

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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 WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 08/15/1965
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF WAREHOUSE EMPLOYEES LOCAL NO. 730 PENSION TRUST F 911 RIDGEBROOK ROAD SPARKS, MD 21152-9451	2b Employer Identification Number (EIN) 52-6124754 2c Plan Sponsor's telephone number 410-683-7763 2d Business code (see instructions) 493100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	09/18/2025	WILLIAM DAVIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/25/2025	JASON PARADIS
	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 1951
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) 335 6a(2) 313 6b 941 6c 524 6d 1778 6e 162 6f 1940 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 4

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- ▶ 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 WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF WAREHOUSE EMPLOYEES LOCAL NO. 730 PENSION TRUST F	D Employer Identification Number (EIN) 52-6124754

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 147229143
(2) Actuarial value of assets for funding standard account	1b(2) 150830376
c (1) Accrued liability for plan using immediate gain methods	1c(1) 293087810
(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) 288003258
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) 430074341
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2499387
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 23120373
(3) Expected plan disbursements for the plan year	1d(3) 24057325

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	09/09/2025
Signature of actuary PETER R. HARDCASTLE	Date 23-05197
Type or print name of actuary CHEIRON, INC.	Most recent enrollment number 703-893-1456
Firm name 8300 GREENSBORO DRIVE, STE 800 MCLEAN, VA 22102	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	147229143
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1095	255301981
(2) For terminated vested participants	564	116582390
(3) For active participants:		
(a) Non-vested benefits		5008224
(b) Vested benefits		53181746
(c) Total active	309	58189970
(4) Total	1968	430074341
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	34.23 %

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
07/01/2024	6425471				
Totals ►			3(b)	6425471	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total			3(d)		663674

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	52.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☒ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2035

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	3.29 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.4 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.2 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	560706	
(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	-4058806	-416481

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	-2013041

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

a Prior year funding deficiency, if any	9a	75848634
b Employer's normal cost for plan year as of valuation date	9b	1417626

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)	116786896	17125317
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 6607410**e** Total charges. Add lines 9a through 9d.....**9e** 100998987**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 0**g** Employer contributions. Total from column (b) of line 3.....**9g** 6425471**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 908919**j** Full funding limitation (FFL) and credits:

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

	Outstanding balance	
9h	50378096	9826151
9j(1)	157585634	
9j(2)	244149519	
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** 17160541**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m****n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n** 83838446**o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the current plan year.....
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
- (a) Reconciliation outstanding balance as of valuation date
- (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1) 0**9o(2)(a)** 0**9o(2)(b)** 0**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 83838446**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
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF WAREHOUSE EMPLOYEES LOCAL NO. 730 PENSION TRUST F	D Employer Identification Number (EIN) 52-6124754

Part I

Service Provider Information (see instructions)

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).....

X

YesNo
- b

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

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
	THE NORTHERN TRUST COMPANY
	36-1561860

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

PGIM REAL ESTATE

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	302428	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSOCIATED ADMINISTRATORS

65-1205077

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 36 50	NONE	142234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT PERFORMANCE SERVICES

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	133750	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)

CORBIN CAPITAL PARTNERS, L.P.

30-0299433

(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	130053	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	125236	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATLANTA CAPITAL MANAGMENT

58-2236910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	115469	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)

HAMILTON LANE ADVISORS, LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	108617	Yes ☐ No ☒

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

MORGAN, LEWIS & BOCKIUS, LP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	77290	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT LAKE ADVISORS, LLC

80-0292839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	67656	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)

CHEIRON

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	49144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	48011	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACADIAN ASSET MANAGMENT

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	40068	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)

MOONEY GREEN SAINDON MURPHY & WELCH

52-1958229

(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	21068	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC BANK

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 68 51	NONE	17528	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	16400	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)

JP MORGAN CHASE BANK

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	15546	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CS MCKEE

84-3346426

(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	13402	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55 73	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	10399	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	28 52	55688

(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.
HL SECONDARY FD VI-B LP 87-4090443	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	28 52	52929

(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.
HL SECONDARY FEEDER FD IV-A 52-6124754	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	55 73	245

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMWINS 13-4279678	INSURANCE BROKERAGE COMMISSIONS & FEES

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	55 73	198
(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.	
ZURICH 13-3046577	INSURANCE BROKERAGE COMMISSIONS & FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	55 73	9956
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ULLICO 13-2988846	INSURANCE BROKERAGE COMMISSIONS & FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF WAREHOUSE EMPLOYEES LOCAL NO. 730 PENSION TRUST F		D Employer Identification Number (EIN) 52-6124754
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INT'L EQUITY		
b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS LLC		
c EIN-PN 26-6493485-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6845452
a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST (GLOBAL AL		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK N.A.		
c EIN-PN 82-3618774-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 GIF		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15310297
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES HY CONSERVATIVE TRUST		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES & COMPANY		
c EIN-PN 84-6391546-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10810795
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF WAREHOUSE EMPLOYEES LOCAL NO. 730 PENSION TRUST F	D Employer Identification Number (EIN) 52-6124754

Part I	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	1806765	1897410
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	505392	446188
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	4561669	4201649
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2585309	2421886
(2) U.S. Government securities	1c(2)	1605373	3414191
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1344293	2334367
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	44458312	41532193
(5) Partnership/joint venture interests	1c(5)	58416661	61399046
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	30392290	26121092
(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)	6058614	6845452
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	76422	

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	151811100	150613474
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	125999	165741
i Acquisition indebtedness	1i		
j Other liabilities	1j		6395
k Total liabilities (add all amounts in lines 1g through 1j)	1k	125999	172136
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	151685101	150441338

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)	5761797	
(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)		5761797
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	112111	
(B) U.S. Government securities	2b(1)(B)	42987	
(C) Corporate debt instruments	2b(1)(C)	86068	
(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)		241166
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	532985	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		532985
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	31840654	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	28502686	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6251495	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5630582
(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)		858479
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		296016
d Total income. Add all income amounts in column (b) and enter total	2d		22910488

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22586562	
(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)		22586562
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)	142234	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	16400	
(5) Investment advisory and investment management fees	2i(5)	1105612	
(6) Bank or trust company trustee/custodial fees	2i(6)	17528	
(7) Actuarial fees	2i(7)	49144	
(8) Legal fees	2i(8)	100875	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2100	
(11) Other expenses	2i(11)	133796	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1567689
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24154251

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1243763
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?	☒		61399046
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 560831.

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 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF WAREHOUSE EMPLOYEES LOCAL NO. 730 PENSION TRUST F		D Employer Identification Number (EIN) 52-6124754
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 52-6124754		
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) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer GIANT FOOD LLC - WAREHOUSE

b EIN 52-2179343

c Dollar amount contributed by employer 4533695

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 15 Year 2027

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

(1) Contribution rate (in dollars and cents) 8.76

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

a Name of contributing employer EIGHT O'CLOCK COFFEE

b EIN 32-0094230

c Dollar amount contributed by employer 764553

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 17 Year 2027

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

(1) Contribution rate (in dollars and cents) 5.37

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

a Name of contributing employer WAREHOUSE EMPLOYEES UNION LOCAL 639

b EIN 53-0059347

c Dollar amount contributed by employer 33218

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

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

(1) Contribution rate (in dollars and cents) 8.76

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

a Name of contributing employer WASHINGTON FOOD AND SUPPLY INC.

b EIN 52-2328770

c Dollar amount contributed by employer 17081

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 4.44

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

a Name of contributing employer GIANT FOOD LLC - RECYCLING

b EIN 52-2179343

c Dollar amount contributed by employer 413250

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 15 Year 2027

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

(1) Contribution rate (in dollars and cents) 8.05

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

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

14b

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

14c

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

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

15a

1.01

b The corresponding number for the second preceding plan year.....

15b

0.99

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

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

16a

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: 60.2 % Private Equity: 23.1 % Investment-Grade Debt and Interest Rate Hedging Assets: 4.0 %

High-Yield Debt: 7.5 % Real Assets: 3.5 % Cash or Cash Equivalents: 1.7 % Other: 0.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

WAREHOUSE EMPLOYEES LOCAL NO. 730
PENSION TRUST FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024

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

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Warehouse Employees Union Local No. 730
Pension Trust Fund

Opinion

We have audited the financial statements of the Warehouse Employees Union Local No. 730 Pension Trust Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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 December 31, 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 these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

Columbia, Maryland
September 11, 2025

WAREHOUSE EMPLOYEES UNION LOCAL No. 730
PENSION TRUST FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

ASSETS	2024	2023
INVESTMENTS - at fair value		
Common stock	\$ 41,532,193	\$ 44,458,312
Corporate obligations	2,334,367	1,344,293
United States Government and Government Agency obligations	3,414,191	1,605,373
Foreign and other government obligations	-	76,422
Limited partnerships	61,399,046	58,416,661
Common collective trusts	26,121,092	30,392,290
103-12 investment entity	6,845,452	6,058,614
Short-term investments	2,421,886	2,508,848
Total investments - at fair value	144,068,227	144,860,813
INVESTMENTS - other		
Certificates of deposit	-	76,461
RECEIVABLES		
Employer contributions	446,188	505,392
Withdrawal liability	4,082,154	4,455,958
Accrued interest and dividends	79,045	71,566
Other	2,743	4,090
Total receivables	4,610,130	5,037,006
PREPAID EXPENSES	37,707	30,055
CASH	1,897,410	1,806,765
Total assets	150,613,474	151,811,100
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	165,741	125,999
Other liabilities	6,395	-
Total liabilities	172,136	125,999
NET ASSETS AVAILABLE FOR BENEFITS	\$ 150,441,338	\$ 151,685,101

See accompanying notes to financial statements.

WAREHOUSE EMPLOYEES UNION LOCAL No. 730
PENSION TRUST FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 15,950,685	\$ 16,430,636
Interest and dividends	901,990	839,850
Other	5,646	27,472
	<u>16,858,321</u>	<u>17,297,958</u>
Less investment expenses	<u>(1,123,140)</u>	<u>(1,602,326)</u>
Investment income - net	15,735,181	15,695,632
 Employer contributions	 5,761,797	 5,559,830
Withdrawal liability interest	289,870	313,947
Other income	500	567
	<u>500</u>	<u>567</u>
 Total additions	 <u>21,787,348</u>	 <u>21,569,976</u>
 DEDUCTIONS		
Benefits paid	22,586,562	21,886,547
Administrative expenses	444,549	514,925
	<u>444,549</u>	<u>514,925</u>
 Total deductions	 <u>23,031,111</u>	 <u>22,401,472</u>
 NET DECREASE	 (1,243,763)	 (831,496)
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>151,685,101</u>	<u>152,516,597</u>
 End of year	 <u><u>\$ 150,441,338</u></u>	 <u><u>\$ 151,685,101</u></u>

See accompanying notes to financial statements.

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the Warehouse Employees Union Local No. 730 Pension Trust Fund (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

The Plan was established on August 15, 1965, and restated effective January 1, 2002, by an Agreement and Declaration of Trust. The Plan is maintained pursuant to collective bargaining agreements between certain employers in the Washington, D.C. area and the Warehouse Employees Union Local No. 730 (the Union). The Plan provides normal, early, and disability pension benefits to eligible participants. The Plan also provides survivor benefits to the beneficiaries of deceased eligible participants. The Plan is financed entirely by employer contributions as specified in the collective bargaining agreements. The Plan is a multiemployer defined benefit pension plan and is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, an employee is generally eligible for a normal pension if he has attained age 60 and has been employed for at least 5 years in a bargaining unit which has a contract with the Union. The amount of the benefit is dependent upon the rate of contributions agreed to and made by the particular employer. Effective January 1, 1999, vesting of benefits is attained for participants who have 5 years or more vesting service. A year of vesting service is credited for each year the participant is employed for at least 870 hours for which contributions are paid to the Pension Fund.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements have been prepared using the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition - Investments in common stock are carried at fair value which generally represents quoted market prices. Certain United States Government and Government Agency obligations are carried at fair value as of the last business day of the Plan's year as reported by the investment manager or as provided by the custodial bank based on valuations maximizing the use of observable inputs for similar securities for similar securities with similar credit ratings. The investment in foreign and other government obligations, corporate obligations and certain United States Government and Government Agency obligations are carried at estimated fair value as reported by the investment manager or as provided by the custodial bank. The limited partnerships are valued at market value on the last business day for the year, as established by the partnerships. The common collective trusts are valued at market value on the last business day for the year, as established by the trust. The 103-12 investment entity is valued at market value on the last business day for the year, as provided by the sponsor of the investment. The short-term investments are carried at cost which approximates fair value. Certificates of deposit held for investment that are not debt securities are included in investments- other.

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

Funding Policy and Revenue Recognition - Contributions to the Plan are made by participating employers as specified in the collective bargaining agreements. Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. The funding policy is to contribute an amount sufficient to meet the minimum funding requirements of ERISA and the Internal Revenue Code. The actuary reported that the Plan met minimum funding standards as of December 31, 2024 and 2023. The actuary also determines whether additional contributions are necessary to avoid funding-based benefit restrictions under Section 436 of the Internal Revenue Code.

During the years ended December 31, 2024 and 2023, the Plan received seventy nine percent (79%) and seventy eight percent (78%), respectively, of its employer contributions from one employer.

Employer contributions receivable are accrued based on an analysis of subsequent employer reports and remittances.

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

Payment of Benefits - Benefits to participants are recognized upon distribution.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

NOTE 3. TAX STATUS

The Plan obtained its latest determination letter dated March 23, 2016, in which the Internal Revenue Service (IRS) stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The IRS has ruled that the Plan is exempt from Federal income taxes pursuant to the IRC Sections 401(a) and 501(a).

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

NOTE 4. PRIORITIES UPON TERMINATION

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

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

NOTE 5. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of December 31, 2023. Information in the reports included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits	
Participants and beneficiaries	
currently receiving benefits	\$ 186,508,077
Other vested benefits	98,324,831
Total vested benefits	<u>284,832,908</u>
Non-vested benefits	3,170,350
Present value of expected administrative expenses	7,522,885
Total actuarial present value of accumulated plan benefits	<u><u>\$ 295,526,143</u></u>

As reported by the actuary, the changes in the present value of accumulated plan benefits for the year ended December 31, 2023, were as follows:

Actuarial present value of accumulated plan benefits at January 1, 2023	<u>\$ 288,324,593</u>
Increase during the year attributable to:	
Benefits accumulated	1,317,652
Experience gains	725,676
Increase for interest	19,521,884
Benefit paid	<u>(21,886,547)</u>
Net decrease	<u>(321,335)</u>
Actuarial present value of accumulated plan benefits at end of year (w/o administrative expenses)	288,003,258
Present value of expected administrative expenses	<u>7,522,855</u>
Actuarial present value of accumulated plan benefits at December 31, 2023 (w/ administrative expenses)	<u><u>\$ 295,526,143</u></u>

The present value of administrative expenses is equal to 2.61% of the accrued liability. The amount is an estimate.

The above actuarial valuations were made using the entry age normal cost method. Some of the more significant actuarial assumptions used in the valuations were:

Rates of Investment Return - 7% for funding and disclosure purposes. 3.29% for determining RPA '94 Current Liability (previously 2.55%).

NOTE 5. ACTUARIAL INFORMATION (continued)

Rates of Mortality - Pri-2012 amount-weighted Table Blue Collar Mortality, generationally projected using scale MP-2021. For Current Liability purposes, the 2024 Static Mortality Tables as prescribed under IRS Regulations.

Administrative Expenses - \$560,706, payable at the beginning of 2024 (previously \$602,230).

Rates of Turnover - Double the combination of Sarason's Advanced Pension Tables. The rates vary with age.

Rates of Retirement - Rates vary with age and years of service. 35% for ages 51-59 with 30 years of service and 15% for over 30 years of service. Assumes 100% retirement at age 60 and over with at least 30 years of service.

Rates of Disability - None assumed.

Marriage Rates - 61% for both male and females. Males are assumed to be 3 years older than spouse.

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

Since information on the accumulated plan benefits at December 31, 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 December 31, 2024, and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2024. The complete financial status of the Plan is presented as of December 31, 2023.

As of January 1, 2024, the actuary reported that the Plan was in critical and declining status as identified under the Pension Protection Act of 2006 (PPA). The Plan is projected to be insolvent in the 2035 plan year. The Trustees adopted a Rehabilitation Plan (RP) on March 3, 2020. The RP described the actions to be taken by the Plan's Trustees, and the benefit and contribution changes to be bargained by the bargaining parties, to achieve a timely emergence from critical status within the rehabilitation period required by law. As permitted by Section 205 of the Worker Retiree Employer and Recovery Act of 2008, the Trustees elected to extend the Plan's rehabilitation period by three additional years.

The Plan is required to update the RP annually. If the Trustees determine that modifications are necessary, they will revise the RP and the benefit contribution schedules recommended under the RP.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2 or 3.

There have been no changes in valuation methodologies at December 31, 2024 and 2023.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 41,532,193	\$ 41,532,193	\$ -	\$ -
Corporate obligations	2,334,367	-	2,334,367	-
United States Government and Government Agency obligations	3,414,191	2,232,004	1,182,187	-
Short-term investments	2,421,886	2,421,886	-	-
Total assets in fair value hierarchy	49,702,637	<u>\$ 46,186,083</u>	<u>\$ 3,516,554</u>	<u>\$ -</u>
Investments measured at NAV*	94,365,590			
Total investments	<u>\$ 144,068,227</u>			

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 44,458,312	\$ 44,458,312	\$ -	\$ -
Corporate obligations	1,344,293	-	1,344,293	-
United States Government and Government Agency obligations	1,605,373	492,057	1,113,316	-
Foreign and other government obligations	76,422	-	76,422	-
Short-term investments	2,508,848	2,508,848	-	-
Total assets in fair value hierarchy	49,993,248	<u>\$ 47,459,217</u>	<u>\$ 2,534,031</u>	<u>\$ -</u>
Investments measured at NAV*	94,867,565			
Total investments	<u>\$ 144,860,813</u>			

*The investments measured at NAV account for 65.5% of net assets available for benefits at December 31, 2024 and 2023.

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The unfunded commitments and redemption information for the investments, as of December 31, 2024 and 2023, are as follows:

	2024 Fair Value	2023 Fair Value	2024 Unfunded Commitments	2023 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships:						
Acadian Non-US Concentrated Fund	\$ 8,697,102	\$ 7,377,281	\$ -	\$ -	Daily	10 Days
Boyd Watterson State Government Fund, LP	5,078,240	5,702,889	-	-	Quarterly	60 Days
Corbin ERISA Opportunity Fund, L.P.	18,014,601	16,331,364	-	-	Quarterly	65 Days
Hamilton Lane Secondary Feeder Fund IV-A LP	2,876,753	3,706,495	4,369,695	4,369,695	A	A
Hamilton Lane Secondary Fund VI-B LP	3,632,757	1,445,772	5,358,231	7,425,000	B	B
PRISA III Fund, L.P.	23,099,593	23,852,860	-	-	Quarterly	90 Days
Common collective trusts:						
JPMCB Global Allocation Fund	-	7,675,890	-	-	Daily	1 Day
Loomis Sayles High Yield Conservative Trust	10,810,795	7,801,682	-	-	Daily	3 Days
Northern Trust Russell 1000 Growth Index Fund	15,310,297	14,914,718	-	-	Daily	1 Day
103-12 investment entity:						
Hardman Johnston International Equity Group Trust	6,845,452	6,058,614	-	-	Monthly	10 Days
	<u>\$ 94,365,590</u>	<u>\$ 94,867,565</u>	<u>\$ 9,727,926</u>	<u>\$ 11,794,695</u>		

A - The Hamilton Lane Secondary Feeder Fund IV-A LP (the Fund) cannot be redeemed. The Hamilton Lane Secondary Feeder Fund IV-A LP is a feeder fund in a master-feeder structure whereby the Fund invests substantially all of its assets in Hamilton Lane Secondary Fund IV LP (the “Main Fund”). The investment objective of the Fund, through its interest in the Main Fund, is to acquire and hold a diversified portfolio of private equity investment funds, which may include venture capital, buyout, mezzanine, industry-focused and other private equity investment funds, acquired through secondary market transactions. The underlying assets of the Fund are expected to be liquidated by June 23, 2027.

B - The Hamilton Lane Secondary Fund VI-B LP (the Fund) cannot be redeemed. The Hamilton Lane Secondary Fund VI-B LP is a feeder fund in a master-feeder structure whereby the Fund invests substantially all of its assets in Hamilton Lane Secondary Fund VI Holdings 2 LP (the “Holdings 2”). The investment objective is to acquire and hold a diversified portfolio of private equity investment partnerships, which may include venture capital, buyout, mezzanine, industry-focused and other private equity investment funds, acquired through secondary market transactions. The underlying assets of the Fund are expected to be liquidated by October 22, 2033.

The Acadian Non-US Concentrated Fund’s investment objective is to outperform the Investment Portfolio’s performance benchmark the Morgan Stanley Capital International Europe, Australasia, and Far East Index (“MSCI EAFE Index”) over multiple year time periods.

The Boyd Watterson State Government Fund, LP is a real estate fund formed to operate as a perpetual life, open-ended, commingled collective investment fund. The objective of the Partnership is to provide income stability and capital preservation while seeking to deliver excess returns with moderate risk over market cycles by investing predominately in commercial real estate properties leased to state, county and municipal government agencies with an underlying credit rating at the time of acquisition of Aa3 or higher from Moody’s or AA - or higher from S&P or Fitch.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The Corbin ERISA Opportunity Fund, L.P.'s investment objective is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations.

PRISA III Fund, LP invests in commercial real estate through one or more real estate investment trusts.

Loomis Sayles High Yield Conservative Trust, and Northern Trust Russell 1000 Growth Index Fund are measured at fair value, without adjustment by the Plan, based on net asset value (NAV) or NAV equivalent as of December 31, 2024 and 2023. JPMCB Global Allocation Fund was measured at fair value, without adjustment by the Plan, based on net asset value (NAV) or NAV equivalent as of December 31, 2023.

Boyd Watterson State Government Fund, LP, Corbin ERISA Opportunity Fund, L.P., Hamilton Lane Secondary Feeder Fund IV-A LP, Hamilton Lane Secondary Fund VI-B LP, PRISA III Fund, L.P., and Acadian Non-US Concentrated Fund, are measured at estimated fair value, without adjustment by the Plan, as reported by the sponsors of the investments as of December 31, 2024 and 2023.

NOTE 7. WITHDRAWAL LIABILITY RECEIVABLE AND INCOME

Each contributing employer is required to pay the fund all amounts due as withdrawal liability resulting from a partial or complete withdrawal from the Plan, in accordance with the Employee Retirement Income Security Act of 1974, as amended (ERISA). Under ERISA, the Board of Trustees (Board) has full authority to adopt rules and regulations governing the determination and payment of withdrawal liability. These rules and regulations are binding on all employers.

Withdrawal liability represents a withdrawing employer's share of the unfunded vested benefit liability (UVB) of the Plan. The calculation of the UVB is done on an annual basis and the absence of withdrawal liability for any particular plan year cannot be taken as assurance that there will be no withdrawal liability in the following plan year.

The Plan assesses withdrawal liability to employers who have withdrawn from the Plan in accordance with plan rules and regulations, noted above. Amounts assessed as withdrawal liability contributions are recorded as receivable when collection of the assessment appears reasonably certain. Once the receivable is recorded, a portion of each payment received reduces the receivable and a portion is recorded as interest income on withdrawal liability contributions.

The payment status of each employer is reviewed annually by the Plan's legal counsel and an allowance for credit losses is recorded if warranted.

NOTE 7. WITHDRAWAL LIABILITY RECEIVABLE AND INCOME (continued)

The Plan has experienced employers who ceased contributions, effectively withdrawing from participation in the Plan. In accordance with ERISA, these employers are required to make withdrawal liability payments to the Plan. The employer withdrawal liability receivable at December 31, 2024 and 2023, is comprised of the following:

	<u>2024</u>	<u>2023</u>
McKesson Drug Corporation	<u>\$ 4,082,154</u>	<u>\$ 4,455,958</u>

The withdrawal liability as of December 31, 2024 is receivable as follows:

<u>Year Ended:</u>	
December 31, 2025	\$ 399,538
December 31, 2026	427,044
December 31, 2027	456,443
December 31, 2028	487,867
December 31, 2029	521,453
Thereafter	<u>1,789,809</u>
	<u>\$ 4,082,154</u>

NOTE 8. RISKS AND UNCERTAINTIES

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

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

NOTE 9. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 11, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

WAREHOUSE EMPLOYEES UNION LOCAL No. 730
PENSION TRUST FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Actuary fees	\$ 49,144	\$ 103,674
Audit and payroll audit fees	16,400	16,500
Contract administrator fees	142,234	135,702
Insurance and bonding	125,147	121,782
Legal fees and expenses	100,875	120,566
Miscellaneous	1,425	4,948
Postage and printing	7,224	9,639
Trustees' fees, meeting expenses and conferences	<u>2,100</u>	<u>2,114</u>
	<u><u>\$ 444,549</u></u>	<u><u>\$ 514,925</u></u>

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730
PENSION TRUST FUND

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6124754

Plan No: 001

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		Common stock:					
	Abbott Laboratories Inc	CS	2,117			\$ 241,958	\$ 239,454
	Abbvie Inc	CS	1,302			156,888	231,365
	Adobe Inc	CS	940			92,407	417,999
	Advanced Drainage Systems In	CS	492			54,835	56,875
	Advanced Energy Inds Inc	CS	1,540			113,546	178,070
	Affiliated Managers Group Inc	CS	1,417			144,705	262,032
	Air Products & Chemicals Inc	CS	537			162,628	155,751
	Albemarle Corp	CS	1,460			109,650	125,677
	Alphabet Inc	CS	4,388			150,097	830,648
	Amazon Com Inc	CS	1,930			279,211	423,423
	American Express Co	CS	562			56,530	166,796
	American Tower Corp	CS	799			153,201	146,545
	Amgen Inc	CS	483			126,552	125,889
	Apple Inc	CS	2,667			57,452	667,870
	Aptargroup Inc	CS	2,430			157,947	381,753
	Aramark	CS	9,383			236,124	350,080
	ASML Holding NV-NY	CS	131			27,712	90,793
	Astrazeneca Plc	CS	1,500			103,639	98,280
	Atlassian Corp	CS	534			112,395	129,965
	Automatic Data Processing Inc	CS	1,250			64,341	365,913
	Avantor Inc	CS	4,383			100,063	92,350
	Avery Dennison Corp	CS	1,310			248,455	245,140
	Ball Corporation	CS	1,215			56,759	66,983
	Bank of America Corp	CS	6,386			154,604	280,665
	Becton Dickinson & Co	CS	1,966			264,470	446,027
	Berkley Corp	CS	11,574			288,870	677,310
	Berkshire Hathaway Inc	CS	593			140,866	268,795
	Bio-Techne Corp	CS	2,725			99,641	196,282
	Blackbaud Inc	CS	2,893			136,556	213,851
	Blackrock Funding Inc	CS	294			221,822	301,382
	Booz Allen Hamilton Holding	CS	2,940			240,810	378,378
	Boston Scientific Corp	CS	3,312			131,176	295,828
	Broadridge Financial Sol	CS	654			55,760	147,863
	Broadcom Inc	CS	803			72,658	186,168
	Brown & Brown Inc	CS	4,012			173,594	409,304
	Burlington Stores Inc	CS	1,315			213,726	374,854
	CSX Corp	CS	5,176			169,027	167,030
	Caci Intl Inc	CS	951			231,617	384,261
	Carlisle Companies Inc	CS	1,734			213,600	639,569
	Carrier Global Corp	CS	2,668			143,638	182,118
	Caseys General Stores Inc	CS	899			209,273	356,211
	Caterpillar Inc	CS	562			146,071	203,871
	Cencora Inc	CS	624			119,524	140,200
	Choice Hotels Intl Inc	CS	2,356			197,690	334,505
	Cisco Systems Inc	CS	3,923			183,903	232,242
	Columbia Bkg Sys Inc	CS	2,591			60,929	69,983
	Columbia Sportswear Co	CS	2,969			170,668	249,188
	Comcast Corp	CS	12,302			318,053	461,694
	Conocophillips	CS	1,959			225,317	194,274
	Corteva Inc	CS	7,860			451,609	447,706
	Curtiss Wright Corp	CS	1,610			311,211	571,341
	Darden Restaurants Inc W I	CS	873			148,099	162,980
	Delta Air Lines Inc	CS	3,433			159,824	207,697
	Disney Walt Co	CS	2,310			299,473	257,219
	Dolby Laboratories Inc	CS	4,829			387,795	377,145
	Duke Energy Holding Corp	CS	2,205			208,392	237,567

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		Common stock (continued):				
	Dupont De Menours Inc-WI	CS	1,802			\$ 131,418 \$ 137,403
	Edwards Lifesciences Corp	CS	3,580			48,405 265,027
	Elanco Animal Health Inc	CS	8,630			156,437 104,509
	Envista Holdings Corp	CS	9,765			221,748 188,367
	EOG Res Inc	CS	1,271			160,937 155,799
	Equity Lifestyle Properties	CS	1,240			88,803 82,584
	Expand Energy Corp	CS	439			37,459 43,702
	Exxon Mobil Corp	CS	2,764			291,765 297,323
	Factset Resh Sys Inc	CS	311			22,686 149,367
	FMC Corporation New	CS	3,070			222,425 149,233
	FTI Consulting Inc	CS	931			158,062 177,942
	Fox Corp	CS	3,082			102,206 149,724
	Freeport McMoran Inc	CS	3,343			119,059 127,301
	General Motors Co	CS	2,580			100,711 137,437
	Gilead Sciences Inc	CS	2,045			166,280 188,897
	Godaddy Inc	CS	2,543			191,794 501,912
	Goldman Sachs Group Inc	CS	311			185,434 178,085
	Graco Inc	CS	1,742			34,731 146,833
	Hartford Finl Svcs Group Inc	CS	1,992			148,966 217,925
	Henry Jack & Assoc Inc	CS	919			47,980 161,101
	Honeywell Intl Inc	CS	1,093			228,873 246,898
	Howmet Aerospace Inc	CS	6,230			210,613 681,375
	Hunt J B Transport Service	CS	1,280			91,329 218,445
	Icici Bank LTD	CS	1,740			19,067 51,956
	Ilex Corp	CS	1,266			99,195 264,961
	Illumina Inc	CS	2,105			375,616 281,291
	Insight Enterprises Inc	CS	382			78,143 58,102
	Intercontinental Exchange Inc	CS	1,524			185,788 227,091
	Iqvia Holdings Inc	CS	1,750			152,128 343,892
	JP Morgan Chanse & Co	CS	2,339			369,034 560,682
	Johnson & Johnson	CS	973			166,720 140,715
	Jones Lang Laselle Inc	CS	979			125,530 247,824
	Kinsale Capital Group Inc	CS	365			133,315 169,772
	Kirby Corp	CS	2,008			114,847 212,446
	Landstar Sys Inc	CS	1,936			204,344 332,721
	Leidos Holdings Inc	CS	2,430			260,882 350,066
	Lennar Corp	CS	2,075			356,739 282,968
	Lennox International Inc	CS	572			113,607 348,520
	LKQ Corp	CS	11,475			454,198 421,706
	Lowes Companies Inc	CS	929			213,511 229,277
	Manhattan Assocs Inc	CS	511			24,088 138,093
	Markel Group Inc	CS	266			172,436 459,177
	Marsh & McLennan	CS	2,395			73,432 508,722
	Martin Marietta Matls Inc	CS	340			160,460 175,610
	Marvell Technology Group LTD	CS	3,500			238,972 386,575
	Mastercard Inc	CS	1,080			102,778 568,696
	Medtronic PLC	CS	2,210			172,406 176,535
	Mercadolibre Inc	CS	18			30,503 30,608
	Merck & Co Inc	CS	1,422			109,756 141,460
	Meta Platform Inc.	CS	356			75,694 208,442
	Micron Technology Inc	CS	1,577			106,187 132,720
	Microsoft Corp	CS	1,829			185,244 770,923
	Mondelez International	CS	1,451			182,216 146,398
	Morningstar Inc	CS	1,391			161,949 468,433
	Motorola Solutions Inc	CS	543			160,749 250,991
	Nextera Energy Inc	CS	2,514			189,796 180,229
	Nordson Corporate	CS	954			113,713 199,615
	Northrop Grumman Corporation	CS	188			85,197 88,227
	Nvidia Corp	CS	4,654			18,823 624,986
	On Semiconductor Corporation	CS	1,108			108,764 69,859
	Oracle Corp	CS	989			116,755 164,807
	Owens Corning Inc	CS	973			127,246 165,721
	Parker Hannifin Corp	CS	417			165,933 265,224
	Paypal Holdings Inc	CS	6,959			574,108 593,951
	Pepsico Inc	CS	1,050			196,155 159,663
	Phillips 66	CS	828			88,618 94,334
	Pool Corp	CS	557			114,412 189,903

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		Common stock (continued):					
	Procter & Gamble Co	CS	1,165			\$ 183,748	\$ 195,312
	Prologis Inc	CS	1,289			163,748	136,247
	Prosperity Bancshares Inc	CS	1,431			102,519	107,826
	Prudential Financial Inc	CS	793			60,052	93,994
	Prysmian Spa-Unsponsored ADR	CS	4,520			102,725	144,369
	Public Storage	CS	516			152,362	154,511
	Quanta Svcs Inc	CS	706			144,117	223,131
	RPM International Inc	CS	2,871			199,986	353,305
	RTX Corporation	CS	2,101			199,721	243,127
	S&P Global	CS	340			144,072	169,330
	Schlumberger Ltd	CS	7,579			301,517	290,578
	Schwab Charles Corp New	CS	5,670			386,053	419,637
	SEI Investment Co	CS	3,591			146,760	296,186
	Service Corp International	CS	1,782			71,142	142,239
	Sharkninja Inc	CS	2,325			234,828	226,362
	Simpson MFG Inc	CS	867			157,792	143,775
	Stanley Black & Decker Inc	CS	1,960			192,777	157,368
	State STR Corp	CS	793			57,240	77,833
	Suzuki Motor Corp-Uns ADR	CS	3,080			137,752	138,692
	T-Mobile US Inc	CS	745			113,815	164,444
	Target Corp	CS	1,051			145,402	142,074
	Teleflex Inc	CS	2,018			519,473	359,164
	Textron Inc	CS	1,804			122,699	137,988
	Thermo Fisher Scientific Inc	CS	401			229,134	208,612
	Transunion	CS	3,163			180,227	293,242
	The Travelers Cos Inc	CS	810			143,957	195,121
	Trimble Incorporated	CS	6,850			348,442	484,021
	Truist Financial Corp	CS	1,345			44,823	58,346
	Tyler Technologies Inc	CS	373			133,567	215,087
	Tyson Foods Inc	CS	1,418			76,044	81,450
	Ulta Beauty Inc	CS	405			114,598	176,147
	Unitedhealth Group Inc	CS	1,408			542,474	712,251
	Universal Display Corp	CS	2,300			332,643	336,260
	Verizon Communications Inc	CS	3,181			108,278	127,208
	Vertex Pharmaceuticals Inc	CS	1,338			237,322	538,813
	Vertiv Holdings LLC	CS	4,545			84,836	516,357
	Wells Fargo & Company	CS	4,129			190,932	290,021
	Wex Inc	CS	1,640			201,006	287,525
		Total common stock				27,013,119	41,532,193
		<u>Corporate obligations:</u>					
	Abbvie Inc	Note	10,000	3.200 %	11/21/29	9,299	9,282
	American Credit Acceptance Rec	Note	1,354	1.340	07/13/27	1,334	1,350
	American Express Co	Note	19,000	VAR	07/26/35	19,000	18,790
	American Honda Finance	Note	50,000	2.000	03/24/28	44,557	45,730
	American Honda Finance	Note	33,000	2.250	01/12/29	30,414	29,773
	American Tower Corp	Note	14,000	3.800	08/15/29	13,032	13,253
	BNSF Railway Co	Note	16,067	3.442	06/16/28	17,328	15,273
	Bank of America Corp	Note	49,000	VAR	03/11/27	45,594	47,216
	Bank of America Corp	Note	54,000	VAR	04/25/29	53,981	54,252
	Bank of NY Mellon Corp	Note	31,000	VAR	10/25/29	32,330	32,568
	BP Cap Markets America	Note	29,000	4.893	09/11/33	28,620	28,053
	Broadcom Inc	Note	15,000	4.350	02/15/30	14,992	14,595
	Cigna Corp	Note	12,000	4.500	02/25/26	12,050	11,968
	Canadian Pacific Railway	Note	7,000	2.050	03/05/30	7,279	6,079
	Carmax Auto Owner Trust	Note	8,662	4.750	10/15/27	8,661	8,676
	Carmax Auto Owner Trust	Note	11,000	6.300	07/17/28	10,998	11,198
	Carmax Auto Owner Trust	Note	35,000	6.000	05/15/28	35,000	35,296
	Carvana Auto Receivables Trust	Note	2,073	6.360	04/12/27	2,073	2,078
	Caterpillar Finl Service	Note	32,000	4.375	08/16/29	31,960	31,513
	Cisco Systems Inc	Note	17,000	4.850	02/26/29	17,022	17,100
	Citigroup Inc	Note	17,000	VAR	02/13/30	16,897	16,987
	Citigroup Inc	Note	23,000	VAR	01/25/26	21,723	22,949
	Coca-Cola Co	Note	12,000	1.650	06/01/30	10,341	10,233
	Comcast Corp	Note	12,000	3.550	05/01/28	11,494	11,519
	Conocophillips Company	Note	43,000	4.850	01/15/32	42,969	42,134
	Crown Castle Intl Corp	Note	26,000	1.050	07/15/26	24,117	24,566

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		Corporate obligations (continued):					
	John Deere Capital Corp	Note	16,000	4.400 %	09/08/31	\$ 16,145	\$ 15,524
	Duke Energy Corp	Note	20,000	4.300	03/15/28	19,578	19,687
	Duke Energy Carolinas	Note	24,000	4.950	01/15/33	23,622	23,601
	Energy Transfer LP	Note	31,000	5.250	07/01/29	30,844	31,148
	Fedex 2020	Note	21,225	1.875	08/20/35	17,626	17,638
	Ford Motor Company	Note	29,000	3.250	02/12/32	23,277	24,119
	General Motors Finl Co	Note	11,000	2.400	04/10/28	9,853	10,107
	General Motors Finl Co	Note	28,000	4.300	04/06/29	26,419	27,040
	General Motors Finl Co	Note	35,000	5.550	07/15/29	35,559	35,383
	GM Financial Automobile Leasing	Note	10,000	5.380	11/20/26	9,999	10,052
	Goldman Sachs Group Inc	Note	39,000	VAR	01/27/32	31,868	32,185
	Goldman Sachs Group Inc	Note	27,000	VAR	03/09/27	25,297	25,921
	Honeywell International	Note	27,000	4.750	02/01/32	26,750	26,564
	JP Morgan Chase & Co	Note	54,000	VAR	04/22/27	49,792	51,852
	JP Morgan Chase & Co	Note	48,000	VAR	07/24/29	47,590	48,483
	JP Morgan Chase & Co	Note	7,000	VAR	01/23/35	6,800	6,956
	Johnson Controls	Note	41,000	5.500	04/19/29	40,892	41,728
	McDonalds Corp	Note	8,000	3.600	07/01/30	7,439	7,504
	Mercades-Benz Auto Receivables	Note	26,000	5.950	11/15/28	25,998	26,480
	Mercades-Benz Auto Receivables	Note	7,334	4.510	11/15/27	7,333	7,335
	Mercades-Benz Auto Receivables	Note	5,000	5.570	04/16/29	5,000	5,022
	Morgan Stanley	Note	26,000	VAR	07/20/29	26,172	26,290
	Morgan Stanley	Note	40,000	VAR	05/04/27	38,069	38,341
	Nextera Energy Capital	Note	26,000	2.250	06/01/30	22,841	22,480
	Nextera Energy Capital	Note	61,000	4.900	02/28/28	60,494	61,082
	Nissan Auto Lease Trust	Note	30,500	5.920	07/15/26	30,497	30,603
	Northrop Grumman Corp	Note	21,000	3.250	01/15/28	20,081	20,074
	Oracle Corp	Note	18,000	2.300	03/25/28	15,779	16,641
	PNC Financial Services	Note	37,000	VAR	10/20/34	41,053	40,388
	Pacific Gas & Electric	Note	15,000	4.550	07/01/30	14,384	14,517
	Pacificorp	Note	45,000	5.100	02/15/29	45,097	45,321
	Pepsico Inc	Note	42,000	2.750	03/19/30	37,393	38,149
	Philip Morris Intl Inc	Note	53,000	5.125	02/15/30	52,574	53,280
	Phillips 66 Co	Note	36,000	5.250	06/15/31	36,369	36,096
	Procter & Gamble Co	Note	25,000	3.000	03/25/30	23,325	23,048
	Procter & Gamble Co	Note	14,000	4.550	01/29/34	13,815	13,629
	Royal Bank of Canada	Note	34,000	VAR	10/18/30	33,651	33,300
	Charles Schwab Corp	Note	61,000	VAR	05/19/29	61,785	62,233
	State Street Corp	Note	72,000	VAR	02/20/29	72,134	71,174
	State Street Corp	Note	51,000	VAR	10/22/32	50,795	49,512
	T-Mobile USA Inc	Note	38,000	3.375	04/15/29	36,189	35,468
	Toronto-Dominion Bank	Note	8,000	4.693	09/15/27	7,923	7,982
	Toronto-Dominion Bank	Note	43,000	4.994	04/05/29	43,561	42,928
	Toyota Motor Credit Corp	Note	60,000	4.550	08/09/29	59,877	59,266
	Truist Financial Corp	Note	13,000	VAR	10/30/29	13,968	13,901
	United Air	Note	28,352	5.800	07/15/37	27,847	28,913
	Unitedhealth Group Inc	Note	38,000	5.300	02/15/30	38,802	38,613
	Verizon Communications	Note	27,000	1.750	01/20/31	21,514	22,249
	Verizon Communications	Note	24,000	4.780	02/15/35	23,485	22,846
	Verizon Master Trust	Note	13,000	0.056	11/20/29	12,998	13,263
	Verizon Master Trust	Note	115,000	5.000	12/20/28	115,539	116,575
	Virginia Elec & Power Co	Note	18,000	5.000	04/01/33	17,767	17,616
	Waste Management Inc	Note	34,000	4.950	03/15/35	33,828	33,148
	Wells Fargo & Company	Note	38,000	VAR	07/25/29	39,441	38,581
	World Omni Auto Receivables	Note	90,000	4.660	05/15/28	89,156	90,100
	Total corporate obligations					2,328,949	2,334,367
	<u>United States Government and</u>						
	<u>Government Agency obligations:</u>						
	Federal Home Loan Bank Bnds	Note	30,000	5.920	05/23/34	30,053	30,063
	Federal Home Loan Bank Bnds	Note	75,000	5.700	06/24/32	75,059	75,106
	Federal Home Loan Mtg Corp	Note	76,073	5.000	12/01/52	73,862	75,162
	Federal Home Loan Mtg Corp	Note	41,692	3.000	02/01/50	36,454	36,563
	Federal Farm Credit Bank Bnds	Note	137,000	1.740	06/03/30	119,142	118,265
	Federal Farm Credit Bank Bnds	Note	89,000	1.625	03/17/31	73,023	74,389
	Federal Farm Credit Bank Bnds	Note	52,000	2.390	01/19/33	42,023	43,387
	Federal Farm Credit Bank Bnds	Note	59,000	5.520	05/29/29	59,074	59,204

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		United States Government and Government Agency obligations (continued):					
	Federal Farm Credit Bank Bnds	Note	60,000	5.650 %	08/14/34	\$ 59,820	\$ 59,816
	Federal Home Loan Mgt Corp	Note	5,380	VAR	01/25/42	5,380	5,382
	Federal Home Loan Mtg Corp	Note	18,823	2.000	05/01/51	14,135	14,774
	Federal Home Loan Mtg Corp	Note	91,000	1.500	10/29/32	69,836	70,045
	Federal Home Loan Mtg Corp	Note	59,000	5.300	11/21/29	59,000	59,010
	Federal Home Loan Mgt Corp	Note	2,119	1.000	04/25/49	2,115	1,706
	Federal Home Loan Mgt Corp	Note	28	4.500	10/15/40	27	27
	Federal Natl Mtg Assn	Note	10,181	5.500	06/25/44	10,130	10,298
	Federal Natl Mtg Assn	Note	13,305	3.500	08/25/58	12,003	12,270
	Federal Natl Mtg Assn	Note	18,624	3.000	01/25/40	17,259	17,647
	Federal Natl Mtg Assn Pool	Note	23,289	5.000	10/01/52	22,248	22,549
	Federal Natl Mtg Assn Pool	Note	21,117	4.500	04/01/53	19,863	19,895
	Federal Natl Mtg Assn Pool	Note	18,845	4.500	11/01/54	17,809	17,811
	Federal Natl Mtg Assn Pool	Note	19,806	2.500	07/01/36	17,664	18,137
	Federal Natl Mtg Assn Pool	Note	28,974	5.500	03/01/54	28,467	28,756
	Federal Natl Mtg Assn Pool	Note	24,785	3.000	02/01/49	22,164	21,871
	Federal Natl Mtg Assn Pool	Note	17,731	5.500	09/01/38	17,462	17,851
	Government National Mortgage A	Note	28,100	5.500	07/20/50	27,615	28,468
	Government National Mortgage A	Note	12,728	6.000	03/20/42	12,663	12,858
	Government National Mortgage A	Note	10,322	5.500	02/20/50	10,124	10,306
	Government National Mortgage A	Note	13,774	5.500	02/20/54	13,749	13,828
	Government National Mortgage A	Note	6,784	5.000	09/20/50	6,752	6,813
	Government National Mortgage A	Note	89,360	5.000	07/20/53	87,625	89,172
	Government National Mortgage A	Note	8,418	5.500	09/20/33	8,323	8,394
	Government National Mortgage A	Note	8,201	2.000	08/20/51	7,064	7,287
	Government National Mortgage A	Note	28,112	2.000	02/20/52	25,441	26,001
	Government National Mortgage A	Note	9,682	5.500	07/20/50	9,532	9,796
	Govt Natl Mtg Assn II Pool	Note	8,276	2.500	01/20/43	6,797	7,086
	Govt Natl Mtg Assn II Pool	Note	34,299	2.500	12/20/46	28,884	29,196
	Govt Natl Mtg Assn II Pool	Note	22,726	6.000	09/20/53	22,481	23,000
	USA Treasury Notes	Note	154,000	3.500	02/15/33	145,925	143,265
	USA Treasury Notes	Note	184,000	3.750	12/31/28	180,257	179,869
	USA Treasury Notes	Note	132,000	4.125	07/31/31	133,141	129,370
	USA Treasury Notes	Note	31,000	3.875	08/15/34	29,731	29,312
	USA Treasury Notes	Note	210,000	3.625	08/31/29	211,297	203,332
	USA Treasury Notes	Note	181,000	3.375	09/15/27	177,800	176,877
	USA Treasury Notes	Note	303,000	3.500	09/30/29	299,631	291,543
	USA Treasury Notes	Note	125,000	4.125	10/31/29	123,940	123,560
	USA Treasury Notes	Note	109,000	4.250	11/15/34	108,510	106,159
	USA Treasury Notes	Note	237,000	4.125	11/15/27	236,489	235,955
	USA Treasury Notes	Note	259,000	4.250	11/30/26	259,627	258,948
	USA Treasury Notes	Note	210,000	4.125	11/30/31	210,291	205,516
	USA Treasury Notes	Note	150,000	4.125	11/30/29	150,123	148,296
		Total United States Government and Government agency obligations				3,437,884	3,414,191
		<u>Common collective trusts:</u>					
	Loomis Sayles High Yield Conservative Trust		372,658			10,075,687	10,810,795
	Northern Trust Russell 1000 Growth Index Fund		6,948			4,341,393	15,310,297
		Total common collective trusts				14,417,080	26,121,092
		<u>Short-term investments:</u>					
	Federated Hermes Government OBL PREM SHS #117		2,421,736			2,421,736	2,421,736
	Northern Trust Cash		150			150	150
		Total short-term investments				2,421,886	2,421,886
		<u>103-12 investment entity:</u>					
	Hardman Johnston International Equity Group Trust		161,865			2,308,669	6,845,452
		<u>Limited partnerships:</u>					
	Acadian Non-US Concentrated Fund		3,008			2,445,212	8,697,102
	Boyd Watterson State Government Fund, L.P.		5,105			4,915,675	5,078,240
	Corbin ERISA Opportunity Fund, L.P.		N/A			11,980,809	18,014,601
	Hamilton Lane Secondary Feeder Fund IV-A LP		N/A			620,507	2,876,753
	Hamilton Lane Secondary Fund VI-B LP		N/A			2,439,649	3,632,757
	PRISA III Fund, L.P.		7,946			9,990,939	23,099,593
		Total limited partnerships				32,392,791	61,399,046
		Total assets held at end of year				\$ 84,320,378	\$ 144,068,227

WAREHOUSE EMPLOYEES UNION LOCAL NO. 730
PENSION TRUST FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

EIN: 52-6124754

Plan No: 001

(a) Identity of Party Involved	(b) Description	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset	(i) Net Gain (Loss) on Transaction
	Federated Hermes Government OBL PREM SHS #117	\$ 37,157,739	N/A	\$ 37,157,739	\$ 37,157,739	N/A
	Federated Hermes Government OBL PREM SHS #117	N/A	\$ 37,244,708	37,244,708	37,244,708	\$ -

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment C to 2024 Form 5500 Schedule MB

Schedule MB, line 6 – Summary of Plan Provisions

This summary of plan provisions provides an overview of the major provisions of the pension plan used in the actuarial valuation. It is not intended to replace the more precise language of the plan document and is not to be relied upon for calculating participant benefits.

1. Eligibility

Any employee on whose behalf contributions are made to the pension plan is eligible to participate in the Fund.

2. Normal Retirement

Eligibility: Age 60 with five years of service.

For service after the adoption or imposition of a Rehabilitation Benefit Schedule, the normal retirement age has been increased to age 62 with five years of service.

Amount: Percentage of Contributions

For service prior to the adoption or imposition of a Rehabilitation Benefit Schedule:

A monthly life annuity reducing to 55% of the original amount after 60 months, equal to (a) 4.17% of all contributions required to be made on a participant's behalf on and after January 1, 1978 plus (b) X% of all contributions required to be made on a participant's behalf prior to January 1, 1978, where "X" is determined from the following table:

Participant's Age On January 1, 1978	X%	Participant's Age On January 1, 1978	X%
60 or over	12.0	49	7.6
59	11.6	48	7.2
58	11.2	47	6.8
57	10.8	46	6.4
56	10.4	45	6.0
55	10.0	44	5.6
54	9.6	43	5.2
53	9.2	42	4.8
52	8.8	41	4.4
51	8.4	40 and under	4.17
50	8.0		

For those employers who elected through a collective bargaining agreement to make a supplemental contribution beginning January 1, 1998, the monthly life annuity above reduces to 55% of the original amount after 96 months instead of 60.

Effective for participants who earned an hour of service on or after January 1, 1999, 24 months is added to the number of months described above (i.e., 60 months and 96 months for a total of 84 and 120 months, respectively).

For service after the adoption or imposition of a Rehabilitation Benefit Schedule:

Preferred Schedule: 2.0% of all contributions required to be made on a participant's behalf on and after the date of adoption of the Preferred Schedule, reducing to 1.0% after the pension has been in effect for 60, 84, 96, or 120 months.

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment C to 2024 Form 5500 Schedule MB

Schedule MB, line 6 – Summary of Plan Provisions

Default Schedule: 1.0% of all contributions required to be made on a participant's behalf on and after the date of adoption or imposition of the Default Schedule.

3. Early Retirement Benefit

Eligibility: On completion of 30 years of service with the Fund.

Amount: Accrued normal retirement benefit payable immediately.

4. Postponed Retirement Benefit

A participant who elects to postpone his retirement of contributions benefit beyond his normal retirement date is entitled to a postponed retirement benefit, in lieu of his normal retirement benefit, in the amount of the normal retirement benefit calculated as if he had reached his normal retirement date on the day he actually retires.

5. Termination Benefit

Eligibility: Five credited years of service for vesting.

Amount: A deferred annuity in the amount of the participant's accrued normal benefit at termination commencing at the participant's normal retirement age.

6. Death Benefits

Pre-Retirement Lump Sum Death Benefit

Eligibility: Five continuous years of participation in the pension Plan and has had at least 40 weeks' payments into the trust fund by an employer.

Amount: \$2.00 per paid week up to a maximum of \$2,000 reduced by any disability benefits paid.

Eliminated after the adoption or imposition of a Rehabilitation Benefit Schedule.

Pre-Retirement Spouse's Pension

Eligibility: Available only to married participants who are eligible for a termination benefit, including vested terminated participants.

Amount: A life annuity to the participant's lawful spouse in the amount of the surviving spouse's benefit that would have been provided under the qualified joint and survivor annuity payable at what would have been the participant's earliest retirement date.

The pre-retirement spouse's benefit will be paid in addition to the lump sum death benefit.

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment C to 2024 Form 5500 Schedule MB

Schedule MB, line 6 – Summary of Plan Provisions

7. Normal Form of Pension

For participants who are married as of the normal retirement date, the normal retirement benefit is automatically payable as a joint and survivor annuity actuarially equivalent to the above benefit. The normal form of pension payable to a married employee who does not elect otherwise will be an actuarially reduced pension on the Joint and 50% Survivor basis.

8. Effective Date of Plan

August 15, 1965. Restated as of January 1, 2015.

9. Last Amended

The last restatement was as of January 1, 2015. The Rehabilitation Plan was last amended in 2014 to adopt reasonable measures to forestall insolvency.

10. Contributions

Employee: None permitted or required.

Employer: On an hourly or weekly basis, on behalf of participating employees, as specified in the applicable collective bargaining agreement.

11. Changes since Last Valuation

None.

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment F to 2024 Form 5500 Schedule MB

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

Age/Service Distribution of Active Participants as of January 1, 2024									
AGE	COMPLETED YEARS OF CREDITED SERVICE								Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30 & Up	
Under 25	4	7	0	0	0	0	0	0	11
25-29	0	10	3	0	0	0	0	0	13
30-34	4	9	4	3	0	0	0	0	20
35-39	2	17	11	11	6	0	0	0	47
40-44	5	20	4	7	9	5	1	0	51
45-49	2	12	4	9	7	8	1	0	43
50-54	3	2	1	6	10	7	10	0	39
55-59	2	7	2	3	8	9	9	5	45
60-64	2	1	4	4	7	8	2	6	34
65 & Up	0	2	2	0	0	1	1	0	6
Total	24	87	35	43	47	38	24	11	309
Average Age=				46.6	Average Service=				12.1

FOR PLAN YEAR COMMENCING JANUARY 1, 2024

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

FOR

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

EIN: 52-6124754

PN: 001

Plan Year 1/1/2024

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

April 1, 2024

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

April 1, 2024
EIN: 52-6124754
PN: 001
Tel: (410) 683-6500

Re: Annual Certification of Plan Status under Internal Revenue Code §432(b) and Employee Retirement Income Security Act of 1974 §305(b)

Dear Board of Trustees:

CERTIFICATION

As required by Section 432(b)(3) of the Internal Revenue Code (“Code”) and Section 305(b)(3) of the Employee Retirement Income Security Act of 1974 (“ERISA”), we certify, for the plan year beginning January 1, 2024 that the Fund is classified as being in Critical and Declining status as this term is defined in Section 432(b) of the Code and Section 305(b) of ERISA as amended by the Multiemployer Pension Reform Act of 2014.

The rehabilitation period for the Rehabilitation Plan adopted by the Trustees on November 26, 2009 began on January 1, 2012 and requires all reasonable measures to forestall insolvency. As discussed in Appendix III, we certify that the Fund is making scheduled progress in meeting the requirements of its Rehabilitation Plan due to the exhaustion of all reasonable measures to forestall insolvency.

This certification is complete and has been prepared in accordance with the requirements of Section 432 of the Code, Section 305 of ERISA, and generally recognized and accepted actuarial principles and practices and our understanding of the Code of Professional Conduct and applicable Actuarial Standards of Practice set out by the Actuarial Standards Board as well as applicable laws and regulations. Furthermore, as credentialed actuaries, we meet the Qualification Standards of the American Academy of Actuaries to render the opinion contained in this certification. This certification does not address any contractual or legal issues. We are not attorneys, and our firm does not provide any legal services or advice.

This certification was prepared exclusively for the Trustees of the Warehouse Employees Union Local 730 Pension Trust Fund and the Secretary of Treasury. It only certifies the condition of the Fund under Code Section 432 as added by the Pension Protection Act of 2006 and should be used only for that purpose. Other users of this certification are not intended users as defined in the Actuarial Standards of Practice, and Cheiron assumes no duty or liability to such other users.

In preparing this certification, we have relied on information (some oral and some written) supplied by the Fund Office staff and the Fund’s investment manager. This information includes, but is not limited to, the plan provisions, employee data, financial information, and expectations of future industry activity. We performed an informal examination of the obvious characteristics of the data for reasonableness and consistency in accordance with Actuarial Standard of Practice No. 23.

Board of Trustees

April 1, 2024

Page ii

Future analyses may differ significantly from those presented in this certification letter due to such factors as the following: plan experience differing from that anticipated by the assumptions; changes in assumptions; and, changes in plan provisions or applicable law.

The attached appendices show the results for the statutory tests and describe the methodologies and assumptions used to perform the tests. Please contact the undersigned with any questions.

Sincerely,

Cheiron



Peter R. Hardcastle, FSA, EA (23-05197)
Principal Consulting Actuary



Matthew Deveney, FSA, EA (23-07754)
Principal Consulting Actuary

Attachments: Appendix I: Tests of Fund Status
Appendix II: Detail for Actuarial Certification
Appendix III: Scheduled Progress
Appendix IV: Methodology and Assumptions

cc: Secretary of the Treasury

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment B to 2024 Form 5500 Schedule MB

Schedule MB, line 4b – Illustration Supporting Actuarial Certification Status

Support for the Plan's Critical and Declining status can be found in the attached PPA certification.

Schedule MB, line 4c – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan

Pursuant to ERISA Section 305(e)(3)(A)(ii), the Board of Trustees has adopted a Rehabilitation Plan to forestall insolvency as defined in ERISA Section 4245. The Rehabilitation Plan removes some adjustable benefits and requires contribution increases from all employers to match those affordable to the largest employer. The current required increases are 4.9% per year. Currently, all active employers are increasing contribution rates by 4.9% annually. On this basis and also considering lack of guidance from the Internal Revenue Service, we are certifying that the Fund is making the scheduled progress in meeting the requirements of its Rehabilitation Plan as discussed in ERISA Section 305(b)(3)(A)(ii).

Schedule MB, line 4f – Cash Flow Projections

The Plan's cash flow projections can be found in the attached PPA certification together with a summary of the assumptions underlying these projections.

Form **15315**
(February 2024)

Department of the Treasury - Internal Revenue Service
**Annual Certification for Multiemployer
Defined Benefit Plans**

OMB Number
1545-2111

This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)
Complete all entries in accordance with the instructions

For calendar plan year 2024 or fiscal plan year beginning 1/1/2024 and ending 12/31/2024

Part I – Basic Plan Information

1a. Name of plan Warehouse Employees Union Local No. 730 Pension Trust Fund		1b. Three-digit plan number (PN) 001
1c. Plan sponsor's name Board of Trustees Warehouse Employees Local No. 730 Pension Trust Fund		1d. Employer identification number (EIN) 52-6124754
1e. Plan sponsor's telephone number (410) 683-7763	1f. Plan sponsor's address, city, state, ZIP code 911 Ridgebrook Road, Sparks, MD, 21152-9451	

Part II – Plan Actuary's Information

2a. Plan actuary's name Peter R. Hardcastle	2b. Plan actuary's firm name Cheiron, Inc
2c. Plan actuary's firm address, city, state, ZIP code 8300 Greensboro Drive, Suite 800, McLean, VA, 22102	
2d. Plan actuary's enrollment number 23-05197	2e. Plan actuary's telephone number (703) 893-1456

Part III – Plan Status

3. Check the appropriate box to indicate the plan's IRC Section 432 status

- | | |
|--|---|
| ☐ Neither endangered nor critical | ☐ Not endangered due to special rule in IRC Section 432(b)(5) |
| ☐ Endangered | ☐ Critical due to election under IRC Section 432(b)(4) |
| ☐ Seriously endangered | ☐ Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v) |
| ☐ Critical | |
| ☒ Critical and declining | |

Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan

4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

	Yes	No	N/A
Funding Improvement Plan	☐	☐	☒
Rehabilitation Plan	☒	☐	☐

Part V – Sign Here

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.

Actuary's signature <i>PR Hardcastle</i>	Date <i>4/1/2024</i>
---	-------------------------

FOR PLAN YEAR COMMENCING JANUARY 1, 2024

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

FOR

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

EIN: 52-6124754

PN: 001

Plan Year 1/1/2024

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

April 1, 2024

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

April 1, 2024
EIN: 52-6124754
PN: 001
Tel: (410) 683-6500

Re: Annual Certification of Plan Status under Internal Revenue Code §432(b) and Employee Retirement Income Security Act of 1974 §305(b)

Dear Board of Trustees:

CERTIFICATION

As required by Section 432(b)(3) of the Internal Revenue Code (“Code”) and Section 305(b)(3) of the Employee Retirement Income Security Act of 1974 (“ERISA”), we certify, for the plan year beginning January 1, 2024 that the Fund is classified as being in Critical and Declining status as this term is defined in Section 432(b) of the Code and Section 305(b) of ERISA as amended by the Multiemployer Pension Reform Act of 2014.

The rehabilitation period for the Rehabilitation Plan adopted by the Trustees on November 26, 2009 began on January 1, 2012 and requires all reasonable measures to forestall insolvency. As discussed in Appendix III, we certify that the Fund is making scheduled progress in meeting the requirements of its Rehabilitation Plan due to the exhaustion of all reasonable measures to forestall insolvency.

This certification is complete and has been prepared in accordance with the requirements of Section 432 of the Code, Section 305 of ERISA, and generally recognized and accepted actuarial principles and practices and our understanding of the Code of Professional Conduct and applicable Actuarial Standards of Practice set out by the Actuarial Standards Board as well as applicable laws and regulations. Furthermore, as credentialed actuaries, we meet the Qualification Standards of the American Academy of Actuaries to render the opinion contained in this certification. This certification does not address any contractual or legal issues. We are not attorneys, and our firm does not provide any legal services or advice.

This certification was prepared exclusively for the Trustees of the Warehouse Employees Union Local 730 Pension Trust Fund and the Secretary of Treasury. It only certifies the condition of the Fund under Code Section 432 as added by the Pension Protection Act of 2006 and should be used only for that purpose. Other users of this certification are not intended users as defined in the Actuarial Standards of Practice, and Cheiron assumes no duty or liability to such other users.

In preparing this certification, we have relied on information (some oral and some written) supplied by the Fund Office staff and the Fund’s investment manager. This information includes, but is not limited to, the plan provisions, employee data, financial information, and expectations of future industry activity. We performed an informal examination of the obvious characteristics of the data for reasonableness and consistency in accordance with Actuarial Standard of Practice No. 23.

Board of Trustees

April 1, 2024

Page ii

Future analyses may differ significantly from those presented in this certification letter due to such factors as the following: plan experience differing from that anticipated by the assumptions; changes in assumptions; and, changes in plan provisions or applicable law.

The attached appendices show the results for the statutory tests and describe the methodologies and assumptions used to perform the tests. Please contact the undersigned with any questions.

Sincerely,

Cheiron



Peter R. Hardcastle, FSA, EA (23-05197)
Principal Consulting Actuary



Matthew Deveney, FSA, EA (23-07754)
Principal Consulting Actuary

Attachments: Appendix I: Tests of Fund Status
Appendix II: Detail for Actuarial Certification
Appendix III: Scheduled Progress
Appendix IV: Methodology and Assumptions

cc: Secretary of the Treasury

APPENDIX I – TESTS OF FUND STATUS

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

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

NO

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

NO

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

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

YES

The Fund is certified to be in Critical and Declining status for 2024.

APPENDIX II – DETAIL FOR ACTUARIAL CERTIFICATION

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

<u>Date</u>	<u>Credit Balance</u>	adjusted with interest to end of year		
		<u>Charges</u>	<u>Credits</u>	<u>Contributions</u>
1/1/2024	(\$75,848,626)	19,911,616	10,432,814	6,692,464
1/1/2025	(\$83,944,368)			

Because a funding deficiency is projected at year end, it is not required to project the funding standard account credit balance any further. The projected funding standard account is based on the methods and assumptions set out in Appendix IV.

The projection of future contributions is based on the Trustees' estimate of future industry activity multiplied by the contribution rates contained in the current collective bargaining agreements under which the Fund is maintained. Additionally, future Withdrawal Liability payments by McKesson Drug Corporation are included.

B. SOLVENCY PROJECTION (Used for Tests 2 and 3) (assumes contribution increases continue in accordance with CBAs in effect as of January 1, 2024)

The chart below shows a projection of the assets of the Fund over the next 12 years. The projection indicates that the Fund is expected to run out of assets during the 2035 Plan Year.

Plan Year	Market Value of		Withdrawal	Benefit	Administrative	Net	Investment
Beginning	Assets	Contributions	Liability Payments	Payments	Expenses	Investment Return	Return Assumption
1/1/2024	\$ 146,143,912	\$ 6,469,849	\$ 663,674	\$ 23,368,356	\$ 635,411	\$ 8,963,092	7.00%
1/1/2025	138,236,761	6,504,178	\$ 663,674	\$ 23,841,001	\$ 648,119	8,394,073	7.00%
1/1/2026	129,309,565	6,539,202	\$ 663,674	\$ 24,209,761	\$ 661,081	7,757,240	7.00%
1/1/2027	119,398,839	6,556,066	\$ 663,674	\$ 24,671,127	\$ 674,303	7,047,739	7.00%
1/1/2028	108,320,888	6,556,066	\$ 663,674	\$ 24,903,177	\$ 687,789	6,263,835	7.00%
1/1/2029	96,213,497	6,556,066	\$ 663,674	\$ 25,025,340	\$ 701,545	5,411,640	7.00%
1/1/2030	83,117,992	6,556,066	\$ 663,674	\$ 25,213,731	\$ 715,576	4,487,990	7.00%
1/1/2031	68,896,414	6,556,066	\$ 663,674	\$ 25,165,562	\$ 729,887	3,493,645	7.00%
1/1/2032	53,714,350	6,556,066	\$ 663,674	\$ 24,986,150	\$ 744,485	2,436,571	7.00%
1/1/2033	37,640,025	6,058,310	\$ 165,919	\$ 24,483,323	\$ 759,374	1,808,786	7.00%
1/1/2034	20,430,342	5,892,392	\$ 0	\$ 24,199,416	\$ 774,562	773,564	7.00%
1/1/2035	2,122,319	5,892,392	\$ 0	\$ 23,770,016	\$ 790,053	0	7.00%
1/1/2036	0						

APPENDIX III – SCHEDULED PROGRESS

Pursuant to ERISA Section 305(e)(3)(A)(ii), the Board of Trustees has adopted a Rehabilitation Plan to forestall insolvency as defined in ERISA Section 4245. The Rehabilitation Plan removes some adjustable benefits and requires contribution increases from all employers to match those affordable to the largest employer. The current required increases are 4.9% per year. Currently, all active employers are increasing contribution rates by 4.9% annually. On this basis and also considering lack of guidance from the Internal Revenue Service, we are certifying that the Fund is making the scheduled progress in meeting the requirements of its Rehabilitation Plan as discussed in ERISA Section 305(b)(3)(A)(ii).

APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

A. Actuarial Assumptions

1. Rates of Investment Return

7.00% net of investment expenses.

2. Administrative Expenses

Admin expenses for 2024 are based on the actual admin expenses from the prior year increased with inflation for one year (rounded to the nearest thousand). Future recurring admin expenses are assumed to increase by 2.0% per year thereafter.

3. Rates of Mortality

Funding:

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

Current Liability under RPA 1994:

The 2023 Static Mortality Table as prescribed under IRS Regulations.

4. Rates of Retirement

For individuals commencing from Active status:

Age	Less than 30 Years of Service		30 Years of Service	Over 30 Years of Service
	NRA = 60	NRA = 62		
<60	0%	0%	35%	15%
60	25%	0%	100%	100%
61	15%	0%	100%	100%
62	15%	25%	100%	100%
63 – 64	15%	15%	100%	100%
65+	100%	100%	100%	100%

For Individuals commencing from Inactive status:

Age	NRA of 60	NRA of 62
60	0%	0%
60	50%	0%
61	25%	0%
62	25%	50%
63-64	25%	25%
65+	100%	100%

APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

5. Rates of Turnover

Double the combination of Sarason's Advanced Pension Tables. Sample rates:

Age	Rate
20	24.77%
22	22.62
24	20.47
25	19.40
26	18.02
28	15.25
30	12.49
35	8.21
40	5.24
45	2.57
50	0.00

6. Rates of Disability

None assumed.

7. Marriage Rates

- 61% of participants are assumed to be married.
- Males are assumed to be three years older than spouse.

8. Payment Form Elections

Level Income Option – 65%
Single Life or Certain Annuity – 15%
Joint & Survivor Annuity – 20%

9. Active Participants

All non-retired participants who have hours worked during the plan year ending December 31, 2022.

10. Future Hours Worked By Active Participants

Contribution Base Units are assumed to remain constant at the 2023 level. Each active participant will work average annual hours worked in the past three years, excluding the year of entry. The default hours worked is assumed to be 1,900 hours. No participant is assumed to work less than 870 hours per year.

APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

11. Contribution Rates Used for Determination of Minimum Flat Benefit and Percentage of Contributions Benefit

The contribution rate in effect at the date of adoption of the Rehabilitation Schedule.

12. Contribution Rate Used for Determination of Employer Contributions

Contribution rates are based on the Preferred Schedule of the Rehabilitation, with increases based on each employer's collective bargaining agreement in effect as of January 1, 2024. In addition, a \$0.35 per hour rate is included in the contribution rates for Giant Warehouse each year to reflect the additional (non-benefit bearing) contributions required when working vacation relief hours.

13. Future Withdrawal Liability Payments and Future Employer Withdrawals

Future withdrawal liability payments are based on the actual payment schedules for withdrawals that occurred and were assessed by December 31, 2023 and are assumed to be 100% collectable. No current employers are assumed to withdraw on or after January 1, 2024.

14. New Entrant Profile

New entrants are based on the distribution below, assuming 92% male.

Age	Service	Accrued Benefit	Annual Benefit Accrual	Relative Proportion
20	0.531	\$68.94	\$1,370.88	14%
25	0.567	\$60.67	\$1,370.88	9%
30	1.933	\$254.38	\$1,370.88	18%
35	1.456	\$163.33	\$1,370.88	18%
40	2.123	\$348.61	\$1,370.88	14%
45	6.955	\$902.12	\$1,370.88	7%
50	9.582	\$1,463.13	\$1,370.88	10%
55	13.168	\$2,272.00	\$1,370.88	10%

15. Participant Data, Basis for Projections

The January 1, 2023 actuarial valuation and related participant data serves as the basis for the 2024 Zone Certification.

This report is based upon employee data furnished by the Fund Administrator. All non-retired participants who have hours worked during the plan year ending December 31, 2022 are assumed to be active participants as of January 1, 2023 unless identified as having been terminated.

APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

16. Rehabilitation Plan Benefit Schedule

In preparing our report and valuation results, all participating employers were valued under the Preferred Schedule as of January 1, 2023.

17. Projected Industry Activity

As required by Section 432 of the Code, assumptions with respect to projected industry activity are based on information provided by the Trustees. It is the Trustees' expectation that the contribution base units will remain level during the projection period.

18. Exclusions

No participants were excluded from the projections.

19. Reciprocity

There are no assumptions related to reciprocity as the Plan has no reciprocal agreements.

20. Missing or incomplete data

There is no missing or incomplete data.

21. Justification for Assumptions

Economic: The expected investment return was chosen by modeling the Fund's current asset allocation with the 2023 Horizon Investment Survey and using input from the Fund's investment adviser. Historically the Fund has averaged 9.07% annual return over the past 10 years and has outperformed its benchmark. Taking into account the historical returns and forward-looking expectations, a long-term rate of return of 7% is reasonable.

Demographic: The demographic assumptions were reviewed concurrently with the 2020 valuation and updated to better reflect actual experience. The mortality assumption is based on the Safe-harbor mortality assumption defined in the American Rescue Plan Act.

B. Actuarial Methods

1. Funding Method: Entry Age Normal Cost Method

Under the entry age normal actuarial cost method, the individual entry age normal cost is determined for each participant by calculating the level annual contribution required to fund that individual's expected benefits based on the current plan provisions over the participant's expected active working lifetime with the Fund at entry.

At the valuation date the present value of future normal cost is calculated for each individual participant by multiplying the entry age normal cost by the present value of the

APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

participant's expected future active working lifetime with the Fund. The cost for each participant is then summed to yield the present value of future normal costs.

The excess of the present value of future benefits for all individuals at the valuation date over the present value of future normal costs is called the Actuarial Liability, or past service liability.

The excess, if any, of the Actuarial Liability over the Actuarial Value of Assets is known as the unfunded accrued liability. If the Actuarial Value of Assets exceeds the Actuarial Liability, the Fund may have a surplus.

2. Asset Valuation Method

The Actuarial Value of Assets is determined in accordance with Section 3.16 of Revenue Procedure 2000-40 using a five-year smoothing period. Specifically, the Actuarial Value of Assets as of January 1, 2006 is set equal to the Market Value of Assets. For each subsequent plan year, the actuarial value shall be the market value minus a decreasing fraction ($4/5$, $3/5$, $2/5$, $1/5$) of each gain or loss for each of the preceding four plan years (with the exception of the 2008 loss which is recognized at a rate of $1/10$ per plan year due to funding relief). Gains or losses prior to January 1, 2006 are ignored.

3. Disclosures Regarding Models Used

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

a. Valuation Software

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

b. Projections

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

The projections are based on the January 1, 2023 actuarial valuation projected to December 31, 2023 using expected liabilities and preliminary, unaudited December 31, 2023 assets. These projections also assume the continuation of the plan provisions and actuarial assumptions in effect as of January 1, 2023.

APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

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

4. PRA 2010 Funding Relief

The Fund's Board of Trustees elected funding relief under § 431(b)(8) of the Code and § 304(b)(8) of ERISA. This included the "special amortization rule," which allows the Fund's investment losses for the plan year ended December 31, 2008 to be separately amortized over 29 years.

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust

Plan Sponsor EIN / Plan Number: 52-6124754 / 001

Attachment A to 2024 Form 5500 Schedule MB

Schedule MB, line 3 – Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Withdrawal Liability
			Payment
February 2024	\$165,918.50	\$0.00	\$165,918.50
May 2024	\$165,918.50	\$0.00	\$165,918.50
August 2024	\$165,918.50	\$0.00	\$165,918.50
November 2024	\$165,918.50	\$0.00	\$165,918.50

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment H to 2024 Form 5500 Schedule MB

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases

Schedule of Amortizations Required for Minimum Required Contribution as of January 1, 2024				
Type of Base	Date Established	1/1/2024 Outstanding Balance	Remaining Amortization Years ¹	Beginning of Year Amortization Amount
CHARGES				
1. Increase in Employer Contributions	01/01/1990	106,027	1	106,027
2. Increase in Employer Contributions	01/01/1991	328,228	2	169,663
3. Plan Amendments	01/01/1992	12,640	3	4,503
4. Increase in Employer Contributions	01/01/1992	185,999	3	66,235
5. Change in Actuarial Assumptions	01/01/1992	540,927	3	192,637
6. Increase in Employer Contributions	01/01/1993	375,457	4	103,594
7. Increase in Employer Contributions	01/01/1994	551,550	5	125,718
8. Increase in Employer Contributions	01/01/1995	516,996	6	101,367
9. Plan Amendments	01/01/1996	322,382	7	55,906
10. Increase in Employer Contributions	01/01/1996	617,848	7	107,144
11. Plan Amendments	01/01/1997	22,729	8	3,558
12. Increase in Employer Contributions	01/01/1997	708,635	8	110,910
13. Increase in Employer Contributions	01/01/1998	327,311	9	46,951
14. Plan Amendments	01/01/1998	5,942,479	9	852,421
15. Increase in Employer Contributions	01/01/1999	1,078,753	10	143,543
16. Plan Amendments	01/01/1999	2,434,937	10	324,000
17. Increase in Employer Contributions	01/01/2000	284,484	11	35,456
18. Plan Amendments	01/01/2001	250,530	12	29,479
19. Change in Actuarial Assumptions	01/01/2001	463,799	12	54,573

¹ The remaining amortization period for the charge bases established prior to 1/1/2009 reflect a 5-year automatic extension granted under 431(d).

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment H to 2024 Form 5500 Schedule MB

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases

Schedule of Amortizations Required for Minimum Required Contribution as of January 1, 2024				
Type of Base	Date Established	1/1/2024 Outstanding Balance	Remaining Amortization Years ¹	Beginning of Year Amortization Amount
CHARGES				
20. Increase in Employer Contributions	01/01/2001	\$ 1,561,058	12	\$ 183,683
21. Plan Amendments	01/01/2002	412,564	13	46,135
22. Increase in Employer Contributions	01/01/2002	1,453,799	13	162,568
23. Increase in Employer Contributions	01/01/2003	1,660,790	14	177,480
24. Increase in Employer Contributions	01/01/2004	1,521,214	15	156,095
25. Increase in Employer Contributions	01/01/2005	1,744,764	16	172,614
26. Experience Loss	01/01/2005	497,454	1	497,454
27. Recognized Portion of the 2008 ENIL	01/01/2009	32,735,993	14	3,498,313
28. Bifurcation Base	01/01/2009	3,956,384	5	901,800
29. Bifurcation Base	01/01/2010	806,116	1	806,116
30. Recognized Portion of the 2008 ENIL	01/01/2011	4,734,501	14	505,950
31. Recognized Portion of the 2008 ENIL	01/01/2012	15,158,693	14	1,619,925
32. Assumption Change	01/01/2012	4,422,365	3	1,574,907
33. Recognized Portion of the 2008 ENIL	01/01/2013	5,067,090	14	541,492
34. Recognized Portion of the 2008 ENIL	01/01/2014	3,196,753	14	341,619
35. Experience Loss	01/01/2015	2,514,140	6	492,949
36. Experience Loss	01/01/2016	4,221,576	7	732,082
37. Experience Loss	01/01/2017	1,662,751	8	260,242
38. Experience Loss	01/01/2018	1,440,353	9	206,612
39. Assumption Change	01/01/2020	12,946,827	11	1,613,596
TOTAL CHARGES		\$116,786,896		\$ 17,125,317

¹ The remaining amortization period for the charge bases established prior to 1/1/2009 reflect a 5-year automatic extension granted under 431(d).

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment H to 2024 Form 5500 Schedule MB

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases

Schedule of Amortizations Required for Minimum Required Contribution as of January 1, 2024				
Type of Base	Date Established	1/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CREDITS				
1. Change in Actuarial Assumptions	01/01/1996	601,385	2	310,861
2. Change in Actuarial Assumptions	01/01/1999	86,823	5	19,791
3. Change in Actuarial Assumptions	01/01/2002	575,213	8	90,027
4. Method Change	01/01/2009	10,307,796	15	1,057,701
5. Recognized Portion of the 2008 ENIL	01/01/2010	5,835,616	14	623,620
6. Plan Amendment	01/01/2010	2,232,896	1	2,232,896
7. Bifurcation Base	01/01/2011	1,553,952	2	803,249
8. Bifurcation Base	01/01/2012	915,834	3	326,149
9. Bifurcation Base	01/01/2013	5,981,173	4	1,650,291
10. Bifurcation Base	01/01/2014	1,778,064	5	405,283
11. Experience Gain	01/01/2019	605,850	10	80,616
12. Experience Gain	01/01/2020	1,566,487	11	195,236
13. Experience Gain	01/01/2021	4,110,164	12	483,624
14. Assumption Change	01/01/2022	131,054	13	14,655
15. Experience Gain	01/01/2022	8,686,670	13	971,371
16. Experience Gain	01/01/2023	1,350,313	14	144,300
17. Experience Gain	01/01/2024	<u>4,058,806</u>	15	<u>416,481</u>
TOTAL CREDITS		<u>50,378,096</u>		<u>\$ 9,826,151</u>
NET CHARGE		\$ 66,408,800		\$ 7,299,166

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment I to 2024 Form 5500 Schedule MB

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

Changes:

1. The RPA '94 current liability interest rate was changed from 2.55% to 3.29% to comply with appropriate guidance.
2. The RPA '94 current liability mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Static Mortality Table as prescribed under IRS regulations.
3. The administrative expense assumption was changed from \$602,230 to \$560,706 to better reflect recent experience by the Fund.
4. For financial disclosure under FASB Topic ASC 960, the present value of future administrative expense is based on future mid-year cash flows of \$284.91 per participant that increase 2% per year for inflation. Last year we used \$305.08 per participant.

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

A. Actuarial Assumptions

1. Rates of Investment Return

Funding purposes: 7.00%

Current Liability under RPA 1994: 3.29%

This interest rate is the top of the corridor established by law.

All investment returns are net of investment expenses.

2. Rates of Mortality

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

Current Liability under RPA 1994:
The 2024 Static Mortality Table as prescribed under IRS Regulations.

3. Rates of Disability

None assumed.

4. Rates of Turnover

Double the combination of Sarason’s Advanced Pension Tables. Sample rates:

Age	Rate
20	24.77%
22	22.62
24	20.47
25	19.40
26	18.02
28	15.25
30	12.49
35	8.21
40	5.24
45	2.57
50	0.00

5. Rates of Retirement

For individuals commencing from Active status:

	Less than 30 Years of Service		30 Years of Service	Over 30 Years of Service
Age	NRA = 60	NRA = 62	Service	Service
<60	0%	0%	35%	15%
60	25%	0%	100%	100%
61	15%	0%	100%	100%
62	15%	25%	100%	100%
63 – 64	15%	15%	100%	100%
65+	100%	100%	100%	100%

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment D to 2024 Form 5500 Schedule MB

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

5. Rates of Retirement (continued)

For individuals commencing from Inactive status:

Age	NRA of 60	NRA of 62
<60	0%	0%
60	50%	0%
61	25%	0%
62	25%	50%
63-64	25%	25%
65+	100%	100%

6. Marriage Rates

Percentage married: Males – 61%
Females – 61%

Age differences: Males are assumed to be three years
older than spouse.

7. Payment Form Elections

Level Income Option – 65%
Single Life or Certain Annuity – 15%
Joint & Survivor Annuity – 20%

8. Administrative Expenses

\$560,706 payable at the beginning of the year. Projected expenses incorporate an expense inflation assumption of 2% per year.

For financial disclosure under FASB ASC 960, the present value of future administrative expense is 2.61% of accrued liability. This amount is based on future projected cash flows of \$284.91 per participant, mid-year, that increase 2% per year for inflation.

9. Active Participants

All non-retired participants who have hours worked during the Plan Year ending December 31, 2023.

10. Future Hours Worked By Active Participants

Each active participant will work average annual hours worked in the past three years, excluding the year of entry. No participant is assumed to work less than 870 hours per year.

11. Contribution Rate Used for Determination of Minimum Flat Benefit

The contribution rate in effect on January 1, 2024.

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment D to 2024 Form 5500 Schedule MB

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

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

The contribution rate in effect on January 1, 2024.

13. Participant Data

This report is based upon employee data furnished by the Fund Administrator. All non-retired participants who have hours worked during the Plan Year ending December 31, 2023 are assumed to be active participants as of January 1, 2024 unless identified as having been terminated.

14. Assets

Provided by the independent auditors' report as of December 31, 2023.

The Actuarial Value of Assets is based on the market value with an adjustment to smooth appreciation or depreciation in the market value over the past five years.

80% of the net appreciation or depreciation for the most recently completed plan year is removed from the value of the assets, 60% of the appreciation or depreciation for the year prior to that is removed, etc., until the fifth year prior to this plan year for which none of the appreciation or depreciation is removed. The Actuarial Value of Assets is adjusted, if necessary, to be within 80% to 120% of the Market Value of the Assets.

15. Rehabilitation Plan Benefit Schedule

In preparing our report and valuation results, all participating employers were valued under the Preferred Schedule as of January 1, 2024.

16. Choice of Assumptions

Economic: The expected investment return was chosen by modeling the Fund's current asset allocation with the 2023 Horizon Investment Survey and using input from the Fund's investment adviser.

Demographic: The demographic assumptions were reviewed concurrently with the 2020 valuation and updated to better reflect actual experience. The mortality assumption is based on the PBGC recommended mortality assumption defined in their regulations to the American Rescue Plan Act.

17. Changes in Assumptions since Last Valuation

For funding calculations, the administrative expense assumption was changed from \$602,230 to \$560,706.

For financial disclosure under FASB Topic ASC 960, the present value of future administrative expense is based on future mid-year cash flows of \$284.91 per participant that increase 2% per year for inflation. Last year we used \$305.08 per participant.

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment D to 2024 Form 5500 Schedule MB

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

The RPA '94 Current Liability interest rate was changed from 2.55% to 3.29% and the RPA '94 Current Liability mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Static Mortality Table to comply with appropriate guidance.

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

B. Actuarial Methods

1. Asset Valuation Method

The Actuarial Value of Assets is determined in accordance with Section 3.16 of Revenue Procedure 2000-40 using a five-year smoothing period. Specifically, the Actuarial Value of Assets as of January 1, 2006 is set equal to the Market Value of Assets. For each subsequent plan year, the Actuarial Value shall be the market value minus a decreasing fraction ($4/5$, $3/5$, $2/5$, $1/5$) of each gain or loss for each of the preceding four plan years except for 2008 market losses which are recognized at 10% a year due to funding relief. Gains or losses prior to January 1, 2006 are ignored.

The resulting Actuarial Value of Assets is then limited to be no greater than 120% and no less than 80% of the Market Value of Assets on the valuation date.

2. Funding Method: Entry Age Normal Cost Method

Under the Entry Age Normal Cost Method, the individual entry age normal cost is determined for each participant by calculating the level annual contribution required to fund that individual's expected benefits based on the current Plan provisions over the participant's expected active working lifetime with the Fund at entry.

At the valuation date, the present value of future normal cost is calculated for each individual participant by multiplying the entry age normal cost by the present value of the participant's expected future active working lifetime

with the Fund. The cost for each participant is then summed to yield the present value of future normal costs.

The excess of the present value of future benefits for all individuals at the valuation date over the present value of future normal costs is called the Actuarial Liability, or past service liability.

The excess of the present value of future benefits for all individuals at the valuation date over the present value of future normal costs is called the Actuarial Liability, or past service liability.

The excess, if any, of the Actuarial Liability over the Actuarial Value of Assets is known as the unfunded Accrued Liability. If the Actuarial Value of Assets exceeds the Actuarial Liability, the Fund may have a surplus.

3. PRA 2010 Funding Relief

The Fund's Board of Trustees elected funding relief under §431(b)(8) of the Code and §304(b)(8) of ERISA, specifically:

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

4. Reliance on Models

Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies (WinTech) to calculate the liabilities, normal costs, and projected benefit payments. We have relied on WinTech as the developer of

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment D to 2024 Form 5500 Schedule MB

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

ProVal. We have reviewed ProVal and have a basic understanding of it and have used ProVal in accordance with its original intended purpose. We have not identified any material inconsistencies in assumptions or output of ProVal that would affect this actuarial valuation.

Projections in this report were developed using *P-Scan*, our proprietary tool for developing deterministic projections to illustrate the impact of changes in assumptions, methods, plan provisions, or actual experience (particularly investment experience) on the future financial status of the plan.

5. Changes in Actuarial Methods since Last Valuation

None.

APPENDIX III – SCHEDULED PROGRESS

Pursuant to ERISA Section 305(e)(3)(A)(ii), the Board of Trustees has adopted a Rehabilitation Plan to forestall insolvency as defined in ERISA Section 4245. The Rehabilitation Plan removes some adjustable benefits and requires contribution increases from all employers to match those affordable to the largest employer. The current required increases are 4.9% per year. Currently, all active employers are increasing contribution rates by 4.9% annually. On this basis and also considering lack of guidance from the Internal Revenue Service, we are certifying that the Fund is making the scheduled progress in meeting the requirements of its Rehabilitation Plan as discussed in ERISA Section 305(b)(3)(A)(ii).

Warehouse Employees Union Local No. 730 Pension Trust

EIN: 52-6124754

Plan Number: 001

Attachments to 2024 Schedule MB of Form 5500

<u>Attachment</u>	<u>Description</u>
A	Line 3 – Withdrawal Liability Amounts
B	Line 4b – Illustration Supporting Actuarial Certification Status
B	Line 4c – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan
B	Line 4f – Cash Flow Projections
C	Line 6 – Summary of Plan Provisions
D	Line 6 – Statement of Actuarial Assumptions / Methods
E	Line 8b(1) – Schedule of Projection of Expected Benefit Payments
F	Line 8b(2) – Schedule of Active Participant Data
G	Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
H	Lines 9c and 9h – Schedule of Funding Standard Account Bases
I	Line 11 – Justification for Change in Actuarial Assumptions

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment E to 2024 Form 5500 Schedule MB

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total	Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 568,377	\$ 1,219,050	\$ 21,689,899	\$ 23,477,326	2049	\$ 2,914,999	\$ 5,249,372	\$ 4,499,076	\$ 12,663,447
2025	864,169	2,019,451	21,086,249	23,969,868	2050	2,830,030	5,009,312	3,975,107	11,814,449
2026	1,167,982	2,790,626	20,318,730	24,277,337	2051	2,728,601	4,757,025	3,479,687	10,965,313
2027	1,629,314	3,595,822	19,344,272	24,569,408	2052	2,623,151	4,502,362	3,016,222	10,141,735
2028	1,888,223	4,318,704	18,502,007	24,708,934	2053	2,503,608	4,232,129	2,587,610	9,323,347
2029	2,138,563	5,096,964	17,506,640	24,742,167	2054	2,378,669	3,960,666	2,196,111	8,535,446
2030	2,480,150	5,879,412	16,617,490	24,977,053	2055	2,240,952	3,694,948	1,843,209	7,779,109
2031	2,713,199	6,344,012	15,730,790	24,788,000	2056	2,117,883	3,426,112	1,529,384	7,073,378
2032	2,923,572	6,717,953	14,864,156	24,505,682	2057	1,991,638	3,157,314	1,254,102	6,403,054
2033	3,059,623	6,963,913	14,045,388	24,068,924	2058	1,864,263	2,889,318	1,015,965	5,769,546
2034	3,095,121	7,026,246	13,358,389	23,479,756	2059	1,752,001	2,629,815	812,858	5,194,674
2035	3,121,657	7,086,479	12,792,551	23,000,687	2060	1,631,895	2,385,134	642,095	4,659,124
2036	3,190,256	7,041,788	12,220,341	22,452,385	2061	1,524,003	2,147,607	500,599	4,172,210
2037	3,224,495	6,931,532	11,643,951	21,799,978	2062	1,421,643	1,920,090	385,078	3,726,810
2038	3,240,410	6,837,441	11,053,718	21,131,569	2063	1,319,973	1,712,169	292,183	3,324,325
2039	3,243,091	6,738,720	10,457,323	20,439,134	2064	1,220,262	1,516,263	218,644	2,955,170
2040	3,226,649	6,643,376	9,854,726	19,724,752	2065	1,126,687	1,335,168	161,337	2,623,192
2041	3,237,148	6,554,651	9,246,316	19,038,114	2066	1,034,755	1,169,010	117,374	2,321,139
2042	3,186,435	6,435,683	8,634,158	18,256,277	2067	945,948	1,018,933	84,174	2,049,054
2043	3,168,541	6,318,329	8,020,699	17,507,569	2068	863,909	883,725	59,497	1,807,131
2044	3,136,341	6,192,357	7,408,789	16,737,488	2069	783,458	762,093	41,443	1,586,994
2045	3,130,576	6,029,194	6,801,724	15,961,494	2070	711,289	653,275	28,442	1,393,006
2046	3,075,773	5,863,745	6,203,199	15,142,718	2071	639,861	557,572	19,226	1,216,660
2047	3,035,913	5,667,285	5,617,194	14,320,393	2072	574,054	473,213	12,796	1,060,063
2048	2,987,662	5,465,820	5,047,787	13,501,270	2073	513,286	398,609	8,381	920,276

Notes on the Expected Annual Benefit Payments:

- Based on the 2024 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions they do not include additional accruals, new entrants, or expected expenses

Plan Name: Warehouse Employees Union Local No. 730 Pension Trust
Plan Sponsor EIN / Plan Number: 52-6124754 / 001
Attachment G to 2024 Form 5500 Schedule MB

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$5,806,175	\$663,674	\$6,469,849
2025	\$5,840,504	\$663,674	\$6,504,178
2026	\$5,875,528	\$663,674	\$6,539,202
2027	\$5,892,392	\$663,674	\$6,556,066
2028	\$5,892,392	\$663,674	\$6,556,066
2029	\$5,892,392	\$663,674	\$6,556,066
2030	\$5,892,392	\$663,674	\$6,556,066
2031	\$5,892,392	\$663,674	\$6,556,066
2032	\$5,892,392	\$663,674	\$6,556,066
2033	\$5,892,392	\$165,919	\$6,058,310

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

Part II Basic Plan Information - enter all requested information											
1a Name of plan WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF WAREHOUSE EMPLOYEES LOCAL NO. 911 RIDGEBROOK ROAD SPARKS MD 21152-9451	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">08/15/1965</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">52-6124754</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">410-683-7763</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">493100</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan	08/15/1965	2b Employer Identification Number (EIN)	52-6124754	2c Plan Sponsor's telephone number	410-683-7763	2d Business code (see instructions)	493100
1b Three-digit plan number (PN) ►	001										
1c Effective date of plan	08/15/1965										
2b Employer Identification Number (EIN)	52-6124754										
2c Plan Sponsor's telephone number	410-683-7763										
2d Business code (see instructions)	493100										

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

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

SIGN HERE	Signed by: <i>William Davis</i>	Date: 10/3/2024	WILLIAM DAVIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	DocuSigned by: <i>[Signature]</i>	Date: 10/10/2024	JASON PARADIS
	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** 1,958**6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).**a (1)** Total number of active participants at the beginning of the plan year**6a(1)** 315**a (2)** Total number of active participants at the end of the plan year**6a(2)** 335**b** Retired or separated participants receiving benefits**6b** 916**c** Other retired or separated participants entitled to future benefits**6c** 538**d** Subtotal. Add lines 6a(2), 6b, and 6c**6d** 1,789**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e** 162**f** Total. Add lines 6d and 6e**6f** 1,951**g (1)** Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)**6g(1)****(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g(2)****h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7** 4**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**1B****b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

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

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
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 Warehouse Employees Union Local No. 730 Pension Trust Fund		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees Warehouse Employees Union		D Employer Identification Number (EIN) 52-6124754
E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)		
1a Enter the valuation date: Month 1 Day 1 Year 2024		
b Assets		
(1) Current value of assets	1b(1)	147,229,143
(2) Actuarial value of assets for funding standard account	1b(2)	150,830,376
c (1) Accrued liability for plan using immediate gain methods	1c(1)	293,087,810
(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)	288,003,258
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)	430,074,341
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2,499,387
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	23,120,373
(3) Expected plan disbursements for the plan year	1d(3)	24,057,325
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 PR Hardcastle Signature of actuary		9/9/2025 Date
Peter R. Hardcastle		23-05197
Type or print name of actuary		Most recent enrollment number
CHEIRON, Inc.		(703) 893-1456
Firm name		Telephone number (including area code)
8300 Greensboro Drive Suite 800 McLean VA 22102 Address of the firm		
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		
Schedule MB (Form 5500) 2024 v. 240311		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	147,229,143
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,095	255,301,981
(2) For terminated vested participants	564	116,582,390
(3) For active participants:		
(a) Non-vested benefits		5,008,224
(b) Vested benefits		53,181,746
(c) Total active	309	58,189,970
(4) Total	1,968	430,074,341
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	34.23 %

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
07/01/2024	6,425,471				
Totals ▶			3(b)	6,425,471	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 663,674

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	52.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ No
d If the plan is in critical status or critical and declining status, 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."		2035

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	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.4%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.2%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	560,706
(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	-4,058,806	-416,481

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	-2,013,041

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

a Prior year funding deficiency, if any	9a	75,848,634
b Employer's normal cost for plan year as of valuation date.....	9b	1,417,626

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)	116,786,896	17,125,317
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 6,607,410**e** Total charges. Add lines 9a through 9d.....**9e** 100,998,987**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 0**g** Employer contributions. Total from column (b) of line 3.....**9g** 6,425,471**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	50,378,096	9,826,151

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 908,919**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	157,585,634	
9j(2)	244,149,519	
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** 17,160,541**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m****n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n** 83,838,446**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** 83,838,446**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No