

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 U. A. LOCAL NO. 343 DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/01/1994
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) U.A. LOCAL NO. 343 PENSION TRUST 220 PEABODY ROAD VACAVILLE, CA 95687-4733	2b Employer Identification Number (EIN) 94-6092775 2c Plan Sponsor's telephone number 707-648-7066 2d Business code (see instructions) 238220

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	STEVEN MCCALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	ALEX HALL
	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	5 577
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) 245 6a(2) 250 6b 201 6c 114 6d 565 6e 18 6f 583 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 124

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 2
- (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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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		
A Name of plan U. A. LOCAL NO. 343 DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 U.A. LOCAL NO. 343 PENSION TRUST	D Employer Identification Number (EIN) 94-6092775	

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

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA02234	0	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 2207	(b) Total amount of fees paid 20532
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ULLICO INVESTMENT COMPANY, LLC 8403 COLESVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2207			0

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

THE UNION LABOR LIFE INSURANCE COMP

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	20532	ASSET MANAGEMENT FEES	7

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3811187

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

7e(5)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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		
A Name of plan U. A. LOCAL NO. 343 DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 U.A. LOCAL NO. 343 PENSION TRUST	D Employer Identification Number (EIN) 94-6092775	

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

(a) Name of insurance carrier PRUDENTIAL INSURANCE COMPANY OF AMERICA
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	30445	0	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	6596403

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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 U. A. LOCAL NO. 343 DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF U.A. LOCAL NO. 343 PENSION TRUST	D Employer Identification Number (EIN) 94-6092775

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) 149866401
(2) Actuarial value of assets for funding standard account	1b(2) 149866401
c (1) Accrued liability for plan using immediate gain methods	1c(1) 115225560
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a) 0
(b) Accrued liability under entry age normal method	1c(2)(b) 0
(c) Normal cost under entry age normal method	1c(2)(c) 0
(3) Accrued liability under unit credit cost method	1c(3) 115225560
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) 149144247
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 7313009
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 5305574
(3) Expected plan disbursements for the plan year.....	1d(3) 5855574

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

SIGN HERE	10/02/2025
Signature of actuary JASON C. BIRKLE	Date 23-07856
Type or print name of actuary NWPS	Most recent enrollment number 408-298-1170
Firm name 160 WEST SANTA CLARA STREET SUITE 1550 SAN JOSE, CA 95113-1726	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	149866401
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	224	62481231
(2) For terminated vested participants	118	19716949
(3) For active participants:		
(a) Non-vested benefits		10498305
(b) Vested benefits		56447762
(c) Total active	245	66946067
(4) Total	587	149144247
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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
01/01/2024	0	0			
12/31/2024	4224316	0			
Totals ►			3(b)	4224316	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	130.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	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	5.75 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	5.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	11.2 %
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)	550000
(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
4	4014775	384536
1	-2405371	-230387

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	4751018

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)	49173362	6789898
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 663603**e** Total charges. Add lines 9a through 9d.....**9e** 12204519**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 17281410**g** Employer contributions. Total from column (b) of line 3.....**9g** 4224316**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 1414044**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	31891952	5228016
9j(1)	0	
9j(2)	0	
9j(3)	0	

k (1) Waived funding deficiency

(2) Other credits

9k(1) 0**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 28147786**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 15943267**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

(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****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 U. A. LOCAL NO. 343 DEFINED BENEFIT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 U.A. LOCAL NO. 343 PENSION TRUST	D Employer Identification Number (EIN) 94-6092775

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE & COX
94-1441976
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAPITAL RESEARCH AND MANAGEMENT COM
95-1411037
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
T. ROWE PRICE ASSOCIATES, INC.
52-0556948
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
METROPOLITAN WEST ASSET MANAGEMENT
95-3703295

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

VANGUARD

23-1945930

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

BNY MELLON

25-6078093

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

ARISTOTLE PACIFIC CAPITAL, LLC

32-0710746

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

NYL INVESTORS MADISON CORE PROPERTY

93-3390961

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

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

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

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

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

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

U.A. LOCAL 343 JOINT SERVICES

94-6092775

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	PLAN SPONSOR	131532	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERUS ADVISORY, INC.

91-1320111

(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?
17 27 50	NONE	113958	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	105654	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)

KRAW LAW GROUP, APC

32-0465891

(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	63160	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHITESTAR ADVISORS

03-0496641

(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	60000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHWEST PLAN SERVICES

91-2090931

(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	46800	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)

PRUDENTIAL INSURANCE CO. OF AMERICA

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 52 71	NONE	35385	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

WASHINGTON CAPITAL MANAGEMENT, INC

91-1042342

(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	33118	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

U.S. BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 62 68	NONE	27884	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

TAKEHARA LANDSCAPE, INC.

8801 FOLSON BLVD., SUITE 177
SACRAMENTO, CA 95826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	23491	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEATHER CLANTON

2364 BECKETT DRIVE
EL DORADO, CA 95762

(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	17550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNIVERSAL BUILDING SERVICES

94-1692591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	17536	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)

VOYA INVESTMENT TRUST COMPANY

06-1440627

(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	15601	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

CAROLE KEANE & ASSOCIATES

68-0467589

(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	6425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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
TAKEHARA LANDSCAPE 8801 FOLSOM BLVD, #177 SACRAMENTO, CA 95826	49 50	SERVICE PROVIDER DID NOT PROVIDE INFORMATION REGARDING INDIRECT COMPENSATION, IF ANY.
(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
UNIVERSAL BUILDING SERVICES 94-1692591	49 50	SERVICE PROVIDER DID NOT PROVIDE INFORMATION REGARDING INDIRECT COMPENSATION, IF ANY.
(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.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan U. A. LOCAL NO. 343 DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 U.A. LOCAL NO. 343 PENSION TRUST	D Employer Identification Number (EIN) 94-6092775	

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: BNYM MELLON AFL-CIO SL STOCK INDEX			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-340	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14669536	
a Name of MTIA, CCT, PSA, or 103-12 IE: PACIFIC ASSET MNGT. BANK LOAN FUND			
b Name of sponsor of entity listed in (a): PAM BANK LOAN GP LLC			
c EIN-PN 46-5076716-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8679460	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA ACCOUNT			
b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE CO. OF AMERICA			
c EIN-PN 22-1211670-038	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6596403	
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON CAPITAL JOINT MASTER TRU			
b Name of sponsor of entity listed in (a): WASHINGTON CAPITAL MANAGEMENT, INC			
c EIN-PN 91-1163419-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3842503	
a Name of MTIA, CCT, PSA, or 103-12 IE: THE UNION LABOR LIFE INS CO. SEP J			
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY			
c EIN-PN 13-1423090-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3811187	
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SENIOR LOAN TRUST FUND			
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.			
c EIN-PN 06-1440627-045	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:			
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 U. A. LOCAL NO. 343 DEFINED BENEFIT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 U.A. LOCAL NO. 343 PENSION TRUST	D Employer Identification Number (EIN) 94-6092775

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	402706	347694
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	363232	307126
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3791427	1063769
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	3460	3166
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	12040311	11960987
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	22188750	14669537
(10) Value of interest in pooled separate accounts	1c(10)	10621639	10407590
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	3678714	12521962
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	96808608	108427773
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	149898847	159709604
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	32446	67046
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	32446	67046
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	149866401	159642558

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)	4224316	
(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)		4224316
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9286	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	431	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	123660	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		133377
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2879447	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2879447
(3) Rents	2b(3)		501099
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	91	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	44	
(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)	-204924	
(B) Other	2b(5)(B)	-9481	
(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)		3499297
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		68841
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		361270
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4483642
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		15936931

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5165951	
(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)		5165951
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)	131532	
(3) Recordkeeping fees	2i(3)	70567	
(4) IQPA audit fees	2i(4)	66653	
(5) Investment advisory and investment management fees	2i(5)	258780	
(6) Bank or trust company trustee/custodial fees	2i(6)	28533	
(7) Actuarial fees	2i(7)	46800	
(8) Legal fees	2i(8)	63160	
(9) Valuation/appraisal fees	2i(9)	60000	
(10) Other trustee fees and expenses	2i(10)	1133	
(11) Other expenses	2i(11)	267665	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		994823
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6160774

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9776157
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WITHUMSMITH+BROWN, PC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 563356.

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 U. A. LOCAL NO. 343 DEFINED BENEFIT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 U.A. LOCAL NO. 343 PENSION TRUST				D Employer Identification Number (EIN) 94-6092775	
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): 94-6092775					
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 TRSC INC

b EIN 36-4874642

c Dollar amount contributed by employer 391599

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 06 Day 30 Year 2026

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) 12.11

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

a Name of contributing employer ACCO ENGINEERED SYSTEMS (ACCO)

b EIN 95-1625123

c Dollar amount contributed by employer 385833

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 06 Day 30 Year 2026

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) 12.11

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

a Name of contributing employer SPECIALTY WELDING AND TURNAROUNDS, LLC

b EIN 46-3110540

c Dollar amount contributed by employer 240025

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 06 Day 30 Year 2026

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) 12.11

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

a Name of contributing employer PETERSON MECHANICAL INC

b EIN 94-1381307

c Dollar amount contributed by employer 223476

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 06 Day 30 Year 2026

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) 12.11

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

a Name of contributing employer BELL PRODUCTS INC.

b EIN 94-1392025

c Dollar amount contributed by employer 185826

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 06 Day 30 Year 2026

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) 12.11

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

a Name of contributing employer NORTH BAY PLUMBING INC.

b EIN 94-2764088

c Dollar amount contributed by employer 162662

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 06 Day 30 Year 2026

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):

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 **CORE CONSTRUCTION BUILDERS & ASSOCIATES INC**

b EIN **84-5164279**

c Dollar amount contributed by employer **161672**

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 **06** Day **30** Year **2026**

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) **12.11**

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

a Name of contributing employer **RSI - REFRIGERATION SOLUTIONS**

b EIN **81-2926928**

c Dollar amount contributed by employer **139323**

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 **06** Day **30** Year **2026**

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) **12.11**

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

a Name of contributing employer **LOCAL 343**

b EIN **94-0925634**

c Dollar amount contributed by employer **131429**

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 **06** Day **30** Year **2026**

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) **12.11**

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

a Name of contributing employer **GUARANTEE ELECTRICAL CONTRACTING LLC**

b EIN **20-0142747**

c Dollar amount contributed by employer **125109**

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 **06** Day **30** Year **2026**

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) **12.11**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

0

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

0

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

0

- 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

1.03

- 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 _____.

**U.A. LOCAL NO. 343
DEFINED BENEFIT PLAN
Consolidated Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Reports**

U.A. Local No. 343 Defined Benefit Plan
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December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
U.A. Local No. 343 Defined Benefit Plan:

Opinion

We have audited the consolidated financial statements of U.A. Local No. 343 Defined Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the consolidated statements of net assets available for benefits as of December 31, 2024 and 2023; and the related consolidated statements of changes in net assets available for benefits for the years then ended; and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the net assets available for benefits of U.A. Local No. 343 Defined Benefit 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 Consolidated Financial Statements section of our report. We are required to be independent of U.A. Local No. 343 Defined Benefit 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 Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about U.A. Local No. 343 Defined Benefit Plan's ability to continue as a going concern for one year after the date the consolidated 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 consolidated 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 Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 consolidated 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 consolidated 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 consolidated 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 U.A. Local No. 343 Defined Benefit 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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt U.A. Local No. 343 Defined Benefit 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.

A handwritten signature in blue ink that reads "Withum Smith & Brown, PC".

October 9, 2025

U.A. Local No. 343 Defined Benefit Plan
Consolidated Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Mutual funds	\$ 108,427,773	\$ 96,808,608
Common/collective trusts and 103-12 investment entities	27,191,499	25,867,464
Pooled separate accounts	10,407,590	10,621,639
Real estate	8,600,000	8,600,000
Limited liability company	3,360,987	3,440,311
Money market fund	3,131	282,667
Corporate bonds	<u>3,166</u>	<u>3,460</u>
Total investments - at fair value	<u>157,994,146</u>	<u>145,624,149</u>
Receivables		
Employer contributions, net	<u>307,126</u>	<u>363,232</u>
Total receivables	<u>307,126</u>	<u>363,232</u>
Cash	<u>1,408,332</u>	<u>3,911,466</u>
Total assets	<u>159,709,604</u>	<u>149,898,847</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	21,944	21,317
Due to related plans	<u>45,102</u>	<u>11,129</u>
Total liabilities	<u>67,046</u>	<u>32,446</u>
Net assets available for benefits	<u>\$ 159,642,558</u>	<u>\$ 149,866,401</u>

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

U.A. Local No. 343 Defined Benefit Plan
Consolidated 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	\$ 8,198,692	\$ 12,296,658
Interest and dividends	3,012,824	2,472,015
Rent	501,099	682,181
	11,712,615	15,450,854
Less: Investment expenses	(287,313)	(295,251)
Net investment income	11,425,302	15,155,603
Employer contributions, net	4,224,316	5,600,499
Total additions, net	15,649,618	20,756,102
Deductions		
Pension benefits	5,165,951	5,198,759
Administrative expenses		
Administration fees	132,175	132,695
Data processing	7,590	8,577
Insurance	31,091	29,197
Maintenance and utilities	266,837	374,959
Meetings, conferences and travel	1,134	14,577
PBGC insurance premiums	21,349	20,125
Printing and other	7,745	59,930
Professional fees	239,589	216,439
Total administrative expenses	707,510	856,499
Total deductions	5,873,461	6,055,258
Net change in net assets available for benefits	9,776,157	14,700,844
Net assets available for benefits		
Beginning of year	149,866,401	135,165,557
End of year	\$ 159,642,558	\$ 149,866,401

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

U.A. Local No. 343 Defined Benefit Plan
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Consolidation

U.A. Local No. 343 Defined Benefit Plan (the “Plan”) is the sole member of both Vaca 343 MT LLC and Vaca 343 LLC (the “LLCs”). The Plan and the LLCs are separate and distinct legal entities, but both LLCs are under the control of the Plan. The LLCs were established for the purpose of holding title and managing the real property. The financial activities of the LLCs have been included in the accompanying consolidated financial statements of the Plan. As part of the consolidated financial statements, all intercompany transactions have been eliminated.

Basis of Accounting

The accompanying consolidated financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Investment Valuation, Transactions and Income Recognition

General

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

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

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

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

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

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

Mutual Funds: The fair value of mutual funds is determined using quoted prices in active markets (Level 1).

Common/Collective Trusts, 103-12 Investment Entities, Pooled Separate Accounts and Limited Liability Company: The fair value of these investments is estimated based on the net asset value or equivalent as a practical expedient.

U.A. Local No. 343 Defined Benefit Plan
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

Real Estate: The fair value of the real estate is based on an independent third-party appraisal, as of January 17, 2024, and/or the real estate managers' valuation (Level 3).

Money Market Fund: The fair value of the money market fund is based on the total value of all the securities held using the amortized cost method. Generally, the amortized cost approximates the current fair value. The fund seeks to maintain a net asset value of \$1.00 (Level 2).

Corporate Bonds: The fair value of corporate obligations is generally based on a model that uses discounted cash flows. Inputs may include interest-rate yield curves, cross-currency-basis index spreads or country credit spreads, which are similar to the valued bond in terms of issuer, maturity and seniority (Level 2).

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

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

Employers' Contributions and Related Receivables

The Plan's policy is to recognize contributions based on the latest executed CBA on an individual employer basis. Contributions from participating employers are based on a rate per hour for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on factors related to specific employers' or groups of participants' ability to pay, and current and future economic trends and conditions. As of December 31, 2024 and 2023, there were no allowance taken.

The Plan has an employer payroll audit system in place in which the employers are randomly audited to verify that they are contributing in accordance with their signed agreement. Delinquencies may arise due to these payroll audits are recorded as contributions when collected. For the year ended December 31, 2024, the amounts collected are immaterial.

Rent from Related Plans

Rent from related plans represents the amount of rent owed to the Vaca 343 MT LLC as of December 31, 2024 and 2023.

Leases

The Plan categorizes leases with contractual terms longer than 12 months as either operating or finance. Finance leases are generally those leases that allow the Plan to substantially utilize or pay for the entire asset over its estimated life. All other leases are categorized as operating leases. Leases with contractual terms of 12 months or less are not recorded on the consolidated statements of net assets available for benefits. The Plan had no finance leases during 2024 and 2023.

U.A. Local No. 343 Defined Benefit Plan
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

Options to extend lease terms, terminate leases before the contractual expiration date or purchase the leased assets are evaluated for their likelihood of exercise. If it is reasonably certain that the option will be exercised, the option is considered in determining the classification and measurement of the lease. Vaca 343 MT LLC has included a right of early termination clause in its leases with its tenants in that Vaca 343 MT LLC and its tenants each have the unconditional right to terminate the lease early, without penalty or payment of any kind, by delivering to the other party not less than 90 calendar days' prior written notice of the early termination date of the lease. Therefore, leases with Vaca 343 MT LLC tenants are considered short-term leases and are not required to be recorded on the consolidated statements of net assets available for benefits. See Note 9 for additional information on these leases.

Actuarial Present Value of Accumulated Plan Benefits

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

Pension Benefits

Pension benefits are recorded when paid.

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the consolidated financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

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

The Plan invests in mutual funds, common/collective trusts and 103-12 investment entities, pooled separate accounts, real estate, a limited liability company, a money market fund, corporate debt securities, and other investment securities. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty with respect to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the consolidated statements of net assets available for benefits and the consolidated statements of changes in net assets available for benefits.

2. DESCRIPTION OF THE PLAN

The Plan was established during 1994 as a result of collective bargaining agreements between the union and various employer associations to provide retirement benefits for 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 provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

U.A. Local No. 343 Defined Benefit Plan
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

Under current provisions of the Plan, an employee is eligible for normal retirement benefits if the employee is at least 65 years of age and meets the credited service requirement for normal retirement, or has at least 10 years of vesting credits, or has reached the tenth anniversary of participation in the Plan without a permanent break in service or a temporary break in service then in effect and has ceased working in the pipe trades Industry. Under current provisions of the Plan, an employee may also be eligible for an early retirement benefit, service retirement benefit or disability retirement benefit if certain age, service and other factors are met.

A participant's interest in the Plan will be vested if the participant met the credited service requirement for vesting under the Bay Area Pipe Trades Pension Plan or one of its prior plans; has accrued at least 10 years of vesting credit for covered employment under a collective bargaining agreement calling for contributions to the Plan or a prior plan since the participant's enrollment date; has accrued at least five years of vesting credit for employment in a position not covered by a collective bargaining agreement but for which contributions are required to the Plan; is at least age 65, is an active participant in the Plan and has reached the tenth anniversary of participation in the Plan; has at least one hour of covered employment after January 1, 1988, is at least age 65, is an active participant in the Plan and has reached the fifth anniversary of participation in the Plan; or, effective January 1, 1999, has accrued five years of vesting credit and has satisfied one of the following requirements: (a) performed 300 hours of covered employment in the Plan year commencing January 1, 1998, and had at least one hour of covered employment in the Plan year commencing January 1, 1999, or (b) performed at least 300 hours of covered employment in the Plan year commencing January 1, 1999, or any Plan year thereafter.

Participants should refer to the Summary Plan Description for more complete information.

3. PRIORITIES UPON TERMINATION

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

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

4. TAX STATUS

The Plan obtained its latest determination letter, dated February 20, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a).

U.A. Local No. 343 Defined Benefit Plan
Notes to Consolidated Financial Statements
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The LLCs are considered a disregarded entity for federal tax purposes and have elected to have all LLC activity be included on the Plan's federal Form 5500 filings. The LLCs have no federal income tax obligations. The LLCs are considered taxable corporations in the state of California and must file California income tax returns. The LLCs paid taxes totaling \$6,800 and \$4,100 for the years ended December 31, 2024 and 2023, respectively.

The Plan's administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the consolidated financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. ACTUARIAL INFORMATION

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

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving payments	\$ 39,721,900
---	---------------

Other participants	<u>69,322,103</u>
--------------------	-------------------

Total vested benefits	109,044,003
-----------------------	-------------

Nonvested benefits	<u>6,181,557</u>
--------------------	------------------

Total actuarial present value of accumulated plan benefits	<u>\$ 115,225,560</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 beginning of year	<u>\$ 107,479,407</u>
-------------------------------	-----------------------

Increase (decrease) during the year attributable to

Plan experience and benefit accrual	2,635,064
-------------------------------------	-----------

Decrease in discount period	6,295,073
-----------------------------	-----------

Assumption and method changes	4,014,775
-------------------------------	-----------

Benefits paid	<u>(5,198,759)</u>
---------------	--------------------

Net increase	<u>7,746,153</u>
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Actuarial present value of accumulated

plan benefits at end of year	<u>\$ 115,225,560</u>
------------------------------	-----------------------

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been made as of December 31, 2023, there would be no material differences.

U.A. Local No. 343 Defined Benefit Plan
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

The actuarial valuations were made using the unit credit method. There were changes in the actuarial assumptions. Some of the more significant actuarial assumptions used in the December 31, 2023, valuations were:

Life expectancy of participants: PRI-2012 Private Retirement Plans Mortality Tables with Blue Collar adjustments reflecting Employee, Annuitant and Contingent Survivor for corresponding populations.

Retirement age assumptions: 100% at age 65 or later.

Investment rate of return: 5.75% compounded annually.

Expenses: Present value of future operating expenses with 2% increase each year.

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.

Because information on the accumulated plan benefits at December 31, 2024, and the changes therein for the year then ended are not included above, these consolidated 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 present the net assets available for benefits and the changes therein as of and for the year ended December 31, 2024. The complete financial status is presented as of December 31, 2023.

6. INVESTMENTS AT FAIR VALUE HIERARCHY

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at December 31, 2024 and 2023, are as follows:

	<u>Fair Value Measurements at Reporting Date Using</u>			
	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>	<u>December 31, 2024</u>
Assets in the fair value hierarchy				
Mutual funds	\$ 108,427,773	\$ -	\$ -	\$ 108,427,773
Real estate	-	-	8,600,000	8,600,000
Money market fund	-	3,131	-	3,131
Corporate bonds	-	3,166	-	3,166
Total assets in the fair value hierarchy	<u>\$ 108,427,773</u>	<u>\$ 6,297</u>	<u>\$ 8,600,000</u>	<u>117,034,070</u>
Investments measured at net asset value				
Common/collective trusts and 103-12 investment entities				27,191,499
Pooled separate accounts				10,407,590
Limited liability company				<u>3,360,987</u>
Total investments measured at net asset value				<u>40,960,076</u>
Total investments at fair value				<u>\$ 157,994,146</u>

U.A. Local No. 343 Defined Benefit Plan
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

	<u>Fair Value Measurements at Reporting Date Using</u>			<u>December 31, 2023</u>
	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>	
Assets in the fair value hierarchy				
Mutual funds	\$ 96,808,608	\$ -	\$ -	\$ 96,808,608
Real estate	-	-	8,600,000	8,600,000
Money market fund	-	282,667	-	282,667
Corporate bonds	-	3,460	-	3,460
Total assets in the fair value hierarchy	<u>\$ 96,808,608</u>	<u>\$ 286,127</u>	<u>\$ 8,600,000</u>	<u>105,694,735</u>
Investments measured at net asset value				
Common/collective trusts and 103-12 investment entities				25,867,464
Pooled separate accounts				10,621,639
Limited liability company				3,440,311
Total investments measured at net asset value				<u>39,929,414</u>
Total investments at fair value				<u>\$ 145,624,149</u>

Changes in Fair Value of Level 3 Assets

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. During the years ended December 31, 2024 and 2023, there were no transfers in or transfers out, purchases or issuances of Level 3 assets.

For fair value measurements categorized within Level 3 of the fair value hierarchy, the following table represents qualitative information about significant unobservable inputs used during the years ended December 31, 2024 and 2023:

<u>Instrument</u>	<u>Fair Value as of December 31,</u>		<u>Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Range</u>
	<u>2024</u>	<u>2023</u>			
				Capitalization rates	7.00%–8.35% (7.35%) \$13.51–\$21.53 Sf/Yr
			Appraisal	Market rent	(\$16.80 Sf/Yr)
Real estate	<u>\$ 8,600,000</u>	<u>\$ 8,600,000</u>	(As is - market value)	Comparable sales	\$7,062,500 Average

U.A. Local No. 343 Defined Benefit Plan
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

7. INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE

The following is a summary of the Plan's commitments and investments in certain entities that calculate net asset value as of December 31, 2024 and 2023:

Investment Type	Fair Value as of December 31,		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2024	2023		
Common/collective trusts				
Voya Senior Loan Trust	\$ -	\$ 8,260,253 (a)	Daily	Daily
AFL-CIO Equity Index	14,669,536	13,928,497 (a)	Daily	Daily
Pacific Asset Management Bank Loan Fund LP	8,679,460	- (a)	Monthly	Up to 10 days
Washington Capital Mortgage Income Fund	<u>3,842,503</u>	<u>3,678,714</u> (a)	Daily	Up to 15 days
Total common/collective trusts	<u>27,191,499</u>	<u>25,867,464</u>		
Pooled separate accounts				
PGIM - PRISA Fund	6,596,403	6,998,249 (a)	Quarterly	90 days
Ullico Separate Account J	<u>3,811,187</u>	<u>3,623,390</u> (a)	Monthly	3 months
Total pooled separate accounts	<u>10,407,590</u>	<u>10,621,639</u>		
Limited liability company				
Madison Core Property Fund, LLC	<u>3,360,987</u>	<u>3,440,311</u> (b)	See (b) below	See (b) below
	<u>\$ 40,960,076</u>	<u>\$ 39,929,414</u>		

There are no unfunded commitments for the years ended December 31, 2024 and 2023.

- (a) These investments are direct filing entities with the Department of Labor; therefore, information regarding the investments' strategy is not disclosed.
- (b) The objectives of the Madison Core Property Fund, LLC (the "Fund"), previously known as McMorgan Institutional Real Estate Fund, LLC, are (a) preservation of capital of the investors, (b) production of current income, (c) appreciation of the company's assets and (d) diversification of risk. Units of the Fund may be redeemed once per quarter with a 90-day written notice of redemption. Within 90 days after receipt of such notice, the Fund will determine whether to (i) redeem all or a portion of the units that the member wishes to sell, (ii) attempt to locate a qualified buyer for all or a portion of such units, (iii) reject the requested sale for a period of six months or (iv) do any combination of the foregoing. If redemptions are made from the sale of investments, the Fund will have six months to complete any such sales.

8. FUNDING POLICY

Participating employers contribute such amounts as are specified in the collective bargaining agreements. The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2024.

9. RELATED-PARTY TRANSACTIONS

The Plan remits contributions to Plumbers and Steamfitters Managed Health Care Plan (the "Health and Welfare Plan") on behalf of eligible retirees through pension deductions. For the years ended December 31, 2024 and 2023, the Plan remitted \$342,818 and \$385,895, respectively, to the Health and Welfare Plan. For the years ended December 31, 2024 and 2023, the amount due to the Health and Welfare Plan totaled \$45,102 and \$11,129, respectively. The Plan and Health and Welfare Plan have the same board members.

U.A. Local No. 343 Defined Benefit Plan
Notes to Consolidated Financial Statements
December 31, 2024 and 2023

The Plan received administrative services from United Association of Plumbers and Steamfitters, Local Union No. 343 (the "Local"). The Plan reimburses the Local for its share of the administrative costs in proportion to the time, effort and expense expended on its behalf. The Plan's share of these administrative costs during each of the years ended December 31, 2024 and 2023, totaled \$131,532.

Vaca 343 MT LLC entered into a 10-year lease (with an option to extend for five additional years) with related plans noted below for property located in Vacaville, California. The Plan shares common board members with the tenants of Vaca 343 MT LLC. The monthly rent for the lease was approximately \$40,000 for the year ended December 31, 2024, and is adjusted for each year of the lease agreement. The lease contains a mutual termination clause, yielding it a short-term lease under U.S. GAAP. However, should the lease be fulfilled throughout the remaining stated terms, the future minimum rental payments are as follows:

2025	\$ 495,714
2026	510,581
2027	525,908
2028	541,686
2029	535,432
Thereafter	-
Total	<u>\$ 2,609,321</u>

10. CASH CONCENTRATION

The Plan has significant cash balances at financial institutions which throughout the year regularly exceed the federally insured limit of \$250,000. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan's financial condition, results of operations and cash flows.

11. SUBSEQUENT EVENTS

In preparing these consolidated financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2024, for potential recognition or disclosure in the consolidated financial statements. These events and transactions were evaluated through October 9, 2025, the date that the consolidated financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

SUPPLEMENTARY INFORMATION

REPORT ON SUPPLEMENTARY INFORMATION

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
U.A. Local No. 343 Defined Benefit Plan:

We have audited the consolidated financial statements of U.A. Local No. 343 Defined Benefit Plan as of and for the years ended December 31, 2024 and 2023, and have issued our report thereon, dated October 9, 2025, which contained an unmodified opinion on those consolidated financial statements. Our audits were performed for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The accompanying additional supplementary information, which appears on Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024 is presented for purposes of additional analysis and is not a required part of the basic consolidated financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

WithumSmith+Brown, PC

October 9, 2025

U.A. Local No. 343 Defined Benefit Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
ID # 94-6092775, Plan # 001
December 31, 2024

<u>(a)</u>	<u>(b) Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
	<u>Interest-Bearing Cash</u>			
	United Business Bank	Interest bearing cash, 0.20%	\$ 1,060,638	\$ 1,060,638
	U.S. Bank	First American Treasury Obligations Fund - Class Z	3,131	3,131
			<u>1,063,769</u>	<u>1,063,769</u>
	<u>Corporate Debt Instruments - Preferred</u>			
	J P Morgan	Mortgage Tr 13.68286%, 8/25/37	<u>7,879</u>	<u>3,166</u>
	<u>Real Estate</u>			
	Madison Core	Madison Core Property Fund LP	1,904,185	3,360,987
	U.A. Local No. 343 Defined Benefit Plan	Income Producing Real Estate - Peabody Road, Vacaville	<u>5,445,220</u>	<u>8,600,000</u>
			<u>7,349,405</u>	<u>11,960,987</u>
	<u>Common/Collective Trusts</u>			
	The Bank of New York Mellon	AFL-CIO SL Stock Index Fund of The Bank of New York Mellon	<u>9,055,571</u>	<u>14,669,536</u>
	<u>Pooled Separate Accounts</u>			
	Prudential	PRISA Separate Account	4,412,817	6,596,403
	The Union Labor Life Insurance Company	The Union Labor Life Insurance Company Separate Account J	<u>3,456,945</u>	<u>3,811,187</u>
			<u>7,869,762</u>	<u>10,407,590</u>
	<u>103-12 Investment Entities</u>			
	Pacific Asset	Pacific Asset Management Bank Loan Fund LP	8,858,920	8,679,460
	Washington Capital	Washington Capital Joint Master Trust Mortgage Income Fund	<u>3,460,831</u>	<u>3,842,503</u>
			<u>12,319,751</u>	<u>12,521,963</u>
	<u>Registered Investment Companies</u>			
	Dodge and Cox	International Stock Fund I	16,912,198	19,240,506
	Dodge and Cox	Stock Fund I	6,891,967	10,014,162
	American Funds	Pacific Growth Fund	16,573,867	18,874,742
	T. Rowe	Large Cap Growth	3,544,854	10,648,353
	Vanguard	Market Institutional Index Fund	3,668,255	6,775,154
	Aristotle	Funds Floating Rate Inc I	59,773	59,773
	Dodge and Cox	Income Fund	19,139,148	17,569,841
	Metropolitan	West Total Return	<u>29,284,161</u>	<u>25,245,242</u>
			<u>96,074,223</u>	<u>108,427,773</u>
		Total	<u>\$ 133,740,360</u>	<u>\$ 159,054,784</u>

See Independent Auditor's Report on Supplementary Information.

U.A. Local No. 343 Defined Benefit Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
ID # 94-6092775, Plan # 001
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
See attached schedule								

See Independent Auditor’s Report on Supplementary Information.

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Period from January 1, 2024 to December 31, 2024

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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Issue: 04045F592 - Aristotle Funds Floating Rate Inc I

06/20/2024 6746122201	B	903,843.891	9.5200	- 8,604,594 *	8,604,594	
09/30/2024 6746122201	S	- 918,378.427	9.4900	8,715,411 *	8,742,768	- 27,357

Issue: 31846V542 - First Am Treas Ob Fd Cl Z

06/18/2024 6746122201	B	8,601,355.610	1.0000	- 8,601,356 *	8,601,356
06/21/2024 6746122201	S	- 8,604,593.840	1.0000	8,604,594 *	8,604,594
10/01/2024 6746122201	B	8,715,411.270	1.0000	- 8,715,411 *	8,715,411
10/01/2024 6746122201	S	- 8,500,000.000	1.0000	8,500,000 *	8,500,000

Issue: 922031745 - Vanguard Inflation Protected Sec Fd

08/30/2024 6746122201	S	- 833,591.770	9.5700	7,977,473 *	8,662,223	- 684,749
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Issue: 95MSEH3F7 - Pacific Asset Mgmt Bank Loan Fund LP

10/01/2024	B	8,500,000.000	1.0000	- 8,500,000 *	8,500,000
6746122208					

Issue: 97MSC4NH8 - Voya Senior Bank Loan Cit

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/18/2024 6746122208	S	- 388,953.610	22.1141		8,601,356 *	6,124,013	2,477,343
GRAND TOTAL				0	76,820,195	75,054,959	1,765,237

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer

Issue: 95MSC4EQ2 - Ullico Separate Account							
01/01/2024 6746122209	S	- 93.976	17.5381		1,648	1,595	54
Issue: 95MSC4EQ2 - Ullico Separate Account							
01/01/2024 6746122209	S	- 93.933	17.6798		1,661	1,594	67
Issue: 97MSC4NH8 - Voya Senior Bank Loan Cit							
01/31/2024 6746122208	S	- 147.977	21.1953		3,136	2,330	807
Issue: 95MSC4EQ2 - Ullico Separate Account							
02/01/2024 6746122209	S	- 93.890	17.8186		1,673	1,593	80
Issue: 5823MMIRO - Madison Core Property Fund LLC							
02/29/2024 6746122203	B	12.575	2,390.3068		- 30,058	30,058	
Issue: 96MSCK8S7 - Bnym Mellon Afl Cio SI Stck Indx Fd							
02/29/2024 6746122207	S	- 96,038.415	16.6600		1,600,000	1,177,431	422,569
Issue: 97MSC4NH8 - Voya Senior Bank Loan Cit							
02/29/2024 6746122208	S	- 148.113	21.3134		3,157	2,332	825
Issue: 95MSC4EQ2 - Ullico Separate Account							
03/01/2024 6746122209	S	- 93.847	17.9271		1,682	1,592	90

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/31/2024 6746122206	Issue: 74366MGT5 - Prudential Prisa Mo Gpa-999792 S	- 2.888	77,451.6137		223,665	150,846	72,819
03/31/2024 6746122206	Issue: 74366MGT5 - Prudential Prisa Mo Gpa-999792 S	- .121	77,464.3449		9,342	6,300	3,043
03/31/2024 6746122207	Issue: 96MSCK8S7 - Bnym Mellon Afl Cio SI Stck Indx Fd S	- 19.218	17.1001		329	236	93
03/31/2024 6746122208	Issue: 97MSC4NH8 - Voya Senior Bank Loan Cit S	- 138.078	21.5288		2,973	2,174	799
04/01/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.804	17.9639		1,685	1,592	93
04/02/2024 6746122208	Issue: 97MSC4NH8 - Voya Senior Bank Loan Cit S	- 147.447	21.7435		3,206	2,322	884
05/01/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.761	18.0731		1,695	1,591	104
05/07/2024 6746122203	Issue: 5823MMIRO - Madison Core Property Fund LLC B	14.333	2,309.8488		- 33,106	33,106	
05/31/2024 6746122208	Issue: 97MSC4NH8 - Voya Senior Bank Loan Cit S	- 142.905	21.8972		3,129	2,250	879
05/31/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.718	18.0815		1,695	1,590	104
05/31/2024 6746122209	Issue: 95MSC4FM0 - Wacap Jmt Mortgage Income Fund S	- 48.759	94.9568		4,630	4,347	283

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/18/2024 6746122208	Issue: 97MSC4NH8 - Voya Senior Bank Loan Cit S	- 388,953.610	22.1141		8,601,356 *	6,124,013	2,477,343
06/30/2024 6746122206	Issue: 74366MGT5 - Prudential Prisa Mo Gpa-999792 S	- .115	76,171.0686		8,767	6,012	2,755
06/30/2024 6746122207	Issue: 96MSCK8S7 - Bnym Mellon Afl Cio SI Stck Indx Fd S	- 18.539	18.3500		340	227	113
07/01/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.675	18.2096		1,706	1,590	116
07/31/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.632	18.2558		1,709	1,589	121
08/12/2024 6746122203	Issue: 5823MMIRO - Madison Core Property Fund LLC B	14.567	2,282.2649		- 33,245	33,245	
08/31/2024 6746122207	Issue: 96MSCK8S7 - Bnym Mellon Afl Cio SI Stck Indx Fd S	- 42,350.450	18.8900		800,000	519,217	280,783
08/31/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.589	18.4052		1,723	1,588	134
09/01/2024 6746122209	Issue: 95MSC4FM0 - Wacap Jmt Mortgage Income Fund S	- 48.215	96.3818		4,647	4,299	348
09/30/2024 6746122206	Issue: 74366MGT5 - Prudential Prisa Mo Gpa-999792 S	- .112	76,682.7402		8,619	5,871	2,748
09/30/2024 6746122207	Issue: 96MSCK8S7 - Bnym Mellon Afl Cio SI Stck Indx Fd S	- 18.019	18.9500		341	221	121

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/01/2024 6746122208	Issue: 95MSEH3F7 - Pacific Asset Mgmt Bank Loan Fund LP B	8,500,000.000	1.0000		- 8,500,000 *	8,500,000	
10/01/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.546	18.5286		1,733	1,587	146
10/31/2024 6746122203	Issue: 5823MMIRO - Madison Core Property Fund LLC B	12.957	2,252.9752		- 29,192	29,192	
10/31/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.503	18.6210		1,741	1,587	155
12/01/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.460	18.6687		1,745	1,586	159
12/31/2024 6746122206	Issue: 74366MGT5 - Prudential Prisa Mo Gpa-999792 S	-.111	78,054.1930		8,656	5,793	2,863
12/31/2024 6746122207	Issue: 96MSCK8S7 - Bnym Mellon Afl Cio SI Stck Indx Fd S	- 17.409	20.4997		357	213	143
12/31/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.418	18.6813		1,745	1,585	160
Total For Direct From Issuer				0	19,936,092	16,664,294	3,271,801
GRAND TOTAL				0	19,936,092	16,664,294	3,271,801

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

Issue: 04045F592 - Aristotle Funds Floating Rate Inc I

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/20/2024 6746122201	B	903,843.891	9.5200		- 8,604,594 *	8,604,594	
Total For Buys				0	8,604,594	8,604,594	0
06/30/2024 6746122201	R	1,896.136	9.5200		- 18,051	18,051	
07/31/2024 6746122201	R	6,147.015	9.5200		- 58,520	58,520	
08/31/2024 6746122201	R	6,491.385	9.4900		- 61,603	61,603	
09/30/2024 6746122201	R	6,174.691	9.4900		- 58,598	58,598	
10/31/2024 6746122201	R	42.395	9.4900		- 402	402	
11/30/2024 6746122201	R	39.852	9.5100		- 379	379	
12/01/2024 6746122201	R	41.549	9.4900		- 394	394	
Total For Reinvestments				0	197,947	197,947	0
09/30/2024 6746122201	S	- 918,378.427	9.4900		8,715,411 *	8,742,768	- 27,357
Total For Sells				0	8,715,411	8,742,768	- 27,357
Total Aristotle Funds Floating Rate Inc I				0	17,517,952	17,545,309	- 27,357

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 31846V542 - First Am Treas Ob Fd Cl Z							
01/02/2024 6746122206	B	278,619.040	1.0000		- 278,619	278,619	
01/03/2024 6746122200	B	10.030	1.0000		- 10	10	
01/03/2024 6746122201	B	3.630	1.0000		- 4	4	
01/03/2024 6746122201	B	279,254.320	1.0000		- 279,254	279,254	
01/03/2024 6746122206	B	2.810	1.0000		- 3	3	
01/03/2024 6746122207	B	1.370	1.0000		- 1	1	
01/25/2024 6746122200	B	38.510	1.0000		- 39	39	
02/02/2024 6746122200	B	10.210	1.0000		- 10	10	
02/02/2024 6746122201	B	43.580	1.0000		- 44	44	
02/02/2024 6746122206	B	40.050	1.0000		- 40	40	
02/02/2024 6746122207	B	.930	1.0000		- 1	1	
02/09/2024 6746122201	B	863.870	1.0000		- 864	864	
02/26/2024 6746122200	B	31.170	1.0000		- 31	31	
02/28/2024 6746122201	B	282.760	1.0000		- 283	283	

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03/04/2024 6746122200	B	9.700	1.0000		- 10	10	
03/04/2024 6746122201	B	3.630	1.0000		- 4	4	
03/04/2024 6746122206	B	.160	1.0000				
03/04/2024 6746122207	B	.030	1.0000				
03/25/2024 6746122200	B	26.380	1.0000		- 26	26	
04/01/2024 6746122206	B	223,664.770	1.0000		- 223,665	223,665	
04/02/2024 6746122200	B	10.530	1.0000		- 11	11	
04/02/2024 6746122201	B	5.050	1.0000		- 5	5	
04/02/2024 6746122201	B	223,704.980	1.0000		- 223,705	223,705	
04/02/2024 6746122206	B	.180	1.0000				
04/02/2024 6746122207	B	.030	1.0000				
04/19/2024 6746122201	B	2,047,000.000	1.0000		- 2,047,000	2,047,000	
04/25/2024 6746122200	B	62.530	1.0000		- 63	63	
05/02/2024 6746122200	B	10.360	1.0000		- 10	10	

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05/02/2024 6746122201	B	3,224.220	1.0000		- 3,224	3,224	
05/02/2024 6746122206	B	31.810	1.0000		- 32	32	
05/02/2024 6746122207	B	.030	1.0000				
05/28/2024 6746122200	B	25.740	1.0000		- 26	26	
06/04/2024 6746122200	B	10.990	1.0000		- 11	11	
06/04/2024 6746122201	B	13.700	1.0000		- 14	14	
06/04/2024 6746122206	B	.140	1.0000				
06/04/2024 6746122207	B	.030	1.0000				
06/18/2024 6746122201	B	8,601,355.610	1.0000		- 8,601,356 *	8,601,356	
06/25/2024 6746122200	B	62.600	1.0000		- 63	63	
07/02/2024 6746122200	B	10.820	1.0000		- 11	11	
07/02/2024 6746122201	B	3,663.040	1.0000		- 3,663	3,663	
07/02/2024 6746122206	B	.140	1.0000				
07/02/2024 6746122207	B	.030	1.0000				

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07/25/2024 6746122200	B	60.270	1.0000		- 60	60	
08/02/2024 6746122200	B	11.500	1.0000		- 12	12	
08/02/2024 6746122201	B	15.540	1.0000		- 16	16	
08/02/2024 6746122206	B	.140	1.0000				
08/02/2024 6746122207	B	.030	1.0000				
08/22/2024 6746122207	B	800,750.000	1.0000		- 800,750	800,750	
08/26/2024 6746122200	B	49.330	1.0000		- 49	49	
09/04/2024 6746122200	B	11.750	1.0000		- 12	12	
09/04/2024 6746122206	B	.140	1.0000				
09/04/2024 6746122207	B	113.610	1.0000		- 114	114	
09/25/2024 6746122200	B	21.460	1.0000		- 21	21	
10/01/2024 6746122201	B	8,715,411.270	1.0000		- 8,715,411 *	8,715,411	
10/02/2024 6746122200	B	11.230	1.0000		- 11	11	
10/02/2024 6746122206	B	.130	1.0000				

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/02/2024 6746122207	B	3.510	1.0000		- 4	4	
10/25/2024 6746122200	B	28.130	1.0000		- 28	28	
11/04/2024 6746122200	B	11.130	1.0000		- 11	11	
11/04/2024 6746122201	B	28.080	1.0000		- 28	28	
11/04/2024 6746122206	B	.130	1.0000				
11/04/2024 6746122207	B	2.530	1.0000		- 3	3	
11/25/2024 6746122200	B	85.470	1.0000		- 85	85	
12/03/2024 6746122200	B	10.590	1.0000		- 11	11	
12/03/2024 6746122201	B	.100	1.0000				
12/03/2024 6746122206	B	.120	1.0000				
12/03/2024 6746122207	B	.470	1.0000				
12/26/2024 6746122200	B	30.520	1.0000		- 31	31	
Total For Buys				0	21,178,759	21,178,759	0
01/03/2024 6746122206	S	- 279,254.320	1.0000		279,254	279,254	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/04/2024 6746122201	S	- 279,254.320	1.0000		279,254	279,254	
01/22/2024 6746122207	S	- 303.340	1.0000		303	303	
02/09/2024 6746122201	S	- 863.870	1.0000		864	864	
04/02/2024 6746122206	S	- 223,704.980	1.0000		223,705	223,705	
04/03/2024 6746122201	S	- 223,704.980	1.0000		223,705	223,705	
04/30/2024 6746122201	S	- 2,048,155.000	1.0000		2,048,155	2,048,155	
06/21/2024 6746122201	S	- 8,604,593.840	1.0000		8,604,594 *	8,604,594	
08/23/2024 6746122207	S	- 800,000.000	1.0000		800,000	800,000	
09/03/2024 6746122201	S	- 3,678.580	1.0000		3,679	3,679	
10/01/2024 6746122201	S	- 8,500,000.000	1.0000		8,500,000 *	8,500,000	
10/02/2024 6746122201	S	- 215,410.240	1.0000		215,410	215,410	
10/22/2024 6746122207	S	- 750.000	1.0000		750	750	
Total For Sells				0	21,179,673	21,179,673	0
Total First Am Treas Ob Fd Cl Z				0	42,358,432	42,358,432	0

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Issue: 592905764 - Metropolitan West Total Ret P							
01/03/2024 6746122201	B	32,547.124	8.5800		- 279,254	279,254	
02/08/2024 6746122201	B	118,203.310	8.4600		- 1,000,000	1,000,000	
04/02/2024 6746122201	B	26,695.105	8.3800		- 223,705	223,705	
04/29/2024 6746122201	B	88,807.786	8.2200		- 730,000	730,000	
08/30/2024 6746122201	B	536,951.501	8.6600		- 4,650,000	4,650,000	
Total For Buys				0	6,882,959	6,882,959	0
01/31/2024 6746122201	R	8,002.343	8.5800		- 68,660	68,660	
02/29/2024 6746122201	R	7,363.660	8.4100		- 61,928	61,928	
03/31/2024 6746122201	R	7,401.468	8.4600		- 62,616	62,616	
04/30/2024 6746122201	R	8,736.312	8.1800		- 71,463	71,463	
05/31/2024 6746122201	R	8,801.614	8.3000		- 73,053	73,053	
06/30/2024 6746122201	R	9,123.489	8.3700		- 76,364	76,364	
07/31/2024 6746122201	R	9,562.580	8.5500		- 81,760	81,760	

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08/31/2024 6746122201	R	8,612.567	8.6600		- 74,585	74,585	
09/30/2024 6746122201	R	10,622.166	8.7500		- 92,944	92,944	
10/31/2024 6746122201	R	11,749.265	8.4600		- 99,399	99,399	
11/30/2024 6746122201	R	10,816.374	8.5400		- 92,372	92,372	
12/01/2024 6746122201	R	19,868.197	8.3200		- 165,303	165,303	
Total For Reinvestments				0	1,020,447	1,020,447	0
09/05/2024 6746122201	S	- 4,331.237	8.7700		37,985	41,891	- 3,906
Total For Sells				0	37,985	41,891	- 3,906
Total Metropolitan West Total Ret P				0	7,941,391	7,945,297	- 3,906
Issue: 922031745 - Vanguard Inflation Protected Sec Fd							
02/08/2024 6746122201	B	69,967.707	9.2900		- 650,000	650,000	
04/29/2024 6746122201	B	43,243.243	9.2500		- 400,000	400,000	
Total For Buys				0	1,050,000	1,050,000	0

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03/28/2024 6746122201	R	1,199.122	9.3500		- 11,212	11,212	
06/28/2024 6746122201	R	10,552.912	9.3200		- 98,353	98,353	
Total For Reinvestments				0	109,565	109,565	0
08/30/2024 6746122201	S	- 833,591.770	9.5700		7,977,473 *	8,662,223	- 684,749
Total For Sells				0	7,977,473	8,662,223	- 684,749
Total Vanguard Inflation Protected Sec Fd				0	9,137,038	9,821,788	- 684,749
Issue: 95MSEH3F7 - Pacific Asset Mgmt Bank Loan Fund LP							
10/01/2024 6746122208	B	8,500,000.000	1.0000		- 8,500,000 *	8,500,000	
Total For Buys				0	8,500,000	8,500,000	0
Issue: 97MSC4NH8 - Voya Senior Bank Loan Cit							
01/31/2024 6746122208	S	- 147.977	21.1953		3,136	2,330	807
02/29/2024 6746122208	S	- 148.113	21.3134		3,157	2,332	825
03/31/2024 6746122208	S	- 138.078	21.5288		2,973	2,174	799
04/02/2024 6746122208	S	- 147.447	21.7435		3,206	2,322	884

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/31/2024 6746122208	S	- 142.905	21.8972		3,129	2,250	879
06/18/2024 6746122208	S	- 388,953.610	22.1141		8,601,356 *	6,124,013	2,477,343
Total For Sells				0	8,616,957	6,135,421	2,481,537
Total Voya Senior Bank Loan Cit				0	8,616,957	6,135,421	2,481,537
GRAND TOTAL				0	94,071,770	92,306,247	1,765,525

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

Broker: Direct From Issuer

01/01/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.976	17.5381		1,648	1,595	54
01/01/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.933	17.6798		1,661	1,594	67
01/31/2024 6746122208	Issue: 97MSC4NH8 - Voya Senior Bank Loan Cit S	- 147.977	21.1953		3,136	2,330	807
02/01/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.890	17.8186		1,673	1,593	80
02/29/2024 6746122203	Issue: 5823MMIRO - Madison Core Property Fund LLC B	12.575	2,390.3068		- 30,058	30,058	

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02/29/2024 6746122207	Issue: 96MSCK8S7 - Bnym Mellon Afl Cio SI Stck Indx Fd S	- 96,038.415	16.6600		1,600,000	1,177,431	422,569
02/29/2024 6746122208	Issue: 97MSC4NH8 - Voya Senior Bank Loan Cit S	- 148.113	21.3134		3,157	2,332	825
03/01/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.847	17.9271		1,682	1,592	90
03/31/2024 6746122206	Issue: 74366MGT5 - Prudential Prisa Mo Gpa-999792 S	- 2.888	77,451.6137		223,665	150,846	72,819
03/31/2024 6746122206	Issue: 74366MGT5 - Prudential Prisa Mo Gpa-999792 S	-.121	77,464.3449		9,342	6,300	3,043
03/31/2024 6746122207	Issue: 96MSCK8S7 - Bnym Mellon Afl Cio SI Stck Indx Fd S	- 19.218	17.1001		329	236	93
03/31/2024 6746122208	Issue: 97MSC4NH8 - Voya Senior Bank Loan Cit S	- 138.078	21.5288		2,973	2,174	799
04/01/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.804	17.9639		1,685	1,592	93
04/02/2024 6746122208	Issue: 97MSC4NH8 - Voya Senior Bank Loan Cit S	- 147.447	21.7435		3,206	2,322	884
05/01/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.761	18.0731		1,695	1,591	104
05/07/2024 6746122203	Issue: 5823MMIRO - Madison Core Property Fund LLC B	14.333	2,309.8488		- 33,106	33,106	

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05/31/2024 6746122208	Issue: 97MSC4NH8 - Voya Senior Bank Loan Cit S	- 142.905	21.8972		3,129	2,250	879
05/31/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.718	18.0815		1,695	1,590	104
05/31/2024 6746122209	Issue: 95MSC4FM0 - Wacap Jmt Mortgage Income Fund S	- 48.759	94.9568		4,630	4,347	283
06/18/2024 6746122208	Issue: 97MSC4NH8 - Voya Senior Bank Loan Cit S	- 388,953.610	22.1141		8,601,356 *	6,124,013	2,477,343
06/30/2024 6746122206	Issue: 74366MGT5 - Prudential Prisa Mo Gpa-999792 S	-.115	76,171.0686		8,767	6,012	2,755
06/30/2024 6746122207	Issue: 96MSCK8S7 - Bnym Mellon Afl Cio SI Stck Indx Fd S	- 18.539	18.3500		340	227	113
07/01/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.675	18.2096		1,706	1,590	116
07/31/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.632	18.2558		1,709	1,589	121
08/12/2024 6746122203	Issue: 5823MMIRO - Madison Core Property Fund LLC B	14.567	2,282.2649		- 33,245	33,245	
08/31/2024 6746122207	Issue: 96MSCK8S7 - Bnym Mellon Afl Cio SI Stck Indx Fd S	- 42,350.450	18.8900		800,000	519,217	280,783
08/31/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.589	18.4052		1,723	1,588	134

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09/01/2024 6746122209	Issue: 95MSC4FM0 - Wacap Jmt Mortgage Income Fund S	- 48.215	96.3818		4,647	4,299	348
09/30/2024 6746122206	Issue: 74366MGT5 - Prudential Prisa Mo Gpa-999792 S	-.112	76,682.7402		8,619	5,871	2,748
09/30/2024 6746122207	Issue: 96MSCK8S7 - Bnym Mellon Afl Cio SI Stck Indx Fd S	- 18.019	18.9500		341	221	121
10/01/2024 6746122208	Issue: 95MSEH3F7 - Pacific Asset Mgmt Bank Loan Fund LP B	8,500,000.000	1.0000		- 8,500,000 *	8,500,000	
10/01/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.546	18.5286		1,733	1,587	146
10/31/2024 6746122203	Issue: 5823MMIRO - Madison Core Property Fund LLC B	12.957	2,252.9752		- 29,192	29,192	
10/31/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.503	18.6210		1,741	1,587	155
12/01/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.460	18.6687		1,745	1,586	159
12/31/2024 6746122206	Issue: 74366MGT5 - Prudential Prisa Mo Gpa-999792 S	-.111	78,054.1930		8,656	5,793	2,863
12/31/2024 6746122207	Issue: 96MSCK8S7 - Bnym Mellon Afl Cio SI Stck Indx Fd S	- 17.409	20.4997		357	213	143
12/31/2024 6746122209	Issue: 95MSC4EQ2 - Ullico Separate Account S	- 93.418	18.6813		1,745	1,585	160

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Direct From Issuer				0	19,936,092	16,664,294	3,271,801
GRAND TOTAL				0	19,936,092	16,664,294	3,271,801

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

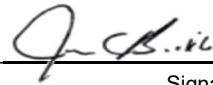
Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan U. A. LOCAL NO. 343 DEFINED BENEFIT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF U.A. LOCAL NO. 343 PENSION TRUST	D Employer Identification Number (EIN) 94-6092775

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) 149,866,401
(2) Actuarial value of assets for funding standard account	1b(2) 149,866,401
c (1) Accrued liability for plan using immediate gain methods	1c(1) 115,225,560
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a) 0
(b) Accrued liability under entry age normal method	1c(2)(b) 0
(c) Normal cost under entry age normal method	1c(2)(c) 0
(3) Accrued liability under unit credit cost method	1c(3) 115,225,560
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1) 0
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 149,144,247
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 7,313,009
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 5,305,574
(3) Expected plan disbursements for the plan year	1d(3) 5,855,574

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

SIGN HERE  Signature of actuary JASON C. BIRKLE Type or print name of actuary NWPS Firm name 160 WEST SANTA CLARA STREET SUITE 1550 SAN JOSE CA 95113-1726 Address of the firm	10/2/2025 Date 2307856 Most recent enrollment number 408-298-1170 Telephone number (including area code)
--	--

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	149,866,401
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	224	62,481,231
(2) For terminated vested participants	118	19,716,949
(3) For active participants:		
(a) Non-vested benefits		10,498,305
(b) Vested benefits		56,447,762
(c) Total active	245	66,946,067
(4) Total	587	149,144,247
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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
01/01/2024	0	0			
12/31/2024	4,224,316	0			
Totals ▶			3(b)	4,224,316	3(c)
					0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	130.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 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 5.75 %	5.75 %
e Salary scale	6e % ☒ N/A	
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1) ☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2) 5.75 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g 11.2 %	
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) 550,000	
(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
4	4,014,775	384,536
1	-2,405,371	-230,387

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☐ Yes ☒ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☐ Yes ☒ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or 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	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	4,751,018

c Amortization charges as of valuation date:		Outstanding balance
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	49,173,362 6,789,898
(2) Funding waivers	9c(2)	0 0
(3) Certain bases for which the amortization period has been extended	9c(3)	0 0

d Interest as applicable on lines 9a, 9b, and 9c	9d	663,603
e Total charges. Add lines 9a through 9d	9e	12,204,519

Credits to funding standard account:		
f Prior year credit balance, if any	9f	17,281,410
g Employer contributions. Total from column (b) of line 3	9g	4,224,316

		Outstanding balance
h Amortization credits as of valuation date	9h	31,891,952 5,228,016

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	1,414,044
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j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	0
(2) "RPA '94" override (90% current liability FFL)	9j(2)	0
(3) FFL credit	9j(3)	0

k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	28,147,786
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	15,943,267
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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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)	
(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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No
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Line 8b(2) – Schedule of Active Participant Data

AGE GROUP	CREDITED SERVICE OF ACTIVE PARTICIPANTS IN PLAN AT DECEMBER 31, 2023										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&UP	
Under 25	2	1	0	0	0	0	0	0	0	0	3
25-29	8	10	3	0	0	0	0	0	0	0	21
30-34	2	10	13	3	0	0	0	0	0	0	28
35-39	2	12	12	11	8	4	1	0	0	0	50
40-44	2	7	6	6	7	6	4	1	1	0	40
45-49	1	2	7	4	2	3	6	3	0	0	28
50-54	0	1	4	1	3	8	3	1	2	4	27
55-59	0	6	7	3	1	1	2	1	5	4	30
60-64	1	1	1	1	0	1	3	0	2	2	12
65-69	0	1	1	0	1	0	0	0	0	1	4
70 and up	0	1	0	0	0	1	0	0	0	0	2
Total	18	52	54	29	22	24	19	6	10	11	245

Line 6 - Summary of Plan Provisions

1. Effective Date: July 1, 1994. Restated July 1, 2014.
2. Plan Year: January 1st through December 31st.
3. Covered Employees: All employees for whose benefit contributions are made or required to be made to this Plan. This includes paid officers and representatives of the Local Union and other such persons as permitted under the Trust Agreement but excludes employees of the Local Union who are part of a separate recognized bargaining unit and certain shareholder-employees.
4. Participation: The last day of the Plan Year following the accumulation of at least 300 Covered Hours of Employment subsequent to their last break in service.
5. Year of Vesting Credit: 1 Year of Vesting Credit for each Plan Year with at least 1,000 hours of Covered Employment. Proportional credit for fewer hours, except that no credit shall be given if less than 300 hours are earned.
6. Year of Benefit Credit: A full year of Benefit Credit is granted for 1,200 hours, with partial credit for any year of 300 or more hours and additional credit for covered employment of more than 1,200 hours with no limit on the maximum number of full or partial years of Benefit Credit which an employee can earn.

Benefit Credits for hours of employment for which contributions are made pursuant to a reciprocity agreement at a different rate from the standard rate for commercial journeymen shall be adjusted by the ratio of the actual contribution rate to the standard contribution rate for commercial journeymen.

7. Normal Retirement:

a. Eligibility

Age 65, 5 years of Vesting Credit (excluding pro-rata reciprocity under any agreement with another plan) or 5th anniversary of participation in the Plan without a permanent break in service, and ceases working in the Pipe Trades Industry.

b. Monthly Benefit

For service prior to July 1, 1994, benefit based on prior plan. After June 30, 1994,

Year	Monthly Benefit**	
1994	\$73.00	
1995	\$50.00	
1996	\$50.00	
1997	\$60.00	
1998	1.50%	
1999	1.25%	
2000*	1.50%	
2001-2004	1.25%	
2005	1.5875%	
2006-2008	2.00%	
2009-2010	2.50%	
2011-2012	\$0.10 per credited hour	
2013-2014	\$0.11 per credited hour	
2015-2016	\$0.12 per credited hour	
2017-2018	\$0.14 per credited hour	
2019-2020	\$0.15 per credited hour	
2021	\$0.16 per credited hour	
2022-2024	< 25 years of Benefit Credit	>= 25 years of Benefit Credit
	\$0.16 per credited hour	\$0.20 per credited hour
2025 and thereafter	\$0.08 per credited hour	

* 1.25% if retirement effective date is before December 1, 2020.

** Percent of contribution are based on Total Applicable

Contributions defined as the number of hours worked in covered employment during the Plan Year multiplied by the Applicable Hourly Contribution determined by the Board of Trustees for each month. For covered employment from 1998-2004, the Applicable Hourly Contribution is \$3.35 per hour and \$4.00 per hour for covered employment from 2005-2010.

7. Normal Retirement (Continued):

Per credited hour amounts are prorated for hourly rates less than the standard rate for residential-light commercial journeyman, as if hours worked had been at the standard rate for commercial journeyman.

c. Ad Hoc Benefit

All retirees in pay status during the plan year would receive a one-time ad hoc benefit payment in December of the plan year.

Year	Payment Month	One-time Benefit
2015	December	\$1,700
2016 - 2020	November/December	\$1,500
2021 - 2023	November	\$2,000
2024	July	\$1,000
2024	November	\$2,000

8. Service Retirement:

a. Eligibility

Age 55 and 25 Benefit Credits with 25 calendar years of participation in the Plan without a permanent break in service. Must terminate employment in the Pipe Trades Industry.

b. Monthly Benefit

Calculated as for Normal Retirement.

9. Early Retirement:

a. Eligibility

Age 55 with 10 Vesting Credits and 10 Benefit Credits and has ceased working in the Pipe Trades Industry.

b. Monthly Benefit

Calculated as for Normal Retirement, reduced 0.25% for each month that benefit commencement precedes Normal Retirement to age 60, then 0.50% for each month that benefit commencement precedes age 60.

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10. Vested Retirement:

- | | |
|--------------------|---|
| a. Eligibility | 5 Vesting Credits. |
| b. Monthly Benefit | Calculated as for Early or Normal Retirement. |

11. Full Disability:

- | | |
|--------------------|--|
| a. Eligibility | Social Security Permanent and Total Disability Award and either 10 Vesting Credits and Benefit Credits regardless of age or 5 Vesting Credits, 5 Benefit Credits and has attained age 50. Must also have been credited with at least 300 hours of Covered Employment during any 1 of 3 Plan Years ending with year disability began. |
| b. Monthly Benefit | Calculated as for Normal Retirement, payable after 6 th full month of disability (requirement shall not apply if at least 30 Benefit Credits), retroactive to the date of the onset of disability. |

12. Special Disability – Terminal Medical Condition:

- | | |
|--------------------|--|
| a. Eligibility | Not vested and not eligible for other benefits from this Plan, 5 Benefit Credits and 5 Vesting Credit (including pro-rata reciprocity under any agreement with another plan), disabled for 6 months and receiving a Social Security Permanent and Total Disability Award, and not anticipated to live to age 55. |
| b. Monthly Benefit | Single lump sum benefit equal to the sum of contributions. Benefit Credits, right to a death benefit or any other benefit cancelled upon receipt. |

13. Qualified Pre-Retirement Spouse Death:

- a. Eligibility

All married vested members, prior to retirement, who did not elect the Optional Pre-Retirement Lump Sum Death Benefit.
- b. Monthly Benefit

If spouse age is within 5 years of Participant's age, benefit is 50% of Normal Retirement Benefit payable when Participant would otherwise have become eligible. If spouse is more than 5 years younger, benefit is actuarially reduced to equivalent value of benefit available if exactly 5 years younger than Participant. If benefit commences prior to the Participant's Normal Retirement Date, the amount shall be reduced based on same basis as for Early or Service Retirement.

14. Optional Pre-Retirement Death:

- a. Eligibility

At least 300 hours in Covered Employment (excluding reciprocity) in at least 1 of the 3 plan years preceding date of death. The service requirement is waived if Total and Permanent Disability occurred within 3 calendar years. Must either not be eligible for or waive right to Pre-Retirement Spouse Death benefit and not be ineligible due to Non-Covered Plumbing and Pipefitting Industry Service.
- b. Monthly Benefit

One-half of the benefits is payable in equal monthly installments during the first 12 months, and one-half in equal monthly installments during the next 24 months of a total of \$4,000 for each year of Benefit Credit up to a maximum of \$100,000, for 25 or more years of service, or 100 times the monthly Normal Retirement Benefit earned through the date of death. Benefits less than \$100,000 per plan participant may be paid in an actuarial equivalent lump sum at the option of the beneficiary (benefits paid under this option not to exceed \$1,000,000 in total for the Plan Year).

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15. Payment Forms:

a. Normal

For single participants, a Life Annuity with 60 monthly payments guaranteed. For married participants, a 50% Joint & Survivor Annuity with “pop-up” provision.

b. Optional

75% or 100% Joint & Survivor Annuity with “pop-up” provision, Life Annuity with 120 monthly payments guaranteed, Social Security Level Income, any Joint & Survivor Annuity with “pop-up” provision with 60-month guarantee.

16. Hourly Contributions:

Period	Journeyman Rate Per Hour
July 2010 – December 2011	\$9.40
January 2012 – December 2012	10.25
January 2013 – June 2013	11.00
July 2013 – June 2014	11.40
July 2014 – June 2015	11.65
July 2015 – June 2016	12.05
July 2016 – December 2016	12.45
January 2017 – June 2017	12.85
July 2017 – December 2017	13.25
January 2018 – June 2018	13.65
July 2018 – December 2018	14.05
January 2019 – June 2019	14.45
July 2019 – June 2020	15.32
July 2020 – June 2021	16.19
July 2021 – June 2023	17.06
July 2023 – June 2024	11.06
July 2024 – June 2025	11.51

17. Changes Since Prior Year:

The hourly contribution rate was updated.

Line 6 – Statement of Actuarial Assumptions/Methods

1. Valuation Date:

January 1, 2024.
2. Interest Rate:

a. Funding

5.75%.

b. Current Liability

3.29%.

c. ASC 960

5.75%.
3. Mortality Rates:

a. Funding

i. Non-Disabled

PRI-2012 Private Retirement Plans Mortality Tables with Blue Collar adjustment reflecting Employee, Annuitant and Contingent Survivor for corresponding populations.

ii. Disabled

PRI-2012 Disabled.

iii. Base Year Adjustment

2012.

iv. Future Projections

Fully generational projection using Scale MP-2019.

b. Current Liability

2024 Static Mortality Table (IRS Notice 2023-73).

4. <u>Retirement Rates:</u>	<u>Age</u>	<u>Rate</u>
	55	0.400
	56 - 61	0.150
	62 - 64	0.200
	>=65	1.000

Terminated vesteds are assumed to retire immediately when eligible with at least 25 years of Benefit Credit. All other terminated vested Participants are assumed to retire at their Normal Retirement Age.

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5. Disability Rates:

<u>Age</u>	<u>Rate</u>
25	0.0006
35	0.0007
45	0.0022
55	0.0102
60	0.0320
63	0.0000

6. Termination Rates:

<u>Age</u>	<u>Rate</u>
25	0.0535
35	0.0461
45	0.0357
55	0.0000

7. Actuarial Cost Method:

Unit Credit.

8. Age Calculation:

Age nearest as of Valuation Date, with beginning of year decrements.

9. Expense Load:

Present value of future operating expenses with 2% increase each year.

10. Numbers of Hours Worked:

Each active participant is assumed to work the same number of hours in the valuation year as worked in the prior year.

11. Spousal Age:

Husbands 3 years older than their wives.

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- | | |
|---|--|
| 12. <u>Payment Form Election:</u> | All participants are assumed to elect the Normal Form of Payment. |
| 13. <u>Actuarial Value of Assets:</u> | Market Value of Assets. |
| 14. <u>Assumption Changes Since Prior Year:</u> | <p>The Funding Interest Rate was changed from 6.00% to 5.75%. The operating expenses assumption was updated to \$550,000. These changes were made to better reflect current and anticipated future plan experience.</p> <p>The Current Liability interest and mortality rates were changed as mandated by IRS.</p> |

Rationale for Selection of Significant Actuarial Assumptions

1. Interest Rate: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.
2. Mortality Rates: PRI-2012 by separate Employee, Annuitant, and Contingent Survivor tables used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. PRI-2012 Disabled Retiree table used to reflect expected disabled mortality experience. Both PRI-2012 tables are fully generational projected using Scale MP-2019 to reflect the Plan's most recent experience study, Society of Actuaries mortality studies, and expected generational mortality improvement.
3. Retirement Rates: Based on the Plan's most recent experience study.
4. Hours Worked: Based on prior year hours worked and adjusted for anticipated changes in future hours worked.
5. Termination/Disability Rates: Based on the Plan's most recent experience study.
6. Expense Load: Based on the Plan's operating expenses in the past years with an annual 2% increase.

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Line 9c and 9h – Schedule of Funding Standard Account Bases

FUNDING STANDARD ACCOUNT AMORTIZATION CHARGES

Date <u>Established</u>	Base <u>Type</u>	<u>Description</u>	Initial <u>Balance</u>	Rem. <u>Years</u>	<u>Payment</u>	1/1/2024 <u>Balance</u>
01/01/1995	3	Amendment	294,000	1	22,734	22,734
01/01/1995	4	Assumption	431,000	1	33,317	33,317
01/01/1996	3	Amendment	282,800	2	21,809	42,432
01/01/1997	3	Amendment	434,200	3	33,759	95,871
01/01/1998	3	Amendment	5,708,200	4	441,618	1,627,548
01/01/1999	3	Amendment	2,538,567	5	195,468	876,679
01/01/2005	3	Amendment	3,109,951	11	192,969	1,630,209
01/01/2007	3	Amendment	2,100,276	13	146,095	1,387,898
01/01/2012	1	Experience	1,699,795	3	168,266	477,849
01/01/2012	3	Amendment	813,337	3	80,514	228,646
01/01/2015	1	Experience	184,511	6	18,006	94,375
01/01/2016	3	Amendment	8,323,064	7	808,584	4,816,075
01/01/2018	4	Assumption	16,230,440	9	1,563,116	11,366,521
01/01/2019	1	Experience	12,279,581	10	1,181,472	9,305,649
01/01/2019	4	Assumption	244,012	10	23,477	184,916
01/01/2020	1	Balancing	10,634,651	11	1,022,237	8,635,912
01/01/2021	1	Balancing	1,062,054	12	101,993	916,788
01/01/2022	1	Balancing	1,688,075	13	161,967	1,538,678
01/01/2023	1	Balancing	1,960,728	14	187,961	1,876,490
01/01/2024	4	Assumption	4,014,775	15	384,536	4,014,775

Total Charges

\$ 6,789,898	\$ 49,173,362
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FUNDING STANDARD ACCOUNT AMORTIZATION CREDITS

Date <u>Established</u>	Base <u>Type</u>	<u>Description</u>	Initial <u>Balance</u>	Rem. <u>Years</u>	<u>Payment</u>	1/1/2024 <u>Balance</u>
01/01/2005	4	Assumption	6,055,993	11	453,191	3,828,585
01/01/2010	1	Experience	1,303,571	1	130,352	130,352
01/01/2011	1	Experience	467,325	2	46,492	90,457
01/01/2012	4	Assumption	4,643,163	3	459,638	1,305,296
01/01/2013	1	Experience	3,412,288	4	336,148	1,238,849
01/01/2014	1	Experience	3,921,871	5	384,517	1,724,571
01/01/2015	3	Amendment	1,121,506	6	109,448	573,636
01/01/2017	4	Assumption	1,859,969	8	179,900	1,193,155
01/01/2017	1	Experience	1,755,971	8	169,841	1,126,443
01/01/2017	5	Method	3,597,940	3	461,866	1,311,623
01/01/2018	1	Experience	10,915,377	9	1,051,235	7,644,270
01/01/2020	4	Assumption	9,574,233	11	920,306	7,774,796
01/01/2020	5	Method	2,311,831	6	294,695	1,544,548
01/01/2024	1	Balancing	2,405,371	15	230,387	2,405,371

Total Credits

\$ 5,228,016	\$ 31,891,952
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BASE TYPE: (1)=Gain/Loss (3)=Plan Amendment (4)=Assumption Change (5)=Method Change (8)=Eligible Net Investment Loss

Line 11 – Justification for Change in Actuarial Assumptions

Effective with January 1, 2024 valuation, the following assumptions were changed:

- The Funding Interest Rate was changed from 6.00% to 5.75%.
- The operating expenses assumption was updated to \$550,000.
- The current liability interest rate and morality rates were updated as mandated.

U.A. Local No. 343 Defined Benefit Plan

EIN 94-6092775

Plan No. 001

Plan Year Ended December 31, 2024

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

Schedule of Assets (Held at Year End)

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

U.A. Local No. 343 Defined Benefit Plan

EIN 94-6092775

Plan No. 001

Plan Year Ended December 31, 2024

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

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

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 U. A. LOCAL NO. 343 DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/1994
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) U.A. LOCAL NO. 343 PENSION TRUST 220 PEABODY ROAD VACAVILLE CA 95687-4733	2b Employer Identification Number (EIN) 94-6092775 2c Plan Sponsor's telephone number (707) 648-7066 2d Business code (see instructions) 238220

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		10-13-25	STEVEN MCCALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/13/2025	ALEX HALL
	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	5 577
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) 245 6a(2) 250 6b 201 6c 114 6d 565 6e 18 6f 583 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 124

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

1 B

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 2
- (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 _____

U.A. Local No. 343 Defined Benefit Plan

EIN 94-6092775

Plan No. 001

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

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

U.A. LOCAL NO. 343 DEFINED BENEFIT PLAN

EIN 94-6092775

Plan No. 001

Plan Year Ended December 31, 2024

Schedule R, Line 13e - Information on Contribution Rates and Base Units

<u>Name of Contributing Employer</u>	<u>Hourly Rate</u>
North Bay Plumbing Inc.	\$12.11
	\$7.80