

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

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: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1963
2a Plan sponsor's name (employer, if for a single-employer plan): WAREHOUSE EMPLOYEES LOCAL NO. 570
2b Employer Identification Number (EIN): 52-6048848
2c Plan Sponsor's telephone number: 410-282-0510
2d Business code (see instructions): 493100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include SEAN CEDENIO (09/30/2025) and JAVIER SANCHEZ (10/03/2025).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	3074
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)	795
	6a(2)	836
	6b	1114
	6c	669
	6d	2619
	6e	323
	6f	2942
	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	22

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

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

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

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

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	017094	2942	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	

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	8472029	
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	80264	
	7c(4)		
	7c(5)		
	(6) Total additions	7c(6)	80264
d Total of balance and additions (add lines 7b and 7c(6))	7d	8552293	
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)..... ▶ CASH, CONTRACT EXPENSE CHARGE	7e(4)	5537380
(5) Total deductions	7e(5)	5537380	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	3014913	

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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>WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WAREHOUSE EMPLOYEES LOCAL NO. 570</u>	D Employer Identification Number (EIN) <u>52-6048848</u>

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) <u>232598973</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>234733139</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>187250770</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>187250770</u>
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) <u>281772249</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>6348875</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>13608697</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>14108697</u>

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 <u>JAMES RITCHIE, ASA, EA, FCA, MAAA</u> Type or print name of actuary <u>BOLTON PARTNERS, INC.</u> Firm name <u>1 W. PENNSYLVANIA AVE, SUITE 600</u> <u>TOWSON, MD 21204</u> Address of the firm	<u>10/13/2025</u> Date <u>23-05643</u> Most recent enrollment number <u>410-547-0500</u> Telephone number (including area code)
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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	232598973
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1451	148872125
(2) For terminated vested participants	699	47986512
(3) For active participants:		
(a) Non-vested benefits		7179902
(b) Vested benefits		77733710
(c) Total active	795	84913612
(4) Total	2945	281772249
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
07/01/2024	4832613	0			
Totals ▶			3(b)	4832613	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 289384

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	125.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9 9
(2) Females	6c(2)	9F 9F
d Valuation liability interest rate	6d	6.50 % 6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	15.1 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	500000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

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.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	
b Employer's normal cost for plan year as of valuation date.....	9b	3798264

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)	40480307	6687937
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....		9d	681603
e Total charges. Add lines 9a through 9d.....		9e	11167804
Credits to funding standard account:			
f Prior year credit balance, if any.....		9f	36858290
g Employer contributions. Total from column (b) of line 3.....		9g	4832613
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	8939856	2044693
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	2685754
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	19983661	
(3) FFL credit		9j(3)	
k (1) Waived funding deficiency		9k(1)	
(2) Other credits		9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l	46421350
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	35253546
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....		9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....		9o(2)(b)	
(3) Total as of valuation date		9o(3)	
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....		10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WAREHOUSE EMPLOYEES LOCAL NO. 570	D Employer Identification Number (EIN) 52-6048848	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CORRY CAPITAL ADVISORS, LLC

26-0510274

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

INVESCO TRUST COMPANY

58-1707262

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

BOYD WATTERSON ASSET MGMT

34-1922005

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

ENTRUST

90-0644478

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

CRESCENT CAPITAL GROUP

11100 SANTA MONICA BLVD, 2000
LOS ANGELES, CA 90025

(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

(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)

ULLICO INVESTMENT ADVISORS INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	272611	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RBC GLOBAL ASSET MANAGEMENT

41-1460668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	125071	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BROWN ADVISORY

26-0680642

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	108910	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

INTERCONTINENTAL REAL ESTATE CORP

11-3786306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	82016	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILMINGTON TRUST

16-1486454

(b) 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 62	NONE	64277	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

REYNOLDS CONSULTING SERVICES, LLC

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	37625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CALIBRE CPA GROUP, PLLC

47-0900880

(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	NONE	35870	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARTWELL INVESTMENT PARTNERS

23-2891243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	33186	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOLTON PARTNERS, INC

52-1231144

(b) 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	NONE	25218	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BRIDGEWAY BENEFIT TECHNOLOGIES

23-2182079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	24377	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ABATO, RUBENSTEIN & ABATO

52-0904713

(b) 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	NONE	14845	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HILL MANAGEMENT SERVICES

PO BOX 4835
TIMONIUM, MD 21094

(b) 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	NONE	14233	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PITNEY BOWES

PO BOX 371874
PITTSBURGH, PA 15250

(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	NONE	13749	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAVSNER PRESS INC

9008 YELLOW BRICK RD, K
BALTIMORE, MD 21237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	6851	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 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>WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WAREHOUSE EMPLOYEES LOCAL NO. 570</u>	D Employer Identification Number (EIN) <u>52-6048848</u>	

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: <u>BLACKROCK EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, NA</u>		
c EIN-PN <u>20-3802168-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>121940792</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CRESCENT CAPITAL TRUST II</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>32-6471303-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3884898</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RBC GAM INTERNATIONAL FUND</u>		
b Name of sponsor of entity listed in (a): <u>RBC GLOBAL ASSET MANAGEMENT</u>		
c EIN-PN <u>04-3405915-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11719530</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ULLICO INFRASTRUCTURE TAX-EXEMPT FD</u>		
b Name of sponsor of entity listed in (a): <u>ULLICO INVESTMENT ADVISORS</u>		
c EIN-PN <u>90-0622302-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17876167</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WAREHOUSE EMPLOYEES LOCAL NO. 570	D Employer Identification Number (EIN) 52-6048848

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1141892	1114645
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	362409	392115
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	367187	227498
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	906511	1664228
(2) U.S. Government securities	1c(2)	2633857	15276825
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2852689	11320288
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	16657294	21315950
(5) Partnership/joint venture interests	1c(5)	48032537	45424705
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	123860786	125825690
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	28477086	29595697
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	8472029	3014913
(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	40574	32807
f Total assets (add all amounts in lines 1a through 1e).....	1f	233804851	255205361
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	142125	46436
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	42496	34603
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	184621	81039
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	233620230	255124322

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)	4543229	
(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)		4543229
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	6181	
(B) U.S. Government securities.....	2b(1)(B)	229348	
(C) Corporate debt instruments.....	2b(1)(C)	320349	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	80264	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		636142
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	211451	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		211451
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3920561	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3785081	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		135480
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-440382	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-440382

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		27560814
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		1732585
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1715025
d Total income. Add all income amounts in column (b) and enter total.....	2d		36094344

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	13464806	
(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)		13464806
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)	89646	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	7500	
(4) IQPA audit fees	2i(4)	28370	
(5) Investment advisory and investment management fees	2i(5)	664344	
(6) Bank or trust company trustee/custodial fees	2i(6)	64277	
(7) Actuarial fees	2i(7)	25218	
(8) Legal fees	2i(8)	14845	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	231246	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1125446
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14590252

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		21504092
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CALIBRE CPA GROUP, PLLC.**

(2) EIN: **47-0900880**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.)		X	
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.)		X	
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.)		X	
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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 556101.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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>WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WAREHOUSE EMPLOYEES LOCAL NO. 570</u>	D Employer Identification Number (EIN) <u>52-6048848</u>	

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): _____

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 2

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	
6 b Enter the amount contributed by the employer to the plan for this plan year	6b	
6 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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **BIMBO BAKERIES**

b EIN **75-2491201**

c Dollar amount contributed by employer

1168664

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **31** Year **2027**

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

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

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

a Name of contributing employer **BREAKTHRU BEVERAGE**

b EIN **52-2348529**

c Dollar amount contributed by employer

477607

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **01** Year **2027**

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

(1) Contribution rate (in dollars and cents) **2.52**

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

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

b EIN **52-0615639**

c Dollar amount contributed by employer

318004

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **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) **2.09**

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

a Name of contributing employer **TOYOTA**

b EIN **95-1958272**

c Dollar amount contributed by employer

973747

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2028**

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

(1) Contribution rate (in dollars and cents) **6.65**

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

a Name of contributing employer **SOUTHERN GLAZERS**

b EIN **59-1285786**

c Dollar amount contributed by employer

281428

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2028**

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

(1) Contribution rate (in dollars and cents) **1.75**

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

a Name of contributing employer **LINEAGE LOGISTICS**

b EIN **83-2072741**

c Dollar amount contributed by employer

203634

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2027**

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer LEONARD PAPER COMPANY

b EIN 52-0640253

c Dollar amount contributed by employer 209308

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 23 Year 2025

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

(1) Contribution rate (in dollars and cents) 3.30

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

a Name of contributing employer VESTIS SERVICES LLC

b EIN 95-3082883

c Dollar amount contributed by employer 136759

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 01 Day 28 Year 2028

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

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

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

a Name of contributing employer P. FLANIGAN & SONS

b EIN 52-0313970

c Dollar amount contributed by employer 145605

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 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) 4.35

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

a Name of contributing employer WHITING-TURNER

b EIN 52-0529450

c Dollar amount contributed by employer 92773

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2028

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

(1) Contribution rate (in dollars and cents) 10.90

(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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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: 62.7 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 12.7 %
 High-Yield Debt: 0.0 % Real Assets: 19.9 % Cash or Cash Equivalents: 0.7 % Other: 4.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

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

Yes.

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

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

No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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



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

FINANCIAL STATEMENTS

DECEMBER 31, 2024





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

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of the Warehouse Employees' Local No. 570 Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Warehouse Employees' Local No. 570 Pension Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.


Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Warehouse Employees' Local No. 570 Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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



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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

Other Supplemental Information

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

Calibre CPA Group, PLLC

Bethesda, MD
September 12, 2025



WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Assets		
Investments, at fair value	<u>\$ 253,438,296</u>	<u>\$ 231,160,916</u>
Receivables		
Employer contributions	392,115	362,409
Interest and dividends	215,824	51,038
Other receivables	674	6,618
Withdrawal liability	-	289,384
Due from administrator's account	<u>11,000</u>	<u>11,000</u>
Total receivables	<u>619,613</u>	<u>720,449</u>
Other assets		
Cash, noninterest-bearing	1,114,645	1,141,892
Prepaid expenses	-	9,147
Operating right-of-use asset	<u>32,807</u>	<u>40,574</u>
	<u>1,147,452</u>	<u>1,191,613</u>
 Total assets	 <u>255,205,361</u>	 <u>233,072,978</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	34,090	128,663
Due to administrator's account	12,346	13,462
Operating lease liability	<u>34,603</u>	<u>42,496</u>
 Total liabilities	 <u>81,039</u>	 <u>184,621</u>
 Net assets available for benefits	 <u><u>\$ 255,124,322</u></u>	 <u><u>\$ 232,888,357</u></u>

See accompanying notes to the financial statements.



WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 29,720,370	\$ 29,668,154
Interest	700,402	172,709
Dividends	1,846,664	1,770,587
	32,267,436	31,611,450
Less: investment expenses	(728,621)	(664,157)
Net investment income	31,538,815	30,947,293
Employer contributions	4,543,229	4,122,786
Withdrawal liability	-	1,843,248
Other income	15,552	1,807
Total additions	36,097,596	36,915,134
Deductions		
Benefits paid directly to participants	13,464,806	12,288,216
Administrative expenses	396,825	557,548
Total deductions	13,861,631	12,845,764
Net change	22,235,965	24,069,370
Net assets available for benefits		
Beginning of year	232,888,357	208,818,987
End of year	\$ 255,124,322	\$ 232,888,357

See accompanying notes to the financial statements.



WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

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

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

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

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



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

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

Funding Policy - The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA and subject to the minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code (IRC). Hourly contribution rates vary by collective bargaining agreement. Contributions by participants are not permitted by the Plan. The Plan Trustees design the benefit structure based on information from actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2024.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. The fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Board of Trustees determines the Plan's valuation policies and procedures and monitors investment performance. See Note 5 for discussion of fair value measurements.

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

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



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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

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

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

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

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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



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

of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits on the basis of funding assumptions is shown below as of January 1, 2024:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 110,465,543
Other participants	<u>72,724,595</u>
	183,190,138
Nonvested benefits	<u>4,060,632</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 187,250,770</u>

The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

Actuarial present value of accumulated plan benefits	
Beginning of year	\$ 184,360,052
Change attributable to	
Interest	11,584,036
Plan experience	2,760,409
Benefits paid	(12,288,216)
Assumptions change	(4,513,417)
Plan amendment	<u>5,347,906</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 187,250,770</u>

Significant actuarial assumptions used in the valuation as of January 1, 2024, the latest actuarial valuation, are as follows:

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



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

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

Interest Rate:	Valuation - 6.5%, compounded annually. Current liability - 3.29% per year, compounded annually. 2.55% for the prior year.
Mortality:	Healthy lives - Pri-2012 Employee/Annuitant Tables (Sex-Distinct) with Blue Collar Adjustment, projected generationally from 2012 using a custom COVID-adjusted version of Scale MP-2021. For the prior valuation, 120% of the RP-2014 Healthy Table with Blue Collar Adjustment, fully generational using Scale MP-2019 to project mortality improvements from 2014. Disabled lives - Pri-2012 Disabled Retiree Tables (Sex-Distinct), projected generationally from 2012 using a custom COVID-adjusted version of Scale MP-2021. For the prior valuation, 130% of the RP-2014 Disabled Retiree Table with Blue Collar Adjustment, fully generational using Scale MP-2019 to project mortality improvements from 2014. Current liability – 2024 IRS Generational Mortality Table.
Administrative Expenses:	\$500,000, projected to increase 3% annually. The expense assumption is based on the plan's experience and the actuary's expectations for future expense inflation. Prior year, \$475,000.
Active Participant:	A member is considered active if he works 300 or more hours during the plan year. For projecting future contributions only, we assume that the number of active participants will remain constant with replacements entering the plan immediately upon pension, death, or disability.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material differences.



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

Since the information on the accumulated plan benefits at December 31, 2024 do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2024, and the changes therein for the year then ended, but provides a presentation of only the net assets available for benefits and the changes therein as of and for the year ended December 31, 2024. The complete financial status of the Plan is presented as of December 31, 2023.

NOTE 4. TAX STATUS

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

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

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include other significant observable inputs including:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.



NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023.

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

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

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

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

Guaranteed investment contract: Valued at fair value by the insurance company by discounting expected future investment cash flows from both investment income and repayment of principal. The interest discount rates assumed in these calculations reflect both the current level of market rates and spreads appropriate to the quality, average life and type of investments being valued. The interest discount rates assumed in these calculations reflect both the current level of market rates and spreads appropriate to the quality, average life and type of investments being valued.

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

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Total Investments at 12/31/2024	Quoted Market Prices for (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	\$ 1,664,228	\$ 1,664,228	\$ -	\$ -
Common stocks	21,315,950	21,315,950	-	-
U.S. Government notes and bonds	15,276,825	-	15,276,825	-
Corporate notes and bonds	11,320,288	-	11,320,288	-
Guaranteed investment contract	3,014,913	-	-	3,014,913
Total assets in the fair value hierarchy	<u>52,592,204</u>	<u>\$ 22,980,178</u>	<u>\$ 26,597,113</u>	<u>\$ 3,014,913</u>
Investments measured at NAV*				
Common collective trusts	125,825,690			
103-12 entities	29,595,697			
Limited partnerships	<u>45,424,705</u>			
	<u>200,846,092</u>			
Total assets at fair value	<u>\$ 253,438,296</u>			
	Total Investments at 12/31/2023	Quoted Market Prices for (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	\$ 906,511	\$ 906,511	\$ -	\$ -
Common stocks	16,657,294	16,657,294	-	-
U.S. Government notes and bonds	2,633,857	-	2,633,857	-
Corporate notes and bonds	2,852,689	-	2,852,689	-
Guaranteed investment contract	7,740,156	-	-	7,740,156
Total assets in the fair value hierarchy	<u>30,790,507</u>	<u>\$ 17,563,805</u>	<u>\$ 5,486,546</u>	<u>\$ 7,740,156</u>
Investments measured at NAV*				
Common collective trusts	123,860,786			
103-12 entities	28,477,086			
Limited partnership	<u>48,032,537</u>			
	<u>200,370,409</u>			
Total assets at fair value	<u>\$ 231,160,916</u>			

*In accordance with Accounting Standards Codification, investments that are measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Changes in Fair Value of Level 3 Assets

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

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. The following table sets forth a summary of certain changes in the fair value of the Fund's level 3 assets for the year ended December 31, 2024:

	Guaranteed Investment Contract
Purchases	\$ 80,264
Issuances	-
Transfers In	-
Transfers Out	5,477,220

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2024 and 2023, respectively, and the significant unobservable inputs and the ranges of values for those inputs:

<u>Instrument</u>	<u>Fair Value 12/31/2024</u>	<u>Fair Value 12/31/2023</u>	<u>Principal Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Range of Significant Input Values</u>
Guaranteed investment contract	\$ 3,014,913	\$ 7,740,156	Discounted Cash Flows	Discount Rate	3.05 - 4.15%

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on the NAV per share as of December 31, 2024 and 2023:

Description	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Common collective trusts					
Blackrock Equity Index, Class R	\$ 121,940,792	\$ 118,245,093	N/A	Daily	None
Crescent Capital Trust II	3,884,898	5,615,693	\$ 796,329	Discretionary	Discretionary
103-12 entities					
RBC International Equity Fund	11,719,530	11,585,158	N/A	Monthly	None
Ullico Infrastructure Tax-Exempt Fund	17,876,167	16,891,928	N/A	Discretionary	45 days
Limited partnerships					
EnTrust Capital Diversified Fund Class X, Series 12/31/2016	17,931	9,429	N/A	Discretionary	Discretionary
EnTrust Capital Diversified Fund Class X, Series 03/31/2017	-	9,365	N/A	Discretionary	Discretionary
Boyd Watterson GSA Fund	17,543,590	18,652,815	N/A	Quarterly	60 days
U.S. Real Estate Investment Fund, LLC	8,339,706	8,783,052	N/A	Quarterly	90 days
CCA Black, LP	7,126,228	9,026,551	N/A	Discretionary	Discretionary
CCA Longevity Fund VI, LP	603,620	832,203	N/A	Discretionary	Discretionary
Boyd Watterson State Government Fund	6,713,995	7,163,090	N/A	Quarterly	60 days
Crescent Credit Solutions VIII	5,079,635	3,556,032	1,992,551	Discretionary	Discretionary
	<u>\$ 200,846,092</u>	<u>\$ 200,370,409</u>			

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

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

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

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

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



NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

NOTE 6. PROPERTY AND EQUIPMENT

Property and equipment consist of the following:

	<u>2024</u>	<u>2023</u>
Computers and office equipment	\$ 73,645	\$ 73,645
Less: accumulated depreciation	<u>(73,645)</u>	<u>(73,645)</u>
	<u>\$ -</u>	<u>\$ -</u>

Depreciation expense was \$-0- and \$256 for the years ended December 31, 2024 and 2023, respectively.

NOTE 7. OPERATING LEASE

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

The Plan also leases a copier at a flat rate of \$247.75 per month. The Plan also shares the cost of copier assessments and other charges. The original lease expires in April 2029.

Operating lease expense totaled \$14,233 and \$17,541 for the years ended December 31, 2024 and 2023, respectively. The Plan had no variable or short-term lease expense in 2024 or 2023 and does not have any finance leases.



NOTE 7. OPERATING LEASE (CONTINUED)

Supplemental qualitative information related to operating leases is as follows:

	<u>Year Ended December 31, 2024</u>
Cash paid for amounts included in the measurement of lease liabilities - operating cash flows	\$ 75,024
Right-of-use assets obtained in exchange for lease obligations	32,807
Weighted-average remaining lease term (in years)	2.64
Weighted-average discount rate	1.38%

The maturity of the lease liability under the Plan's operating lease as of December 31, 2024 is as follows:

<u>Year ending December 31,</u>	
2025	\$ 13,592
2026	13,970
2027	6,465
2028	991
2029	<u>330</u>
Undiscounted future cash flows	35,348
Less discount to present value (with a rate of 1.38%)	<u>(745)</u>
Total lease liability	<u>\$ 34,603</u>

NOTE 8. RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

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

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



NOTE 8. RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS (CONTINUED)

Payments to the Administration Account were provided in accordance with a predetermined rate based on budgeted expenses of the respective Funds. The applicable rate established for the Plan for 2024 and 2023 was 25%. The administration expenses for the years ended December 31, 2024 and 2023 were \$166,168 and \$154,339, respectively. These administrative expenses have been allocated to their respective functional expense accounts for financial statement purposes. As of December 31, 2024 and 2023, the Plan owed the Administration Account \$12,346 and \$13,462, respectively, for expenses incurred.

In prior years, the Plan had advanced the Administration Account \$11,000 to cover payroll and other expenses. As of December 31, 2024 and 2023, \$11,000 was still outstanding from the Administration Account.

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

NOTE 9. PLAN TERMINATION

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

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

Certain benefits under the Plan are insured by the 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. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

Unrealized gains and losses per the financial statements	\$ 17,799,639
Less: adjustment for contract value	<u>(731,873)</u>
Unrealized gains and losses per the Form 5500	<u>\$ 17,067,766</u>

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 255,124,322	\$ 232,888,357
Market value adjustment for investment in insurance contract	<u>-</u>	<u>731,873</u>
Net assets available for benefits per the Form 5500	<u>\$ 255,124,322</u>	<u>\$ 233,620,230</u>

The following is a reconciliation of the Plan's total additions to net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Total additions to net assets available for benefits per the financial statements	\$ 36,097,596	\$ 36,915,134
Adjustment for contract value	(731,873)	190,381
Investment fees	<u>728,621</u>	<u>664,157</u>
Total additions per the Form 5500	<u>\$ 36,094,344</u>	<u>\$ 37,769,672</u>

The following is a reconciliation of the Plan's total deductions to net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Total deductions to net assets available for benefits per the financial statements	\$ 13,861,631	\$ 12,845,764
Investment expenses	<u>728,621</u>	<u>664,157</u>
Total deductions per the Form 5500	<u>\$ 14,590,252</u>	<u>\$ 13,509,921</u>



NOTE 11. RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with these investments, it is at least reasonably possible that changes in the values of such investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

NOTE 12. CONCENTRATION

Contributions from three employers accounted for 58% of total contributions received by the Plan during the years ended December 31, 2024 and 2023. If contributions from these employers were to cease, it could have a significant impact of the Plan and its net assets available for benefits.

NOTE 13. PARTICIPATION IN MULTIEMPLOYER PLANS

Defined Benefit Pension Plan

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

The "EIN/Pension Plan Number" column provides the Employer Identification Number (EIN) and the three-digit plan number. The zone status is based on information that is certified by the Plan's actuary. Among other factors, plans in the red zone are generally less than 65% funded; plans in the yellow zone are less than 80% funded; and plans in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the plan is in the red zone. The "Surcharge Imposed" column indicates whether a surcharge has been imposed on contributions to the plan. There have been no significant changes that affect the comparability of the 2024 and 2023 contributions.

NOTE 13. PARTICIPATION IN MULTIEMPLOYER PLANS (CONTINUED)

Plan Name	EIN/Pension Plan Number	Pension Protection Act Zone Status		FIP/RP Status Pending/ Implemented	Employer Contributions		Surcharge Imposed
		2024	2023		2024	2023	
Warehouse Employees' Local No. 570 Pension Plan	52-6048848 Plan 001	Green	Green	N/A	\$ 9,526	\$ 8,650	No

Contributions are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan was not listed in the plan's previous Form 5500 as providing more than 5% of the total contributions for the plan years ended December 31, 2024 and 2023.

Defined Contribution Retirement Plan

In addition to the preceding plan, office employees are covered by the MARCC Severance & Annuity Fund. Contributions to this plan are made monthly under the terms of a participation agreement. The Plan's contributions to this plan totaled \$1,751 and \$1,752 for the years ended December 31, 2024 and 2023, respectively.

Welfare Plan that Provides Postretirement Benefits

The Plan's office employees are covered by the Warehouse Employees' Local Union No. 570 Trust Fund, which provides medical benefits to retirees prior to Medicare eligibility and to eligible employees and their dependents. Contributions to this plan totaled \$14,940 and \$14,544 for the years ended December 31, 2024 and 2023, respectively.

NOTE 14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 12, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION





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

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Actuarial fees	\$ 25,218	\$ 76,284
Computer software support	24,377	15,858
Conference expense	4,062	4,233
Depreciation	-	256
Employee benefits	26,586	25,320
Insurance	125,049	119,801
Maintenance agreements	4,262	3,920
Meetings	685	768
Miscellaneous	3,710	28,999
Office expense	4,247	3,479
Payroll taxes	6,371	6,083
Postage	13,749	13,095
Printing	8,796	4,284
Professional fees	50,715	156,652
Rent	14,233	17,541
Salaries	83,275	79,520
Telephone	<u>1,490</u>	<u>1,455</u>
Total	<u>\$ 396,825</u>	<u>\$ 557,548</u>

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

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

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, par/maturity value or shares			(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest		
	Cash equivalents					
	Wilmington Trusts Company	Blackrock Liquidity Treas Tr	N/A	Varies	231,070	\$ 231,070
	Wilmington Trusts Company	US Govt MM Fund	N/A	Varies	1,433,158	<u>1,433,158</u>
	Total cash equivalents				<u>1,664,228</u>	<u>1,664,228</u>
	Common stocks					
	ADOBE INC	Equity	N/A	N/A	636	217,591
	AGILENT TECHNOLOGIES INC COM	Equity	N/A	N/A	1,898	181,443
	ALIGN TECHNOLOGY INCORPORATED	Equity	N/A	N/A	884	178,552
	ALPHABET INC CL A	Equity	N/A	N/A	3,200	38,774
	ALPHABET INC CL C	Equity	N/A	N/A	4,240	50,793
	AMAZON.COM INC	Equity	N/A	N/A	4,442	543,132
	AMER SPORTS INC	Equity	N/A	N/A	15,024	228,733
	AMERICAN INTERNATIONAL GROUP	Equity	N/A	N/A	4,534	314,847
	ANALOG DEVICES INC	Equity	N/A	N/A	1,315	124,813
	APPLE INC	Equity	N/A	N/A	2,923	63,432
	AUTODESK COM	Equity	N/A	N/A	1,257	277,961
	BAKER HUGHES COMPANY	Equity	N/A	N/A	6,801	199,351
	BANK AMER CORP	Equity	N/A	N/A	5,445	116,052
	BERKSHIRE HATHAWAY INC DEL CL B	Equity	N/A	N/A	1,809	144,869
	BLACKSTONE INC	Equity	N/A	N/A	930	56,138
	BOOKING HOLDINGS INC	Equity	N/A	N/A	108	129,467
	BRIGHT HORIZONS FAMILY SOLUTIONS	Equity	N/A	N/A	1,642	189,380
	CANADIAN NATIONAL RAILWAY COMPANY	Equity	N/A	N/A	1,970	92,164
	CARMAX INC	Equity	N/A	N/A	2,721	126,864
	CARRIER GLOBAL CORP	Equity	N/A	N/A	4,284	143,299
	DANAHER CORP COM	Equity	N/A	N/A	921	213,208
	EDWARDS LIFESCIENCES CORP COM	Equity	N/A	N/A	6,245	178,068
	ELEVANCE HEALTH INC	Equity	N/A	N/A	881	166,524
	FERGUSON PLC	Equity	N/A	N/A	1,627	260,040
	FIRST CITIZENS BANCSHARES INC CL A	Equity	N/A	N/A	232	178,859
	FISERV INC	Equity	N/A	N/A	2,615	300,334
	GE AEROSPACE	Equity	N/A	N/A	1,456	128,856
	ILLUMINA INC	Equity	N/A	N/A	1,506	212,474
	INTUIT INC COM	Equity	N/A	N/A	680	189,302
	KKR & CO INC CL A	Equity	N/A	N/A	7,188	251,552
	KLA CORPORATION	Equity	N/A	N/A	289	180,595
	LOWES COMPANIES INC	Equity	N/A	N/A	907	36,295
	MASTERCARD INC CL A	Equity	N/A	N/A	1,903	33,786
	META PLATFORMS, INC-A	Equity	N/A	N/A	1,793	252,614
	MICROSOFT CORP	Equity	N/A	N/A	3,337	156,824
	NOM AD FOODS LTD	Equity	N/A	N/A	12,138	218,971
	PROGRESSIVE CORP COM	Equity	N/A	N/A	1,456	170,104
	SUNCOR ENERGY INC	Equity	N/A	N/A	10,324	298,260
	TAIWAN SEMICONDUCTOR SPON ADR	Equity	N/A	N/A	4,031	265,242
	TJX COMPANIES COM	Equity	N/A	N/A	2,783	98,871
	T-MOBILE US INC	Equity	N/A	N/A	1,462	188,694
	UBER TECHNOLOGIES INC	Equity	N/A	N/A	3,760	174,611
	UNITED RENTALS INC COM	Equity	N/A	N/A	647	54,114
	UNITEDHEALTH GROUP INC	Equity	N/A	N/A	1,501	436,855
	VISA INC	Equity	N/A	N/A	3,203	118,834
	WORKDAY INC-A	Equity	N/A	N/A	788	<u>199,805</u>
	Total common stocks				<u>8,381,347</u>	<u>21,315,950</u>

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

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

(c) Description of investment including maturity date, rate of interest, par/maturity value or shares								
(g)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value	
	U.S. Government notes and bonds							
	UNITED STATES TREASURY NOTES	Notes	01/15/33	1.125%	678,195	\$ 629,074	\$ 623,743	
	UNITED STATES TREASURY NOTES	Notes	03/31/25	2.625%	1,415,000	1,396,886	1,409,425	
	UNITED STATES TREASURY NOTES	Notes	11/30/25	0.375%	1,095,000	1,040,409	1,057,398	
	UNITED STATES TREASURY NOTES	Notes	09/30/26	1.625%	1,475,000	1,405,871	1,410,557	
	UNITED STATES TREASURY NOTES	Notes	04/15/27	0.125%	234,772	221,297	225,022	
	UNITED STATES TREASURY NOTES	Notes	05/15/27	2.375%	1,025,000	963,472	981,612	
	UNITED STATES TREASURY NOTES	Notes	01/15/28	1.750%	421,882	422,748	418,777	
	UNITED STATES TREASURY NOTES	Notes	08/31/28	1.125%	1,100,000	967,675	981,112	
	UNITED STATES TREASURY NOTES	Notes	06/30/29	3.250%	640,000	617,408	610,707	
	UNITED STATES TREASURY NOTES	Notes	05/15/30	0.625%	1,200,000	969,144	984,648	
	UNITED STATES TREASURY NOTES	Notes	02/15/31	1.125%	1,010,000	842,159	833,503	
	UNITED STATES TREASURY NOTES	Notes	11/15/31	1.375%	1,520,000	1,247,451	1,242,083	
	UNITED STATES TREASURY NOTES	Notes	08/15/32	2.750%	935,000	834,024	829,186	
	UNITED STATES TREASURY NOTES	Notes	11/15/33	4.500%	875,000	894,238	871,036	
	UNITED STATES TREASURY NOTES	Notes	05/15/34	4.375%	110,000	109,545	108,309	
	FED HOME LOAN MTGE CORP POOL	Bonds	05/01/38	4.500%	45,174	44,793	44,193	
	FED HOME LOAN MTGE CORP POOL	Bonds	11/01/44	4.500%	277,641	267,539	264,942	
	FED HOME LOAN MTGE CORP POOL	Bonds	09/01/53	6.000%	36,813	36,480	36,999	
	FED HOME LOAN MTGE CORP POOL	Bonds	09/01/38	5.500%	42,786	42,552	43,075	
	FEDERAL FARM CREDIT BANK	Bonds	04/05/32	3.800%	150,000	141,330	139,418	
	FEDERAL FARM CREDIT BANK	Bonds	05/17/32	4.300%	40,000	40,000	38,594	
	FEDERAL FARM CREDIT BANK	Bonds	07/20/32	4.980%	50,000	50,000	49,738	
	FEDERAL HOME LOAN BANK	Bonds	10/26/26	1.150%	65,000	65,000	61,367	
	FEDERAL HOME LOAN BANK	Bonds	11/23/26	1.500%	80,000	80,000	75,898	
	FEDERAL HOME LOAN BANK	Bonds	02/26/31	1.150%	100,000	100,000	86,081	
	FEDERAL HOME LOAN BANK	Bonds	03/17/31	1.250%	100,000	100,000	89,369	
	FEDERAL HOME LOAN BANK	Bonds	04/29/31	6.000%	240,000	240,000	240,415	
	FEDERAL HOME LOAN BANK	Bonds	08/28/31	5.375%	55,000	54,973	54,886	
	FEDERAL HOME LOAN BANK	Bonds	01/27/32	2.000%	100,000	100,000	86,866	
	FEDERAL HOME LOAN MORTGAGE CORPCMO SER	Bonds	07/25/48	6.000%	260,549	260,549	263,048	
	FEDERAL NATIONAL MORTGAGE ASSN	Bonds	08/28/25	4.125%	50,000	50,000	49,887	
	FEDERAL NATIONAL MORTGAGE ASSNPOOL	Bonds	04/01/38	5.000%	974	1,029	971	
	FEDL NATL MTGE ASSN POOL	Bonds	03/01/30	7.000%	3,811	3,810	3,949	
	FEDL NATL MTGE ASSN POOL	Bonds	06/01/53	5.500%	319,174	311,811	315,328	
	FEDL NATL MTGE ASSN POOL	Bonds	07/01/38	4.000%	41,787	40,407	40,121	
	FEDL NATL MTGE ASSN POOL	Bonds	12/01/52	4.500%	323,289	308,513	304,742	
	FEDL NATL MTGE ASSN POOL	Bonds	05/01/53	5.000%	391,683	379,507	378,589	
	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SEF	Bonds	01/01/38	2.920%	23,144	22,258	21,231	
	Total U.S. Government notes and bonds						<u>15,301,952</u>	<u>15,276,825</u>
	Corporate notes and bonds							
	ACCENTURE CAPITAL	Bonds	10/04/27	3.900%	95,000	94,647	93,600	
	AMGEN INC	Bonds	03/02/33	5.250%	295,000	295,992	292,823	
	ANHEUSER-BUSCH	Bonds	06/01/30	3.500%	115,000	109,411	107,818	
	ANTHEM INC	Bonds	12/01/27	3.650%	290,000	279,612	282,121	
	ARES CAPITAL CORP	Bonds	07/15/25	3.250%	310,000	303,185	306,990	
	ARES CAPITAL CORP	Bonds	01/15/26	3.875%	215,000	209,842	212,540	
	BANK OF AMER MTN	Bonds	02/05/26	5.586%	175,000	175,189	175,149	
	BANK OF AMER MTN V-D	Bonds	11/10/28	6.204%	185,000	194,541	191,532	
	BLACKROCK FUNDING	Bonds	07/26/27	4.600%	55,000	55,072	55,125	

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

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

		(c) Description of investment including maturity date, rate of interest, par/maturity value or shares						
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value	
	BLACKROCK FUNDING	Bonds	03/14/29	4.700%	185,000	\$ 184,905	\$ 185,137	
	COMCAST CORP	Bonds	10/15/28	4.150%	440,000	433,015	429,101	
	COMCAST CORP	Bonds	10/15/30	4.250%	300,000	297,461	289,293	
	CVS HEALTH CORP	Bonds	08/15/29	3.250%	330,000	309,599	300,432	
	DUKE ENERGY CAR	Bonds	01/15/34	4.850%	420,000	410,373	407,072	
	EXTRA SPACE STORAGE	Bonds	10/15/30	2.200%	255,000	220,870	216,967	
	FHLB	Bonds	03/23/26	1.000%	68,250	68,250	65,543	
	FMC CORP	Bonds	05/18/26	5.150%	35,000	34,979	35,038	
	FMC CORP	Bonds	10/01/29	3.450%	30,000	30,717	27,476	
	FYBR CMO	Bonds	08/20/53	6.600%	165,000	167,111	167,934	
	GENERAL MOTORS FINL	Bonds	01/17/29	5.650%	150,000	151,669	152,229	
	GEORGIA POWER CO	Bonds	02/23/27	5.004%	185,000	185,093	186,423	
	GOLDMAN SACHS GP V-Q	Bonds	06/05/28	3.691%	485,000	469,536	471,061	
	HEALTHPEAK PROPERTIE	Bonds	01/15/31	2.875%	155,000	138,490	136,490	
	HEWLETT PACKARD ENTE	Bonds	10/15/34	5.000%	200,000	197,316	192,234	
	INTERCONTIN EXCHANGE	Bonds	03/15/33	4.600%	130,000	126,349	125,325	
	JBS USA LUX SA	Bonds	02/01/28	5.125%	315,000	310,791	312,795	
	JEFFERIES FIN GROUP	Bonds	07/21/28	5.875%	125,000	127,790	127,820	
	JEFFERIES FIN GROUP	Bonds	04/14/34	6.200%	165,000	165,992	170,044	
	JP MORGAN CMO V-M	Bonds	04/25/54	6.000%	61,866	60,484	62,036	
	JPMORGAN CHASE V-D	Bonds	02/24/26	2.595%	285,000	279,467	284,022	
	JPMORGAN CHASE V-Q	Bonds	12/05/29	4.452%	295,000	294,408	289,097	
	LINCOLN NATL CRP	Bonds	01/15/31	3.400%	130,000	118,176	116,883	
	MERRILL LYNCH V-Q 5.	Bonds	09/15/26	5.321%	50,000	46,948	50,072	
	MORGAN STAN MTN V-A	Bonds	04/28/26	2.188%	300,000	292,960	297,324	
	MORGAN STAN MTN V-D	Bonds	04/18/30	5.656%	205,000	213,119	208,682	
	MORGAN STANLEY V-D	Bonds	04/20/28	4.210%	215,000	209,721	211,921	
	ORACLE CORP	Bonds	11/09/32	6.250%	185,000	193,925	196,057	
	OWL ROCK CAP CORP	Bonds	07/15/26	3.400%	280,000	268,744	271,289	
	PHILIP MORRIS INTL	Bonds	09/07/33	5.625%	190,000	191,424	193,029	
	PHILIP MORRIS INTL	Bonds	02/13/34	5.250%	315,000	309,665	311,324	
	PNC FIN SERV V-D	Bonds	01/21/28	5.300%	230,000	230,498	231,973	
	PRECISION CAST	Bonds	06/15/25	3.250%	100,000	98,525	99,425	
	RMCT 2024-J1 CMO V-M	Bonds	11/25/54	6.000%	193,819	193,062	193,297	
	ROCKWELL AUTOMATION	Bonds	03/01/29	3.500%	255,000	249,116	242,204	
	SAFEHOLD OPERATING	Bonds	06/15/31	2.800%	330,000	290,957	281,757	
	SAFEHOLD OPERATING	Bonds	01/15/32	2.850%	260,000	229,467	218,447	
	SIMON PPTY GROUP LP	Bonds	09/13/29	2.450%	450,000	405,485	404,645	
	SIMON PROP GP LP	Bonds	09/01/25	3.500%	100,000	98,780	99,294	
	TRACTOR SUPPLY CO	Bonds	05/15/33	5.250%	145,000	144,444	144,914	
	TRUIST BANK	Bonds	03/11/30	2.250%	425,000	366,274	364,960	
	VERIZON COMM INC	Bonds	03/21/31	2.550%	290,000	255,245	249,739	
	VIRGINIA EL&PWR	Bonds	03/15/27	3.500%	200,000	196,164	194,910	
	VIRGINIA ELEC & PWR	Bonds	08/15/34	5.050%	70,000	69,809	68,256	
	WALT DISNEY COMPANY	Bonds	11/15/26	3.375%	45,000	46,703	44,040	
	WARNERMEDIA HLDG INC	Bonds	03/15/27	3.755%	285,000	275,403	274,579	
	Total corporate notes and bonds					<u>11,376,770</u>	<u>11,320,288</u>	
	Common collective trusts							
	Wilmington Trust Company	Blackrock Equity Index, Class R	N/A	N/A	149,295	56,771,207	121,940,792	
	Crescent Capital Trust II	Crescent Capital Trust II	N/A	N/A	-	1,894,198	3,884,898	
	Total common collective trusts					<u>58,665,405</u>	<u>125,825,690</u>	

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

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

(g)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, par/maturity value or shares			(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest		
	103-12 investment entities					
	RBC Global Asset Management	International Equity Fund	N/A	N/A	145,104	\$ 4,297,141
	Ullico Investment Advisors, Inc.	Ullico Infrastructure Tax-Exempt	N/A	N/A	60,055	<u>12,905,801</u>
	Total 103-12 investment entities					<u>17,202,942</u>
	Limited partnerships					
	EnTrust Global	EnTrust Capital Diversified Fund Class X, Series 12/31/2016	N/A	N/A	3,705	370,265
	Boyd Watterson Asset Management	GSA Fund	N/A	N/A	17,786	20,685,162
	Intercontinental Real Estate Corporation	U.S. Real Estate Investment Fund	N/A	N/A	7,181	7,516,567
	Corry Capital Advisors, LLC	CCA Black, LLP	N/A	N/A	-	6,963,444
	Corry Capital Advisors, LLC	CCA Longevity Fund VI, LP	N/A	N/A	-	406,487
	Boyd Watterson Asset Management	State Government Fund	N/A	N/A	6,750	7,535,496
	Crescent Capital	Crescent Credit Solutions VIII	N/A	N/A	-	<u>4,207,388</u>
	Total limited partnerships					<u>47,684,809</u>
	Guaranteed Investment Contract					
	Prudential Insurance Company	Prudential Fixed Rate Fund	N/A	Varies	-	<u>3,226,266</u>
	Total assets (held at end of year)					<u>\$ 163,503,719</u>
						<u>\$ 253,438,296</u>

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

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

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Realized Gain or (Loss)
N/A	US Govt MM Fund	\$ 49,209,127	N/A	\$ 49,209,127	\$ 49,209,127	N/A
N/A	US Govt MM Fund	N/A	\$ 48,040,377	48,040,377	48,040,377	\$ -
N/A	Blackrock Equity Index, Class R	N/A	23,470,871	12,037,034	12,037,034	11,433,837

Schedule MB, Line 6 Summary of Plan Provisions

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

Plan Year January 1 through December 31

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

Vesting Service

- **Warehouse 570 Participants:** Sum of:
 - a. Each year of Credited Future Service prior to January 1, 1976;
 - b. For each Plan Year since January 1, 1976, service in accordance with the following table:

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

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

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

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

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



Schedule MB, Line 6 Summary of Plan Provisions

Credited Service (Warehouse 570)

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

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

Pension Credit (Teamsters 311)

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

Normal Pension (Warehouse 570)

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



Schedule MB, Line 6 Summary of Plan Provisions

Normal Pension (Warehouse 570 cont.)

- Amount: Sum of:

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

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

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

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



Schedule MB, Line 6 Summary of Plan Provisions

Normal Pension (Teamsters 311)

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

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

Early Pension (Warehouse 570)

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

- **Amount:**

Warehouse 570 benefit (Pre-2009 Participation):

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

Warehouse 570 benefit (Post-2009 Participation):

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

Baltimore Beer Distributors:

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



Schedule MB, Line 6 Summary of Plan Provisions

Early Pension (Teamsters 311)

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

Disability Pension (Warehouse 570)

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

Disability Pension (Teamsters 311)

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

Vested Pension (Warehouse 570)

- **Eligibility Requirement:** Age 55 and Participant attained Vesting Status (5 years of Vesting Service)

- **Amount:**

Warehouse 570 benefit:

Vested Accrued Benefit based on Credited Service at date of termination, deferred until Normal Retirement Date. With 10 years of service, participants who entered the plan prior to 1/1/2010 can retire on or after age 55 with a 3% per year reduction. The reduction is 6% per year for participants who entered the plan after 12/31/2009.

Baltimore Beer Distributors benefit:

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

Vested Pension (Teamsters 311)

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



Schedule MB, Line 6 Summary of Plan Provisions

Supplemental Benefit (Warehouse 570)

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

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

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

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

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

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

Pre-Retirement Death Benefit (Warehouse 570)

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

Pre-Retirement Death Benefit (Teamsters 311)

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



Schedule MB, Line 6 Summary of Plan Provisions

Pre-Retirement Lump Sum Death Benefit (Teamsters 311)

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

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

Post-Retirement Additional Death Benefit (Warehouse 570)

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

Post-Retirement Additional Death Benefit (Teamsters 311)

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

Vesting Status

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

Forms of Benefit (Warehouse 570)

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

Forms of Benefit (Teamsters 311)

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



WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

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

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, par/maturity value or shares			(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest		
	Cash equivalents					
	Wilmington Trusts Company	Blackrock Liquidity Treas Tr	N/A	Varies	231,070	\$ 231,070
	Wilmington Trusts Company	US Govt MM Fund	N/A	Varies	1,433,158	<u>1,433,158</u>
	Total cash equivalents				<u>1,664,228</u>	<u>1,664,228</u>
	Common stocks					
	ADOBE INC	Equity	N/A	N/A	636	217,591
	AGILENT TECHNOLOGIES INC COM	Equity	N/A	N/A	1,898	181,443
	ALIGN TECHNOLOGY INCORPORATED	Equity	N/A	N/A	884	178,552
	ALPHABET INC CL A	Equity	N/A	N/A	3,200	38,774
	ALPHABET INC CL C	Equity	N/A	N/A	4,240	50,793
	AMAZON.COM INC	Equity	N/A	N/A	4,442	543,132
	AMER SPORTS INC	Equity	N/A	N/A	15,024	228,733
	AMERICAN INTERNATIONAL GROUP	Equity	N/A	N/A	4,534	314,847
	ANALOG DEVICES INC	Equity	N/A	N/A	1,315	124,813
	APPLE INC	Equity	N/A	N/A	2,923	63,432
	AUTODESK COM	Equity	N/A	N/A	1,257	277,961
	BAKER HUGHES COMPANY	Equity	N/A	N/A	6,801	199,351
	BANK AMER CORP	Equity	N/A	N/A	5,445	116,052
	BERKSHIRE HATHAWAY INC DEL CL B	Equity	N/A	N/A	1,809	144,869
	BLACKSTONE INC	Equity	N/A	N/A	930	56,138
	BOOKING HOLDINGS INC	Equity	N/A	N/A	108	129,467
	BRIGHT HORIZONS FAMILY SOLUTIONS	Equity	N/A	N/A	1,642	189,380
	CANADIAN NATIONAL RAILWAY COMPANY	Equity	N/A	N/A	1,970	92,164
	CARMAX INC	Equity	N/A	N/A	2,721	126,864
	CARRIER GLOBAL CORP	Equity	N/A	N/A	4,284	143,299
	DANAHER CORP COM	Equity	N/A	N/A	921	213,208
	EDWARDS LIFESCIENCES CORP COM	Equity	N/A	N/A	6,245	178,068
	ELEVANCE HEALTH INC	Equity	N/A	N/A	881	166,524
	FERGUSON PLC	Equity	N/A	N/A	1,627	260,040
	FIRST CITIZENS BANCSHARES INC CL A	Equity	N/A	N/A	232	178,859
	FISERV INC	Equity	N/A	N/A	2,615	300,334
	GE AEROSPACE	Equity	N/A	N/A	1,456	128,856
	ILLUMINA INC	Equity	N/A	N/A	1,506	212,474
	INTUIT INC COM	Equity	N/A	N/A	680	189,302
	KKR & CO INC CL A	Equity	N/A	N/A	7,188	251,552
	KLA CORPORATION	Equity	N/A	N/A	289	180,595
	LOWES COMPANIES INC	Equity	N/A	N/A	907	36,295
	MASTERCARD INC CL A	Equity	N/A	N/A	1,903	33,786
	META PLATFORMS, INC-A	Equity	N/A	N/A	1,793	252,614
	MICROSOFT CORP	Equity	N/A	N/A	3,337	156,824
	NOM AD FOODS LTD	Equity	N/A	N/A	12,138	218,971
	PROGRESSIVE CORP COM	Equity	N/A	N/A	1,456	170,104
	SUNCOR ENERGY INC	Equity	N/A	N/A	10,324	298,260
	TAIWAN SEMICONDUCTOR SPON ADR	Equity	N/A	N/A	4,031	265,242
	TJX COMPANIES COM	Equity	N/A	N/A	2,783	98,871
	T-MOBILE US INC	Equity	N/A	N/A	1,462	188,694
	UBER TECHNOLOGIES INC	Equity	N/A	N/A	3,760	174,611
	UNITED RENTALS INC COM	Equity	N/A	N/A	647	54,114
	UNITEDHEALTH GROUP INC	Equity	N/A	N/A	1,501	436,855
	VISA INC	Equity	N/A	N/A	3,203	118,834
	WORKDAY INC-A	Equity	N/A	N/A	788	<u>199,805</u>
	Total common stocks				<u>8,381,347</u>	<u>21,315,950</u>

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

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

(c) Description of investment including maturity date, rate of interest, par/maturity value or shares								
(g)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value	
	U.S. Government notes and bonds							
	UNITED STATES TREASURY NOTES	Notes	01/15/33	1.125%	678,195	\$ 629,074	\$ 623,743	
	UNITED STATES TREASURY NOTES	Notes	03/31/25	2.625%	1,415,000	1,396,886	1,409,425	
	UNITED STATES TREASURY NOTES	Notes	11/30/25	0.375%	1,095,000	1,040,409	1,057,398	
	UNITED STATES TREASURY NOTES	Notes	09/30/26	1.625%	1,475,000	1,405,871	1,410,557	
	UNITED STATES TREASURY NOTES	Notes	04/15/27	0.125%	234,772	221,297	225,022	
	UNITED STATES TREASURY NOTES	Notes	05/15/27	2.375%	1,025,000	963,472	981,612	
	UNITED STATES TREASURY NOTES	Notes	01/15/28	1.750%	421,882	422,748	418,777	
	UNITED STATES TREASURY NOTES	Notes	08/31/28	1.125%	1,100,000	967,675	981,112	
	UNITED STATES TREASURY NOTES	Notes	06/30/29	3.250%	640,000	617,408	610,707	
	UNITED STATES TREASURY NOTES	Notes	05/15/30	0.625%	1,200,000	969,144	984,648	
	UNITED STATES TREASURY NOTES	Notes	02/15/31	1.125%	1,010,000	842,159	833,503	
	UNITED STATES TREASURY NOTES	Notes	11/15/31	1.375%	1,520,000	1,247,451	1,242,083	
	UNITED STATES TREASURY NOTES	Notes	08/15/32	2.750%	935,000	834,024	829,186	
	UNITED STATES TREASURY NOTES	Notes	11/15/33	4.500%	875,000	894,238	871,036	
	UNITED STATES TREASURY NOTES	Notes	05/15/34	4.375%	110,000	109,545	108,309	
	FED HOME LOAN MTGE CORP POOL	Bonds	05/01/38	4.500%	45,174	44,793	44,193	
	FED HOME LOAN MTGE CORP POOL	Bonds	11/01/44	4.500%	277,641	267,539	264,942	
	FED HOME LOAN MTGE CORP POOL	Bonds	09/01/53	6.000%	36,813	36,480	36,999	
	FED HOME LOAN MTGE CORP POOL	Bonds	09/01/38	5.500%	42,786	42,552	43,075	
	FEDERAL FARM CREDIT BANK	Bonds	04/05/32	3.800%	150,000	141,330	139,418	
	FEDERAL FARM CREDIT BANK	Bonds	05/17/32	4.300%	40,000	40,000	38,594	
	FEDERAL FARM CREDIT BANK	Bonds	07/20/32	4.980%	50,000	50,000	49,738	
	FEDERAL HOME LOAN BANK	Bonds	10/26/26	1.150%	65,000	65,000	61,367	
	FEDERAL HOME LOAN BANK	Bonds	11/23/26	1.500%	80,000	80,000	75,898	
	FEDERAL HOME LOAN BANK	Bonds	02/26/31	1.150%	100,000	100,000	86,081	
	FEDERAL HOME LOAN BANK	Bonds	03/17/31	1.250%	100,000	100,000	89,369	
	FEDERAL HOME LOAN BANK	Bonds	04/29/31	6.000%	240,000	240,000	240,415	
	FEDERAL HOME LOAN BANK	Bonds	08/28/31	5.375%	55,000	54,973	54,886	
	FEDERAL HOME LOAN BANK	Bonds	01/27/32	2.000%	100,000	100,000	86,866	
	FEDERAL HOME LOAN MORTGAGE CORPCMO SER	Bonds	07/25/48	6.000%	260,549	260,549	263,048	
	FEDERAL NATIONAL MORTGAGE ASSN	Bonds	08/28/25	4.125%	50,000	50,000	49,887	
	FEDERAL NATIONAL MORTGAGE ASSNPOOL	Bonds	04/01/38	5.000%	974	1,029	971	
	FEDL NATL MTGE ASSN POOL	Bonds	03/01/30	7.000%	3,811	3,810	3,949	
	FEDL NATL MTGE ASSN POOL	Bonds	06/01/53	5.500%	319,174	311,811	315,328	
	FEDL NATL MTGE ASSN POOL	Bonds	07/01/38	4.000%	41,787	40,407	40,121	
	FEDL NATL MTGE ASSN POOL	Bonds	12/01/52	4.500%	323,289	308,513	304,742	
	FEDL NATL MTGE ASSN POOL	Bonds	05/01/53	5.000%	391,683	379,507	378,589	
	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SEF	Bonds	01/01/38	2.920%	23,144	22,258	21,231	
	Total U.S. Government notes and bonds						<u>15,301,952</u>	<u>15,276,825</u>
	Corporate notes and bonds							
	ACCENTURE CAPITAL	Bonds	10/04/27	3.900%	95,000	94,647	93,600	
	AMGEN INC	Bonds	03/02/33	5.250%	295,000	295,992	292,823	
	ANHEUSER-BUSCH	Bonds	06/01/30	3.500%	115,000	109,411	107,818	
	ANTHEM INC	Bonds	12/01/27	3.650%	290,000	279,612	282,121	
	ARES CAPITAL CORP	Bonds	07/15/25	3.250%	310,000	303,185	306,990	
	ARES CAPITAL CORP	Bonds	01/15/26	3.875%	215,000	209,842	212,540	
	BANK OF AMER MTN	Bonds	02/05/26	5.586%	175,000	175,189	175,149	
	BANK OF AMER MTN V-D	Bonds	11/10/28	6.204%	185,000	194,541	191,532	
	BLACKROCK FUNDING	Bonds	07/26/27	4.600%	55,000	55,072	55,125	

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

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

		(c) Description of investment including maturity date, rate of interest, par/maturity value or shares						
(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value	
	BLACKROCK FUNDING	Bonds	03/14/29	4.700%	185,000	\$ 184,905	\$ 185,137	
	COMCAST CORP	Bonds	10/15/28	4.150%	440,000	433,015	429,101	
	COMCAST CORP	Bonds	10/15/30	4.250%	300,000	297,461	289,293	
	CVS HEALTH CORP	Bonds	08/15/29	3.250%	330,000	309,599	300,432	
	DUKE ENERGY CAR	Bonds	01/15/34	4.850%	420,000	410,373	407,072	
	EXTRA SPACE STORAGE	Bonds	10/15/30	2.200%	255,000	220,870	216,967	
	FHLB	Bonds	03/23/26	1.000%	68,250	68,250	65,543	
	FMC CORP	Bonds	05/18/26	5.150%	35,000	34,979	35,038	
	FMC CORP	Bonds	10/01/29	3.450%	30,000	30,717	27,476	
	FYBR CMO	Bonds	08/20/53	6.600%	165,000	167,111	167,934	
	GENERAL MOTORS FINL	Bonds	01/17/29	5.650%	150,000	151,669	152,229	
	GEORGIA POWER CO	Bonds	02/23/27	5.004%	185,000	185,093	186,423	
	GOLDMAN SACHS GP V-Q	Bonds	06/05/28	3.691%	485,000	469,536	471,061	
	HEALTHPEAK PROPERTIE	Bonds	01/15/31	2.875%	155,000	138,490	136,490	
	HEWLETT PACKARD ENTE	Bonds	10/15/34	5.000%	200,000	197,316	192,234	
	INTERCONTIN EXCHANGE	Bonds	03/15/33	4.600%	130,000	126,349	125,325	
	JBS USA LUX SA	Bonds	02/01/28	5.125%	315,000	310,791	312,795	
	JEFFERIES FIN GROUP	Bonds	07/21/28	5.875%	125,000	127,790	127,820	
	JEFFERIES FIN GROUP	Bonds	04/14/34	6.200%	165,000	165,992	170,044	
	JP MORGAN CMO V-M	Bonds	04/25/54	6.000%	61,866	60,484	62,036	
	JPMORGAN CHASE V-D	Bonds	02/24/26	2.595%	285,000	279,467	284,022	
	JPMORGAN CHASE V-Q	Bonds	12/05/29	4.452%	295,000	294,408	289,097	
	LINCOLN NATL CRP	Bonds	01/15/31	3.400%	130,000	118,176	116,883	
	MERRILL LYNCH V-Q 5.	Bonds	09/15/26	5.321%	50,000	46,948	50,072	
	MORGAN STAN MTN V-A	Bonds	04/28/26	2.188%	300,000	292,960	297,324	
	MORGAN STAN MTN V-D	Bonds	04/18/30	5.656%	205,000	213,119	208,682	
	MORGAN STANLEY V-D	Bonds	04/20/28	4.210%	215,000	209,721	211,921	
	ORACLE CORP	Bonds	11/09/32	6.250%	185,000	193,925	196,057	
	OWL ROCK CAP CORP	Bonds	07/15/26	3.400%	280,000	268,744	271,289	
	PHILIP MORRIS INTL	Bonds	09/07/33	5.625%	190,000	191,424	193,029	
	PHILIP MORRIS INTL	Bonds	02/13/34	5.250%	315,000	309,665	311,324	
	PNC FIN SERV V-D	Bonds	01/21/28	5.300%	230,000	230,498	231,973	
	PRECISION CAST	Bonds	06/15/25	3.250%	100,000	98,525	99,425	
	RMCT 2024-J1 CMO V-M	Bonds	11/25/54	6.000%	193,819	193,062	193,297	
	ROCKWELL AUTOMATION	Bonds	03/01/29	3.500%	255,000	249,116	242,204	
	SAFEHOLD OPERATING	Bonds	06/15/31	2.800%	330,000	290,957	281,757	
	SAFEHOLD OPERATING	Bonds	01/15/32	2.850%	260,000	229,467	218,447	
	SIMON PPTY GROUP LP	Bonds	09/13/29	2.450%	450,000	405,485	404,645	
	SIMON PROP GP LP	Bonds	09/01/25	3.500%	100,000	98,780	99,294	
	TRACTOR SUPPLY CO	Bonds	05/15/33	5.250%	145,000	144,444	144,914	
	TRUIST BANK	Bonds	03/11/30	2.250%	425,000	366,274	364,960	
	VERIZON COMM INC	Bonds	03/21/31	2.550%	290,000	255,245	249,739	
	VIRGINIA EL&PWR	Bonds	03/15/27	3.500%	200,000	196,164	194,910	
	VIRGINIA ELEC & PWR	Bonds	08/15/34	5.050%	70,000	69,809	68,256	
	WALT DISNEY COMPANY	Bonds	11/15/26	3.375%	45,000	46,703	44,040	
	WARNERMEDIA HLDG INC	Bonds	03/15/27	3.755%	285,000	275,403	274,579	
	Total corporate notes and bonds					<u>11,376,770</u>	<u>11,320,288</u>	
	Common collective trusts							
	Wilmington Trust Company	Blackrock Equity Index, Class R	N/A	N/A	149,295	56,771,207	121,940,792	
	Crescent Capital Trust II	Crescent Capital Trust II	N/A	N/A	-	1,894,198	3,884,898	
	Total common collective trusts					<u>58,665,405</u>	<u>125,825,690</u>	

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

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

(g)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, par/maturity value or shares			(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest		
	103-12 investment entities					
	RBC Global Asset Management	International Equity Fund	N/A	N/A	145,104	\$ 4,297,141
	Ullico Investment Advisors, Inc.	Ullico Infrastructure Tax-Exempt	N/A	N/A	60,055	<u>12,905,801</u>
	Total 103-12 investment entities					<u>17,202,942</u>
	Limited partnerships					
	EnTrust Global	EnTrust Capital Diversified Fund Class X, Series 12/31/2016	N/A	N/A	3,705	370,265
	Boyd Watterson Asset Management	GSA Fund	N/A	N/A	17,786	20,685,162
	Intercontinental Real Estate Corporation	U.S. Real Estate Investment Fund	N/A	N/A	7,181	7,516,567
	Corry Capital Advisors, LLC	CCA Black, LLP	N/A	N/A	-	6,963,444
	Corry Capital Advisors, LLC	CCA Longevity Fund VI, LP	N/A	N/A	-	406,487
	Boyd Watterson Asset Management	State Government Fund	N/A	N/A	6,750	7,535,496
	Crescent Capital	Crescent Credit Solutions VIII	N/A	N/A	-	<u>4,207,388</u>
	Total limited partnerships					<u>47,684,809</u>
	Guaranteed Investment Contract					
	Prudential Insurance Company	Prudential Fixed Rate Fund	N/A	Varies	-	<u>3,226,266</u>
	Total assets (held at end of year)					<u>\$ 163,503,719</u>
						<u>\$ 253,438,296</u>

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

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

Attained Age	YEARS OF CREDITED SERVICE									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.
Under 25	10	N/A	12	N/A	0	N/A	0	N/A	0	N/A
25 to 29	15	N/A	26	N/A	6	N/A	0	N/A	0	N/A
30 to 34	21	N/A	42	N/A	18	N/A	6	N/A	0	N/A
35 to 39	10	N/A	38	N/A	23	N/A	10	N/A	12	N/A
40 to 44	9	N/A	42	N/A	30	N/A	18	N/A	9	N/A
45 to 49	7	N/A	27	N/A	33	N/A	14	N/A	18	N/A
50 to 54	8	N/A	24	N/A	23	N/A	5	N/A	22	N/A
55 to 59	5	N/A	17	N/A	35	N/A	15	N/A	14	N/A
60 to 64	2	N/A	12	N/A	25	N/A	9	N/A	15	N/A
65 to 69	1	N/A	2	N/A	8	N/A	1	N/A	3	N/A
70 & up	0	N/A	1	N/A	0	N/A	1	N/A	0	N/A

Attained Age	YEARS OF CREDITED SERVICE									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	4	N/A	0	N/A	0	N/A	0	N/A	0	N/A
45 to 49	5	N/A	5	N/A	0	N/A	0	N/A	0	N/A
50 to 54	10	N/A	5	N/A	5	N/A	0	N/A	0	N/A
55 to 59	11	N/A	9	N/A	3	N/A	2	N/A	0	N/A
60 to 64	10	N/A	6	N/A	4	N/A	0	N/A	1	N/A
65 to 69	0	N/A	2	N/A	0	N/A	2	N/A	3	N/A
70 & up	1	N/A	0	N/A	0	N/A	0	N/A	2	N/A



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

Schedule MB, Line 3(d) Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/31/2024	\$145,000	\$0	\$145,000
3/28/2024	144,384	0	144,384



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

Charges	Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1) Recognized Investment Loss (2008)	1/1/2009	14	\$9,265,733	\$965,207
(2) Recognized Investment Loss (2008)	1/1/2010	14	606,236	63,152
(3) Recognized Investment Loss (2008)	1/1/2011	14	2,351,686	244,974
(4) Recognized Investment Loss (2008)	1/1/2012	14	3,950,066	411,476
(5) Change in Assumptions	1/1/2012	3	625,859	221,886
(6) Actuarial Loss	1/1/2013	4	4,677	1,283
(7) Actuarial Loss	1/1/2014	5	554,573	125,305
(8) Plan Amendment	1/1/2014	5	36,683	8,288
(9) Change in Assumptions	1/1/2014	5	905,596	204,618
(10) Actuarial Loss	1/1/2015	6	326,064	63,243
(11) Actuarial Loss	1/1/2016	7	863,026	147,752
(12) Assumption Change	1/1/2016	7	2,672,104	457,472
(13) Assumption Change	1/1/2018	9	9,449,988	1,333,096
(14) Plan Amendment ²	1/1/2019	10	1,636,670	213,773
(16) Plan Amendment (T311)	9/1/1996	2.667	478,463	188,061
(17) Assumption Change (T311)	9/1/1997	3.667	480,315	141,687
(18) Plan Amendment (T311)	9/1/1997	3.667	711,486	209,880
(19) Plan Amendment (T311)	9/1/1998	4.667	945,032	225,860
(20) Assumption Change (T311)	9/1/1999	5.667	760,750	154,316
(21) Plan Amendment (T311)	9/1/1999	5.667	941,461	190,973
(22) Plan Amendment (T311)	9/1/2000	6.667	763,645	135,638
(23) Plan Amendment (T311)	9/1/2001	7.667	200,678	31,917
(24) Plan Amendment (T311)	9/1/2002	8.667	216,583	31,367
(25) Plan Amendment (T311)	9/1/2003	9.667	161,422	21,568
(26) Plan Amendment (T311)	9/1/2004	10.667	201,108	25,048
(27) Actuarial Loss (T311)	9/1/2009	0.667	261,025	261,025
(28) Actuarial Loss (T311)	9/1/2010	1.667	898,943	546,995
(29) Actuarial Loss (T311)	9/1/2012	3.667	210,435	62,077
Total Charges			\$40,480,307	\$6,687,937

² The assumption change that took place on 1/1/2020 resulted in a liability impact of \$1,858,510. The assumption change resulted in the Fund being over 100% funded and since the assumption change base is established based on the change in unfunded actuarial accrued liability, the established base is less than the liability impact.



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

Credits	Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1) Change in Asset Method	1/1/2009	15	\$3,710,361	\$370,524
(2) Actuarial Gain	1/1/2010	1	361,734	361,734
(3) Actuarial Gain (Net of Investment Loss)	1/1/2011	2	269,643	139,065
(4) Actuarial Gain (Net of Investment Loss)	1/1/2012	3	933,821	331,068
(5) Actuarial Gain (Due to IRS Audit)	1/1/2012	3	135,569	48,062
(6) Actuarial Gain	1/1/2020	11	909,137	111,022
(7) Assumption Change ³	1/1/2020	11	75,293	9,195
(8) Actuarial Gain (T311)	9/1/2011	2.667	254,095	99,873
(9) Assumption Change (T311)	9/1/2012	3.667	630,621	186,026
(10) Plan Amendment (T311)	9/1/2012	3.667	468,553	138,217
(11) Actuarial Gain (T311)	9/1/2013	4.667	229,920	54,950
(12) Actuarial Gain (T311)	9/1/2014	5.667	961,109	194,957
Total Credits			\$8,939,856	\$2,044,693

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



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

Schedule MB, Line 11

Justification for Change in Actuarial Assumptions

The following actuarial assumptions were updated for the 2024 plan year:

- Healthy Mortality Rates
- Disabled Mortality Rates
- Termination Rates
- Disability Rates
- Active Retirement Rates
- Terminated Vested Retirement Rates
- Percent Married
- Removal of 3% Load on Active Liability

The changes in assumptions were based on the plan's demographic experience summarized in the 2024 Experience Study.



Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Actuarial Funding Method

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

Asset Valuation Method

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

Mortality

Funding:

Healthy: Pri-2012 Employee/Annuitant Tables (Sex-Distinct) with Blue Collar Adjustment, projected generationally from 2012 using a custom COVID-adjusted version of Scale MP-2021. For the prior valuation, 120% of the RP-2014 Healthy Table with Blue Collar Adjustment, fully generational using Scale MP-2019 to project mortality improvements from 2014.

Disabled: Pri-2012 Disabled Retiree Tables (Sex-Distinct), projected generationally from 2012 using a custom COVID-adjusted version of Scale MP-2021. For the prior valuation, 130% of the RP-2014 Disabled Retiree Table with Blue Collar Adjustment, fully generational using Scale MP-2019 to project mortality improvements from 2014.

Current Liability:

2024 IRS Generational Mortality Table.

The mortality decrement assumption is based on a study of the plan's mortality experience in the 2024 Experience Study. We continue to monitor actual versus expected deaths with each valuation.



Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Interest Rate

Valuation:

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

Current Liability:

3.29% per year compounded annually. The current liability interest rate is chosen from a specified range that is set by law.

Termination

2003 SOA Pension Plan Turnover Study Basic Service Table. Sample rates are as follows:

Service	Rate
0	17.13%
1	16.02%
2	15.63%
3	11.98%
4	9.87%
5	8.34%
10	4.91%
20	2.81%



Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Termination (cont.)

For the prior valuation, 5-Year Select & Ultimate assumption. Representative rates are:

Vesting	Selected Rate	Age	Ultimate Rate
0	30.00%	25	7.72%
1	15.00%	30	7.22%
2	12.50%	35	6.28%
3	10.00%	40	5.15%
4	10.00%	45	3.98%
		50	2.56%
		55	0.94%

The Ultimate table used beyond the Select Period is the T-5 table from the Actuary's Pension Handbook.

The withdrawal decrement assumption is based on a study of the plan's withdrawal experience in the 2024 Experience Study.

Disability

2012 IDEC Claim Incidence Table. Specifically, the male rates for accident claims under occupation class 3 (blue collar occupations with light manual duties) with a 720-day elimination period. Representative rates are shown below:

Age	Rate
20	0.25%
30	0.22%
40	0.23%
50	0.40%
60	0.83%
70	1.45%
71 & Over	0.00%



Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Disability (cont.)

For the prior valuation, 250% of 1955 U.A.W. Representative Rates are:

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

The disability assumption is based on a study of the plan's disablement experience in the 2024 Experience Study.

Age at Pension

Warehouse 570 Participants prior to January 1, 2010:

Age	Years of Credited Service			
	<10	10 - 24	25	26+
61 & Younger	0%	0%	15%	10%
62	15%	15%	15%	10%
63 - 64	10%	10%	15%	100%
65	50%	50%	50%	100%
66	25%	25%	25%	100%
67 & Older	100%	100%	100%	100%

Warehouse 570 Participants prior to January 1, 2010 (cont.):

For the prior valuation:

Age	Years of Credited Service			
	<10	10 - 24	25	26+
54 & Younger	0%	0%	50%	10%
55 - 61	0%	10%	50%	10%
62	15%	15%	50%	10%
63	15%	15%	50%	100%
64	5%	5%	50%	100%
65 & Older	100%	100%	100%	100%



Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Age at Pension (cont.)

Warehouse 570 Participants on/after January 1, 2010 & Baltimore Beer Distributor Participants:

Age	Years of Credited Service			
	<10	10 - 29	30	31+
54 & Younger	0%	0%	15%	10%
55 – 61	0%	0%	15%	10%
62	15%	15%	15%	10%
63 – 64	10%	10%	15%	100%
65	50%	50%	50%	100%
66	25%	25%	25%	100%
67 & Older	100%	100%	100%	100%

For the prior valuation (Warehouse 570 Participants on/after January 1, 2010):

Age	Years of Credited Service			
	<10	10 - 29	30	31+
54 & Younger	0%	0%	50%	10%
55 – 61	0%	10%	50%	10%
62	15%	15%	50%	10%
63	10%	10%	50%	100%
64	5%	5%	50%	100%
65 & Older	100%	100%	100%	100%

For the prior valuation (Baltimore Beer Distributor Participants):

Age	Years of Credited Service			
	<10	10 - 29	30	31+
54 & Younger	0%	0%	50%	10%
55 – 61	0%	10%	50%	10%
62 – 63	15%	15%	50%	10%
64	5%	5%	50%	100%
65 & Older	100%	100%	100%	100%

Former Teamsters Local 311 Participants:

Age	Years of Credited Service	
	<10	10+
56 & Younger	0%	0%
57 – 59	0%	5%
60 – 61	0%	30%
62 – 64	30%	30%
65	100%	100%



Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Age at Pension (cont.)

Terminated Vested participants retire at 62 (or Normal Retirement Age for former Teamsters 311 participants not eligible for early reduced retirement) unless eligible for unreduced early retirement, then current age.

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

The weighted average retirement age as of the valuation date is age 63.3. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

The retirement age assumption used was reviewed in the plan's 2024 Experience Study and determined to be reasonable taking into account the following factors:

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

Administrative Expenses

For this valuation, \$500,000. For projections, administrative expenses are assumed to increase 3% annually.

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

Active Participants

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

Future Service Credit

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



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

Schedule MB, Line 6 Statement of Actuarial Assumptions/Methods

Marital Status

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

The percent married and spousal age difference assumptions are based on a study of the plan's experience in the 2024 Experience Study.

Forms of Benefit

Single life annuity.

For the prior valuation, 3% load on Active Liability for the Warehouse 570 benefit only.

The form of benefit assumption is based on a study of the plan's experience in the 2024 Experience Study.

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



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

Schedule MB, Line 6f(1)

Description of Withdrawal Liability Interest Rate

Withdrawal Liability:

Combination of Valuation interest rate and PBGC interest rates as of January each year. For this valuation, PBGC interest rates are 5.45% for the first 20 years and 5.22% thereafter.



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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$865,052	\$744,513	\$11,984,048	\$13,593,613
2025	1,278,615	857,822	11,623,302	13,759,738
2026	1,693,486	934,356	11,247,517	13,875,359
2027	2,091,578	1,082,488	10,862,911	14,036,977
2028	2,466,088	1,269,514	10,470,798	14,206,400
2029	2,764,023	1,388,815	10,069,620	14,222,458
2030	3,100,000	1,512,115	9,672,585	14,284,700
2031	3,351,891	1,691,799	9,267,148	14,310,838
2032	3,630,835	1,940,569	8,857,071	14,428,474
2033	3,853,380	2,099,998	8,442,193	14,395,571
2034	4,099,408	2,182,107	8,034,626	14,316,140
2035	4,229,032	2,323,478	7,624,497	14,177,007
2036	4,340,605	2,448,067	7,217,665	14,006,337
2037	4,437,088	2,512,096	6,814,909	13,764,094
2038	4,495,436	2,581,475	6,411,474	13,488,385
2039	4,579,240	2,648,221	6,005,293	13,232,754
2040	4,622,391	2,688,280	5,614,920	12,925,590
2041	4,667,968	2,756,193	5,231,017	12,655,178
2042	4,726,646	2,815,043	4,854,759	12,396,448
2043	4,767,540	2,881,240	4,487,354	12,136,134
2044	4,757,685	2,900,679	4,130,070	11,788,433
2045	4,726,203	2,899,827	3,784,182	11,410,212
2046	4,677,957	2,858,792	3,450,943	10,987,693
2047	4,631,293	2,813,306	3,131,565	10,576,164
2048	4,564,735	2,758,446	2,827,176	10,150,357



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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	\$4,444,930	\$2,698,526	\$2,538,787	\$9,682,243
2050	4,312,503	2,618,092	2,267,246	9,197,840
2051	4,169,972	2,534,736	2,013,232	8,717,940
2052	4,054,167	2,434,848	1,777,221	8,266,237
2053	3,907,577	2,339,245	1,559,452	7,806,274
2054	3,751,801	2,228,828	1,359,936	7,340,565
2055	3,569,055	2,113,367	1,178,464	6,860,886
2056	3,381,967	1,995,065	1,014,636	6,391,668
2057	3,186,262	1,878,123	867,856	5,932,241
2058	3,001,826	1,758,492	737,333	5,497,651
2059	2,823,715	1,640,995	622,127	5,086,837
2060	2,657,575	1,527,629	521,209	4,706,412
2061	2,480,513	1,412,339	433,477	4,326,330
2062	2,305,714	1,299,888	357,787	3,963,390
2063	2,137,005	1,190,882	292,992	3,620,879
2064	1,978,057	1,085,878	237,979	3,301,915
2065	1,826,522	985,361	191,670	3,003,554
2066	1,679,264	889,715	153,050	2,722,029
2067	1,538,817	799,238	121,150	2,459,205
2068	1,404,851	714,124	95,068	2,214,042
2069	1,278,217	634,483	73,967	1,986,666
2070	1,159,571	560,372	57,067	1,777,011
2071	1,047,952	491,806	43,671	1,583,429
2072	943,280	428,765	33,155	1,405,200
2073	845,457	371,200	24,986	1,241,643



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

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

Plan Year	Employer Contributions	Withdrawal Liability Payments ¹	Total
2024	\$4,264,000	289,384	4,553,384
2025	3,928,055	0	3,928,055
2026	3,869,516	0	3,869,516
2027	3,823,397	0	3,823,397
2028	3,779,338	0	3,779,338
2029	3,736,934	0	3,736,934
2030	3,698,174	0	3,698,174
2031	3,657,807	0	3,657,807
2032	3,629,373	0	3,629,373
2033	3,597,367	0	3,597,367

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



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

Part I Annual Report Identification Information

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

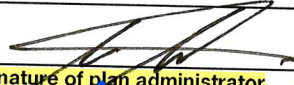
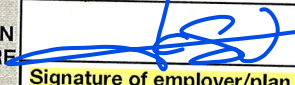
- A** This return/report is for: a multiemployer plan a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program special extension (enter description) _____ ▶
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND	1b Three-digit plan number (PN) ▶	001
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) WAREHOUSE EMPLOYEES LOCAL NO. 570 1005 NORTH POINT BOULEVARD STE 726 BALTIMORE MD 21224-3405	1c Effective date of plan	01/01/1963
	2b Employer Identification Number (EIN)	52-6048848
	2c Plan Sponsor's telephone number	410-282-0510
	2d Business code (see instructions)	493100

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

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

SIGN HERE		9/30/25	SEAN CEDENIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/3/25	JAVIER SANCHEZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

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	3,074
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	795
a (2) Total number of active participants at the end of the plan year	6a(2)	836
b Retired or separated participants receiving benefits	6b	1,114
c Other retired or separated participants entitled to future benefits	6c	669
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	2,619
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	323
f Total. Add lines 6d and 6e	6f	2,942
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	22

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

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 1 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 _____

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

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

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Realized Gain or (Loss)
N/A	US Govt MM Fund	\$ 49,209,127	N/A	\$ 49,209,127	\$ 49,209,127	N/A
N/A	US Govt MM Fund	N/A	\$ 48,040,377	48,040,377	48,040,377	\$ -
N/A	Blackrock Equity Index, Class R	N/A	23,470,871	12,037,034	12,037,034	11,433,837

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WAREHOUSE EMPLOYEES LOCAL NO. 570	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">D Employer Identification Number (EIN)</td> <td style="width:30%; text-align: center;">52-6048848</td> </tr> </table>	D Employer Identification Number (EIN)	52-6048848
D Employer Identification Number (EIN)	52-6048848		

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) 232,598,973
(2) Actuarial value of assets for funding standard account.....	1b(2) 234,733,139
c (1) Accrued liability for plan using immediate gain methods	1c(1) 187,250,770
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 187,250,770
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) 281,772,249
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 6,348,875
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 13,608,697
(3) Expected plan disbursements for the plan year	1d(3) 14,108,697

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 JAMES RITCHIE, ASA, EA, FCA, MAAA Type or print name of actuary BOLTON PARTNERS, INC. Firm name	<u>10/13/25</u> Date 2305643 Most recent enrollment number 410-547-0500 Telephone number (including area code)
	1 W. Pennsylvania Avenue Suite 600 Towson MD 21204 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

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		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b Rates specified in insurance or annuity contracts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Mortality table code for valuation purposes:						
(1) Males	6c(1)	9P		9P		
(2) Females	6c(2)	9PF		9PF		
d Valuation liability interest rate	6d	6.50%		6.50%		
e Salary scale	6e	%	<input checked="" type="checkbox"/> N/A			
f Withdrawal liability interest rate:						
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)					%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g					5.8%
h Estimated investment return on current value of assets for year ending on the valuation date	6h					15.1%
i Expense load included in normal cost reported in line 9b	6i					<input type="checkbox"/> 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)					500,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)					<input type="checkbox"/>

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

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	3,798,264
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)	40,480,307
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	681,603
e Total charges. Add lines 9a through 9d	9e	11,167,804
Credits to funding standard account:		
f Prior year credit balance, if any	9f	36,858,290
g Employer contributions. Total from column (b) of line 3	9g	4,832,613
h Amortization credits as of valuation date:		
	Outstanding balance	
(1) ERISA FFL (accrued liability FFL)	9h	8,939,856
(2) "RPA '94" override (90% current liability FFL)	9j(2)	19,983,661
(3) FFL credit	9j(3)	
k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	46,421,350
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	35,253,546
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No