuity Starting Date in lieu of an actuarial increase.

Section 3: Certificate of Actuarial Valuation

Service pension

- **Age and Service Requirements:** Age plus Credited Service is at least 80.
- **Other Requirements:** Annuity Starting Date is before October 1, 2011.
- **Amount:** Same as Regular Pension

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** Five years of Credited Service
- **Amount:** Based on actuarial equivalence to the accrued benefit payable at 65. Accrued Regular amount reduced as follows:
- **Early Retirement Factor*:**

Age	Not Eligible for Unreduced at 62	Eligible for Unreduced at 62
55	0.3879	0.3879
56	0.4234	0.4234
57	0.4627	0.4627
58	0.5063	0.5063
59	0.5549	0.5549
60	0.6092	0.6092
61	0.6699	0.6699
62	0.7381	1.0000
63	0.8144	1.0000
64	0.9016	1.0000

Participants who have worked at least one hour in covered employment on or after January 1, 2018 are eligible for an Unreduced Early Retirement Pension starting at age 62.

* Based on 7% interest and RP-2000 Healthy Annuitant Mortality Table (Male)

Section 3: Certificate of Actuarial Valuation

Disability

- **Age Requirement:** None
- **Service Requirement:** 15 years of Credited Service; and, as a result of actual employment, earned at least two quarters of Credited Service in the two consecutive Plan Year period preceding the date of disability.
- **Other Requirement:** Totally disabled and entitled to a Social Security Disability award, and not subject to Default Schedule.
- **Amount:** \$300 per month until the pensioner reaches age 65 (or age 62 for participants who have worked at least one hour in covered employment on or after January 1, 2018) when it becomes the accrued Regular Pension amount earned at the time of disablement.

Deferred vested pension

- **Age Requirement:** 55
- **Service Requirement:** Five years of Credited Service.
- **Amount:** Regular or early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** Age 65 or the fifth anniversary of participation, if later.

Return of accumulated contributions

Participants who leave Covered Employment without being eligible for any other Plan benefits will receive the accumulated value of employee contributions.

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of Credited Service.
- **Amount:** 50% of the benefit participant would have received had he or she retired the day before death and elected the Husband-and-Wife Pension. If the participant died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date the participant would have been age 55.
- **Charge for Coverage:** None

Section 3: Certificate of Actuarial Valuation

Pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** 10 Years of Credited Service.
- **Other Requirements:** Not subject to Default Schedule
- **Amount:** Accrued Regular Pension amount payable immediately to the designated beneficiary until 36 payments are made.
- This benefit is normally payable immediately following the death of an unmarried participant. In addition, the surviving spouse of a married participant may elect this benefit in lieu of the Spouse's Benefit described above. In that case, any excess of the present value of the Spouse's Benefit over the present value of this benefit will be converted to a single-life annuity payable to the spouse beginning at the time the Spouse's Benefit would have been payable.

Post-retirement death benefit

If an unmarried Pensioner dies prior to having received 36 monthly payments, the payments shall be continued to the deceased pensioner's beneficiary until a total of 36 monthly payments have been made to such pensioner and his beneficiary. In lieu of the above benefit, the beneficiary can elect a lump sum death benefit equal to the excess of his or her accumulated employee contributions over the total pension benefits received. The 36-month guarantee is eliminated for participants subject to the Default Schedule.

Husband and wife pensions

For a married participant, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected by the participant and spouse. The benefit amount otherwise payable is reduced (89% for same-age participant and spouse on a non-disability pension) to reflect the joint and survivor coverage. If this form of payment is rejected, or if the participant is not married, benefits are payable for the life of the participant without reduction with 36 months guaranteed. The 36-month guarantee is eliminated for participants subject to Default Schedule.

Optional forms of benefits

Those described above and the 75% Joint and Survivor Annuity.

Section 3: Certificate of Actuarial Valuation

Service schedule

- **Benefit Units:** Commencing July 1, 1976, a participant who works at least 435 hours in a Plan Year receives 1/15 of a Benefit Unit for each 100 hours of work up to a maximum of one Benefit Unit for 1,500 hours or more.
- **Credited Service:** Commencing July 1, 1976, a participant who worked at least 870 hours in a Plan Year receives one year of Credited Service. Fractional credit is given in quarters to employees who work at least 435 hours.

Break in service rules

- **One Year Break:** A participant incurs a One Year Break in Service if he or she fails to work at least 435 hours in a Plan Year.
- **Permanent Break:** A nonvested participant incurs a Permanent Break in Service if he or she has a One Year Break in Service after December 31, 1984 and the number of consecutive One Year Breaks in Service is at least five and equals or exceeds the number of full years of Credited Service previously accumulated. At this time, all the accumulated Credited Service and Benefit Units are canceled.

Participation rules

- **Participation:** An employee becomes a "Participant" on the July 1 or January 1 next following a twelve month period during which he or she worked at least 435 hours in Covered Employment.
- **Termination of Participation:** A Participant who incurs a One Year Break in Service ceases to be a Participant as of the last day of the Plan Year which constituted the One Year Break in Service, unless he or she has retired or attained vested rights.
- **Separation from Employment:** A participant is deemed to be separated from employment at the end of any two consecutive Plan Year period in which he or she does not work at least 435 hours in Covered Employment in one of the two Plan Years. The monthly amount payable for Benefit Units earned prior to the last separation from employment is frozen at the then current benefit level.

Changes in plan provisions

At the special-call Board meeting on November 21, 2023, the plan was amended to restore the \$53 benefit multiplier for all non-retired participants, effective January 1, 2023. Additionally, at the regularly scheduled Board meeting on March 14, 2024, the plan was amended to expand the eligibility for unreduced early retirement at age 62 to all non-retired participants. For purposes of the Funding Standard Account, these changes are not reflected in this report, but will be recognized in next year's valuation as of July 1, 2024.

Section 3: Certificate of Actuarial Valuation

Exhibit E: Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended June 30, 2023.

Benefit Units											
Age	Total	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	1	0	1	0	0	0	0	0	0	0	0
25 - 29	2	0	2	0	0	0	0	0	0	0	0
30 - 34	6	0	5	1	0	0	0	0	0	0	0
35 - 39	6	0	4	2	0	0	0	0	0	0	0
40 - 44	5	0	0	0	2	3	0	0	0	0	0
45 - 49	11	0	1	2	0	4	3	1	0	0	0
50 - 54	19	0	3	0	1	3	5	6	1	0	0
55 - 59	16	0	1	1	1	2	1	7	2	1	0
60 - 64	25	0	1	0	1	6	2	10	0	4	1
65 - 69	6	0	0	1	0	0	0	2	0	3	0
70 & over	1	0	0	0	0	0	0	0	0	0	1
Unknown	3	1	2	0	0	0	0	0	0	0	0
Total	101	1	20	7	5	18	11	26	3	8	2

Note: Excludes 2 participants with less than one year of Credited Service.

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	07/01/1995	\$416,113	2	\$215,092
Plan Amendment	07/01/1996	478,715	3	170,481
Plan Amendment	07/01/1997	576,830	4	159,156
Plan Amendment	07/01/1998	2,184,640	5	497,956
Change in Assumptions	07/01/2000	1,372,210	7	237,961
Plan Amendment	07/01/2000	1,633,237	7	283,227
Plan Amendment	07/01/2002	156,001	9	22,378
Experience Loss	07/01/2009	431,365	1	431,365
Change in Assumptions	07/01/2009	433,868	1	433,868
Experience Loss	07/01/2011	388,673	3	138,415
Change in Assumptions	07/01/2011	623,297	3	221,970
Experience Loss	07/01/2012	1,015,187	4	280,104
Plan Amendment	07/01/2014	967,674	6	189,733
Experience Loss	07/01/2014	999,575	6	195,988
Change in Assumptions	07/01/2014	1,486,480	6	291,455
Experience Loss	07/01/2015	297,637	7	51,614
Experience Loss	07/01/2016	1,036,947	8	162,295
Experience Loss	07/01/2017	405,337	9	58,144
Experience Loss	07/01/2018	1,082,294	10	144,013
Plan Amendment	07/01/2019	92,145	11	11,484
Experience Loss	07/01/2019	589,512	11	73,472
Experience Loss	07/01/2021	1,268,791	13	141,880
Plan Amendment	07/01/2022	1,945,868	14	207,944

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Loss	07/01/2022	2,560,251	14	273,600
Total		\$22,442,647		\$4,893,595

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions	07/01/2002	\$326,930	9	\$46,897
Change in Assumptions	07/01/2006	94,645	13	10,584
Experience Gain	07/01/2010	52,212	2	26,989
Plan Amendment	07/01/2011	3,054,522	3	1,087,786
Experience Gain	07/01/2013	63,836	5	14,550
Change in Assumptions	07/01/2016	330,605	8	51,744
Experience Loss	07/01/2020	162,100	12	19,074
Change in Assumptions	07/01/2020	315,735	12	37,151
Change in Assumptions	07/01/2021	3,595,005	13	402,005
Experience Loss	07/01/2023	690,146	15	70,817
Total		\$8,685,736		\$1,767,597

Section 3: Certificate of Actuarial Valuation

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.27% to 2.85% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- There were no other changes to actuarial assumptions.

CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION TRUST

EIN 94-6129501

Plan No. 001

Plan Year Ended June 30, 2024

Form 5500, Schedule H, Part IV, Line 4i

Schedule of Assets (Held at Year End)

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION TRUST

EIN 94-6129501

Plan No. 001

Plan Year Ended June 30, 2024

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

**Attachment to 2023 Schedule MB (Form 5500) for
CMTA - Glass, Molders, Pottery, Plastics & Allied Workers Local #164B Pension Trust**

EIN/PN: (94-6129501/001)

FOOTNOTES TO SCHEDULE MB

Item 1(b)(1) and 2(a) For valuation purposes, the value from the audited financial statement was reduced by the value of withdrawal liability payments held by the auditor as a receivable.

Item 3 All negotiated contributions are paid periodically throughout the year pursuant to collective bargaining agreements. This figure consists of \$333,282 in regular contributions, as reported in a draft audited financial statement, plus \$30,479,350 in Withdrawal Liability payments as reported separately by the fund administrator.

Section 3: Actuarial Certificate

Schedule MB, line 6f(1) - Description of Withdrawal Liability

Investment Return

To the extent the vested benefits are matched by the market value of plan assets on hand: interest assumptions prescribed by the Pension Benefit Guaranty Corporation under 29 C.F.R. Ch. XL, Part 4044, which are in effect for the applicable withdrawal liability valuation date, are used.

- PBGC Interest Rates as of June 30, 2023:

- First 20 years 5.38%
- After 20 years 5.09%

To the extent the vested benefits are not matched by plan assets (at market), the interest assumption is the same as used for plan funding: 7.00% in the actuarial valuation for the year ending on the withdrawal liability valuation date.

The portion of the vested benefits that is matched by readily available assets is determined by comparing the total present value of vested benefits plus expenses – at PBGC rates – with the total market value of assets; each vested benefit is treated as covered by assets to the same extent as all other vested benefits.

- The present value of vested benefits is based on a blend of two liability calculations:
 - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
 - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

Affected Benefits liabilities are valued at the same interest rate assumption used for plan funding for the plan year for which the pool is established.

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$400,000	\$24,075,153	\$24,475,153
2024	\$400,000	\$583,456	\$983,456
2025	\$400,000	\$583,456	\$983,456
2026	\$400,000	\$583,456	\$983,456
2027	\$400,000	\$583,456	\$983,456
2028	\$400,000	\$583,456	\$983,456
2029	\$400,000	\$583,456	\$983,456
2030	\$400,000	\$583,456	\$983,456
2031	\$400,000	\$583,456	\$983,456
2032	\$400,000	\$583,456	\$983,456

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2023	\$255,559	\$844,103	\$6,228,535	\$7,328,197
2024	\$354,349	\$433,398	\$6,036,544	\$6,824,291
2025	\$450,835	\$640,879	\$5,835,785	\$6,927,498
2026	\$503,818	\$867,088	\$5,628,388	\$6,999,295
2027	\$546,751	\$1,072,195	\$5,415,607	\$7,034,554
2028	\$571,381	\$1,277,034	\$5,197,405	\$7,045,821
2029	\$592,710	\$1,468,039	\$4,974,377	\$7,035,126
2030	\$616,250	\$1,627,720	\$4,747,140	\$6,991,110
2031	\$641,113	\$1,785,894	\$4,516,360	\$6,943,368
2032	\$647,990	\$1,923,000	\$4,282,763	\$6,853,753
2033	\$661,863	\$2,073,849	\$4,047,138	\$6,782,850
2034	\$690,981	\$2,180,530	\$3,810,344	\$6,681,854
2035	\$702,393	\$2,301,792	\$3,573,330	\$6,577,515
2036	\$712,212	\$2,413,486	\$3,337,152	\$6,462,850
2037	\$722,305	\$2,505,011	\$3,102,952	\$6,330,268
2038	\$714,559	\$2,591,595	\$2,871,887	\$6,178,040
2039	\$703,148	\$2,649,940	\$2,645,069	\$5,998,157
2040	\$688,701	\$2,689,094	\$2,423,558	\$5,801,352
2041	\$670,954	\$2,715,195	\$2,208,353	\$5,594,502
2042	\$649,052	\$2,733,572	\$2,000,411	\$5,383,035
2043	\$630,544	\$2,732,520	\$1,800,666	\$5,163,730
2044	\$606,561	\$2,720,963	\$1,610,040	\$4,937,564
2045	\$582,834	\$2,695,583	\$1,429,435	\$4,707,852
2046	\$557,440	\$2,657,199	\$1,259,741	\$4,474,380
2047	\$528,885	\$2,610,550	\$1,101,797	\$4,241,232
2048	\$500,846	\$2,553,215	\$956,286	\$4,010,347
2049	\$470,577	\$2,485,131	\$823,675	\$3,779,383
2050	\$439,714	\$2,403,535	\$704,168	\$3,547,417
2051	\$408,787	\$2,311,559	\$597,681	\$3,318,027
2052	\$378,057	\$2,206,527	\$503,876	\$3,088,460
2053	\$348,328	\$2,098,633	\$422,183	\$2,869,143
2054	\$319,033	\$1,983,910	\$351,829	\$2,654,772
2055	\$290,557	\$1,870,797	\$291,901	\$2,453,255
2056	\$263,625	\$1,752,273	\$241,383	\$2,257,281
2057	\$237,869	\$1,633,710	\$199,205	\$2,070,784
2058	\$213,675	\$1,516,871	\$164,291	\$1,894,836
2059	\$190,964	\$1,400,554	\$135,597	\$1,727,115
2060	\$169,806	\$1,290,523	\$112,144	\$1,572,473
2061	\$150,285	\$1,180,569	\$93,047	\$1,423,902

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

2062	\$132,257	\$1,075,114	\$77,524	\$1,284,895
2063	\$115,920	\$973,923	\$64,898	\$1,154,740
2064	\$100,976	\$878,555	\$54,603	\$1,034,134
2065	\$87,482	\$789,117	\$46,171	\$922,770
2066	\$75,410	\$706,086	\$39,224	\$820,720
2067	\$64,635	\$629,085	\$33,457	\$727,177
2068	\$55,124	\$557,726	\$28,630	\$641,480
2069	\$46,814	\$492,194	\$24,557	\$563,565
2070	\$39,597	\$432,161	\$21,093	\$492,852
2071	\$33,358	\$377,522	\$18,126	\$429,006
2072	\$28,004	\$327,854	\$15,567	\$371,424

This assumes the following:

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

CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION TRUST

EIN 94-6129501

Plan No. 001

Plan Year Ended June 30, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

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 07/01/2023 and ending 06/30/2024	
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) _____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan CMTA-GMPP & Allied Workers Local 164B Pension Trust	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/1960
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) JT. BOARD OF TRUSTEES - CMTA-GMPP & ALLIED WORKERS LOCAL 164B PENSION 7180 KOLL CENTER PARKWAY, SUITE 200 PLEASANTON CA 94566-3184	2b Employer Identification Number (EIN) 94-6129501
	2c Plan Sponsor's telephone number (925) 208-9999
	2d Business code (see instructions) 332110

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

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

SIGN HERE	<i>Thomas A. Dillon</i>	04/07/2025	THOMAS A. DILLON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>fernando Garcia</i>	04/07/2025	FERNANDO GARCIA
	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 1,762
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) 115 6a(2) 100 6b 763 6c 796 6d 1,659 6e 181 6f 1,840 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 5

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

1B

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

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

a Pension Schedules

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