

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan LOCAL 338 RETIREMENT FUND 1b Three-digit plan number (PN) 001 1c Effective date of plan 02/03/1955 2a Plan sponsor's name (employer, if for a single-employer plan) TRUSTEES LOCAL 338 RETIREMENT FUND 1505 KELLUM PLACE MINEOLA, NY 11501-4811 2b Employer Identification Number (EIN) 13-6533678 2c Plan Sponsor's telephone number 516-294-1338 2d Business code (see instructions) 445110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and 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	
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	17233
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)	1782
	6a(2)	1749
	6b	5904
	6c	9003
	6d	16656
	6e	412
	6f	17068
	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	45

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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)

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <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>LOCAL 338 RETIREMENT 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>TRUSTEES LOCAL 338 RETIREMENT FUND</u>	D Employer Identification Number (EIN) <u>13-6533678</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>585762839</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>585762839</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>763056401</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>749782494</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>1264948861</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>7585688</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	
(3) Expected plan disbursements for the plan year	1d(3)	<u>50599465</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 <u>FRANK IANNUCCI</u> Type or print name of actuary <u>SUMMIT ACTUARIAL SERVICES, LLC</u> Firm name <u>720 EAST MAIN STREET UNIT 2S</u> <u>MOORESTOWN, NJ 08057</u> Address of the firm	<u>10/13/2025</u> Date <u>23-02541</u> Most recent enrollment number <u>856-234-8801</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

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)	6 6
(2) Females	6c(2)	6F 6F
d Valuation liability interest rate	6d	6.75 % 6.75 %
e Salary scale	6e	% <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	10.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.0 %
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)	2.70 %
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-46638772	-4721429

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	62805219
b Employer's normal cost for plan year as of valuation date.....	9b	2654289

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)	251345532	33076528
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		6651183
e Total charges. Add lines 9a through 9d.....	9e		105187219
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		
g Employer contributions. Total from column (b) of line 3.....	9g		7102357
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	136857189	18348080
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		1444664
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	125079760	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	557659012	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		26895101
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		78292118
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		78292118
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input type="checkbox"/> Yes <input checked="" 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 LOCAL 338 RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES LOCAL 338 RETIREMENT FUND	D Employer Identification Number (EIN) 13-6533678	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

SEI TRUST COMPANY

06-1271230

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

STRATEGIC PARTNERS PARALLEL FUND

80-0783874

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

DSF ADVISORS LLC

51-0403581

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

CREDIT SUISSE ASSET MANAGEMENT, LLC

13-2774791

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

VENTURE CAPITAL FUND OF AMERICA III

51-0369035

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

SROA CAPTIAL ADVISOR

46-5259586

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

TERRACAP MANAGEMENT LLC

26-2821642

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

(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)

WCM INVESTMENT MANAGEMENT

95-3046237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	417649	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

RWDSU/UFCW LOCAL 338

13-1215100

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	AFFILIATED LABOR UNION	417111	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)

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?
28 51	NONE	365358	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)

WRIGHT INVESTORS SERVICES LLC

06-1444342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NONE	341398	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LOCAL 338 HEALTH & WELFARE FUND

13-2980858

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	AFILIATED BENEFIT FUND	329704	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)

FRIEDMAN & ANSPACH

13-3403675

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	NONE	297504	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)

LOOMIS, SAYLES & COMPANY

84-6391546

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	161106	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)

ANDREW VELLA

13-6533678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	98782	Yes <input type="checkbox"/> No <input checked="" 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 50	NONE	95000	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)

HIGHLAND CAPITAL MANAGEMENT LLC

27-5440911

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	75394	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)

AMALGAMATED BANK OF NEW YORK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	70866	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)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	58000	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)

OLGA ROBERTSON-LOPEZ

13-6533678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	57683	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE SEGAL COMPANY

06-0839113

(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?
16 50	NONE	41179	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)

SUMMIT ACTUARIAL SERVICES LLC

20-3838633

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	40000	Yes <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)

HAROLD MITTEL

13-6533678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	39430	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DSF ADVISORS LLC

51-0403581

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	34984	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

COMERICA

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 72	NONE	31494	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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)

HEALTH PLAN SYSTEMS

01-0589640

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 50	NONE	25895	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(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?
16 50	NONE	7450	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
HAROLD MITTEL	30 64	39430
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RWDSU/UFCW LOCAL 338 13-1215100	ALLOCATED PAYROLL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ARIA INSURANCE BROKERAGE INC	22 53	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ULLICO CASUALTY GROUP INC 52-2197710	INSURANCE COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ANDREW VELLA	30 64	98782
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOCAL 338 HEALTH & WELFARE 13-2980858	ALLOCATED PAYROLL	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OLGA ROBERTSON-LOPEZ	30 64	57683
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOCAL 338 HEALTH & WELFARE 13-2980858	ALLOCATED PAYROLL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DSF ADVISORS LLC	28 52	34984
(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.	
DSF MULTI-FAMILY REAL ESTATE 61-1792358		
(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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>LOCAL 338 RETIREMENT 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>TRUSTEES LOCAL 338 RETIREMENT FUND</u>	D Employer Identification Number (EIN) <u>13-6533678</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMERICA ST FUND</u>		
b Name of sponsor of entity listed in (a): <u>COMERICA BANK & TRUST, N.A.</u>		
c EIN-PN <u>47-7305132-001</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>2543672</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LARGECAP 500 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>13-4920330-009</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>89596463</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LARGECAP 1000 VALUE INDEX</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>46-2026448-018</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>65836867</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES MULTISECTOR FDT</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST CO., LLC</u>		
c EIN-PN <u>84-6391546-007</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>26180594</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 LOCAL 338 RETIREMENT FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES LOCAL 338 RETIREMENT FUND	D Employer Identification Number (EIN) 13-6533678

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a	4780732	5177081
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	991688	993643
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1956687	19788235
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		250542
(2) U.S. Government securities	1c(2)	35266388	30676823
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8541865	9612334
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	152829494	169802741
(5) Partnership/joint venture interests	1c(5)	151562276	180466084
(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)	206875767	184157596
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	7809991	6078148

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	23621	20473
f Total assets (add all amounts in lines 1a through 1e).....	1f	588248509	607023700
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	342241	355158
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2143429	2192009
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2485670	2547167
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	585762839	604476533

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)	4948106	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	2154251	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7102357
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	51680	
(B) U.S. Government securities.....	2b(1)(B)	1883168	
(C) Corporate debt instruments.....	2b(1)(C)	202262	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1630061	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3767171
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1399543	
(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)		1399543
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	223553943	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	201234566	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		22319377
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	7944433	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	29065776
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	1356082
d Total income. Add all income amounts in column (b) and enter total	2d	72954739

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	50599464
(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)	50599464
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)	679551
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	58000
(5) Investment advisory and investment management fees	2i(5)	1481168
(6) Bank or trust company trustee/custodial fees	2i(6)	80843
(7) Actuarial fees	2i(7)	40000
(8) Legal fees	2i(8)	299792
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	1697
(11) Other expenses	2i(11)	1000530
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	3641581
j Total expenses. Add all expense amounts in column (b) and enter total	2j	54241045

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	18713694
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		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		186544232
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 560367.

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.
--	---	---

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

A Name of plan <u>LOCAL 338 RETIREMENT 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>TRUSTEES LOCAL 338 RETIREMENT FUND</u>	D Employer Identification Number (EIN) <u>13-6533678</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): 13-6533678

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	0
---	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

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 LOCAL 338 HEALTH AND WELFARE FUND

b EIN 13-2980858

c Dollar amount contributed by employer 119332

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 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) 150.00

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

a Name of contributing employer IAHD

b EIN 13-2573827

c Dollar amount contributed by employer 1008841

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 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) 194.05

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

a Name of contributing employer NAMDOR/SLOANS

b EIN 13-1803948

c Dollar amount contributed by employer 1017473

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2025

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer ZABARS & CO. INC.

b EIN 13-1494394

c Dollar amount contributed by employer 325039

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2025

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer DE CICCO OF JEFFERSON VALLEY

b EIN 20-0242437

c Dollar amount contributed by employer 164274

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 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) 338.00

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

a Name of contributing employer G & S CORPORATION

b EIN 13-3214211

c Dollar amount contributed by employer 318289

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 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) 461.25

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer RWDSU/UFCW LOCAL 338

b EIN 13-1215100 **c** Dollar amount contributed by employer 186306

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 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) 150.00

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

a Name of contributing employer DE CICCIO OF NEW CITY

b EIN 13-3711076 **c** Dollar amount contributed by employer 172112

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2025

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

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

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

a Name of contributing employer TAPPS S/M INC.

b EIN 11-2638139 **c** Dollar amount contributed by employer 135415

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2025

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

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

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

a Name of contributing employer JANSON SUPERMARKETS LLC

b EIN 11-3417780 **c** Dollar amount contributed by employer 181725

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2025

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	8408
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	8408
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	8408

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

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.00
b The corresponding number for the second preceding plan year.....	15b	1.01

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	1
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	70000

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: 30.2 % Private Equity: 29.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 22.1 %
 High-Yield Debt: 0.0 % Real Assets: 17.3 % Cash or Cash Equivalents: 0.1 % Other: 1.3 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

LOCAL 338 RETIREMENT FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024

LOCAL 338 RETIREMENT FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Local 338 Retirement Fund

Opinion

We have audited the financial statements of the Local 338 Retirement Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

New York, New York
October 11, 2025

LOCAL 338 RETIREMENT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS - at fair value	\$ 581,044,268	\$ 562,885,781
RECEIVABLES		
Employers' contributions	993,643	991,688
Due from broker for securities sold	1,388,310	305,168
Withdrawal liability	18,179,708	18,914,144
Interest	156,759	346,483
Total receivables	20,718,420	20,557,483
OTHER ASSETS		
Cash	5,177,081	4,780,732
Property and equipment, net of accumulated depreciation	20,473	23,621
Prepaid insurance	63,458	892
Total other assets	5,261,012	4,805,245
Total assets	607,023,700	588,248,509
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued expenses	355,158	342,241
Due to affiliates	153,548	101,813
Due to broker for securities purchase	2,038,461	2,041,616
Total liabilities	2,547,167	2,485,670
NET ASSETS AVAILABLE FOR BENEFITS	\$ 604,476,533	\$ 585,762,839

See accompanying notes to the financial statements.

LOCAL 338 RETIREMENT FUND

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	\$ 60,599,679	\$ 34,907,433
Interest and dividends	5,166,714	22,251,087
	65,766,393	57,158,520
Less investment expense	(1,562,011)	(1,079,421)
Investment income - net	64,204,382	56,079,099
Employer contributions	4,948,106	4,876,732
Withdrawal income	2,154,251	868,984
Other income	85,989	344,004
Total additions	71,392,728	62,168,819
DEDUCTIONS		
Benefits paid	50,599,464	49,844,060
Administrative expenses	2,079,570	1,979,950
Total deductions	52,679,034	51,824,010
NET INCREASE	18,713,694	10,344,809
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	585,762,839	575,418,030
End of year	\$ 604,476,533	\$ 585,762,839

See accompanying notes to the financial statements.

LOCAL 338 RETIREMENT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

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

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

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

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

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

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

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

Reclassifications - Certain prior year amounts have been reclassified to be in conformity with the current year presentation. These reclassifications did not change the total net assets or change in net assets from the totals previously reported.

NOTE 3. FUNDING

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

The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2024.

NOTE 4. TERMINATION

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

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

NOTE 5. TAX STATUS

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

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

NOTE 6. RELATED PARTY TRANSACTIONS

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

The Plan's allocable share of expenses paid by the Union amounted to \$417,111 and \$380,234 for the years ended December 31, 2024 and 2023, respectively. The Plan's share of allocable expenses paid by the Health and Welfare Fund totaled \$329,704 and \$308,701 for the years ended December 31, 2024 and 2023, respectively. Additionally, rental expenses paid to the Health and Welfare Fund totaled \$45,920 and \$45,548 for the years ended December 31, 2024 and 2023, respectively.

NOTE 6. RELATED PARTY TRANSACTIONS (continued)

As of December 31, 2024 and 2023, the Plan was owed by the Union \$33,017 and \$10,905, respectively, for shared expenses.

As of December 31, 2024 and 2023, the Plan owed the Health and Welfare Fund \$120,532 and \$90,908, respectively, for shared expenses.

NOTE 7. PROPERTY AND EQUIPMENT

Property and equipment, at cost, as of December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Computer software	\$ 178,288	\$ 167,026
Less: accumulated depreciation and amortization	<u>(157,815)</u>	<u>(143,405)</u>
Property and equipment - net	<u>\$ 20,473</u>	<u>\$ 23,621</u>

Depreciation and amortization expense for the years ended December 31, 2024 and 2023 amounted to \$15,505 and \$8,454, respectively.

NOTE 8. ACTUARIAL INFORMATION

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

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on eligible employees' years of credited service and age. The accumulated Plan benefits for active eligible employees are based on their estimated years of qualifying time, as of the date which the benefit information is presented.

The actuarial present value of accumulated Plan benefits is determined by the Plan's independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

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

NOTE 8. ACTUARIAL INFORMATION (continued)

The significant actuarial assumptions used in the valuation as of January 1, 2024, are as follows:

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

The following table presents the actuarial present value of accumulated Plan benefits as of January 1, 2024:

Actuarial present value of accumulated plan benefit vested benefits	
Participants and beneficiaries currently receiving payments	\$ 412,017,200
Other participants	<u>336,507,831</u>
	748,525,031
Nonvested benefits	<u>1,257,463</u>
Total actuarial present value accumulated Plan benefit	<u><u>\$ 749,782,494</u></u>

At January 1, 2023, the total actuarial present value of accumulated Plan benefits was \$774,079,086.

Changes in accumulated Plan benefits for the year ended January 1, 2024, are summarized below:

Actuarial present value of accumulated Plan benefits, beginning of year	<u>\$ 774,079,086</u>
Increase (decrease) during the year	
Actuarial experience gains and losses and benefits accumulated	(25,020,634)
Increase for interest due to the decrease in the discount period	50,568,102
Benefits paid	<u>(49,844,060)</u>
Net increase	<u>(24,296,592)</u>
Actuarial present value of accumulated Plan benefits, end of year	<u><u>\$ 749,782,494</u></u>

NOTE 8. ACTUARIAL INFORMATION (continued)

Since information on the actuarial present value of accumulated plan benefits as of December 31, 2024 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2024, and the changes in the financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2024. The complete financial status is presented as of December 31, 2023.

The Plan's consulting actuary has advised that as of January 1, 2024, the Plan is being funded at a level sufficient to meet the minimum funding standards requirement of ERISA and that there is no accumulated funding deficiency.

NOTE 9. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

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

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

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

For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2 or 3.

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

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
U.S. Government and Government Agency obligations:				
United States Treasury	\$ 24,956,606	\$ 24,956,606	\$ -	\$ -
Government agencies	5,307,097	-	5,307,097	-
Common stocks	169,802,741	169,802,741	-	-
Corporate obligations	10,275,996	-	10,275,996	-
Short term investments	2,543,673	2,543,673	-	-
Total assets in the fair value hierarchy	212,886,113	\$ 197,303,020	\$ 15,583,093	\$ -
Investments measured at net asset value (a)	368,158,155			
Total investments at fair value	\$ 581,044,268			
	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
U.S. Government and Government Agency obligations:				
United States Treasury	\$ 19,855,748	\$ 19,855,748	\$ -	\$ -
Government Agencies	15,201,811	-	15,201,811	-
Common stocks	152,829,494	152,829,494	-	-
Corporate obligations	7,500,967	-	7,500,967	-
Short term investments	6,123,760	6,123,760	-	-
Total assets in the fair value hierarchy	201,511,780	\$ 178,809,002	\$ 22,702,778	\$ -
Investments measured at net asset value (a)	361,374,001			
Total investments at fair value	\$ 562,885,781			

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

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

The following table summarizes investments for which fair values are measured using the net asset value per share practical expedient at December 31, 2024 and 2023:

	2024 Fair Value	2023 Fair Value	2024 Unfunded Commitments	2023 Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Limited partnerships:						
DSF Multi-Family Fund-2019 A, L.P.	\$ 23,925,693	\$ 22,820,216	\$ -	\$ -	(a)	(a)
DSF Multi-Family Fund-2023 A, L.P.	3,974,905	-	-	-	(b)	(b)
DSF Multi-Family Real Estate Fund III-A L.P.	4,506,507	5,914,524	-	-	(c)	(c)
Pinebridge Credit Opportunities II (Plan) Feeder, L.P.	-	4,864,062	-	2,037,668	(d)	(d)
SROA Capital Fund VIII (ERISA), LP	18,284,433	17,729,479	-	-	(e)	(e)
Strategic Partners Parallel Fund V L.P.	-	88,242	-	824,148	(f)	(f)
Terra Cap Partners IV LP	5,447,618	8,364,445	-	-	(g)	(g)
Terra Cap Partners V LP	11,053,284	14,637,506	-	-	(h)	(h)
Townsend Real Estate Alpha Fund III	11,380,237	15,140,423	5,200,000	5,500,000	(i)	(i)
VCFA Venture Partners VI	31,581,833	32,818,724	2,040,000	2,400,000	(j)	(j)
Boyd Watterson GSA Fund LP	27,452,474	29,184,654	-	-	Quarterly	60 days
Ullico Infrastructure Tax-Exempt Fund LP	42,859,100	-	-	-	(k)	(k)
Hedge funds of funds:						
EnTrust Special Opportunities Fund III Ltd	6,078,148	7,809,991	-	-	Quarterly	** - 90 Days
Common collective trusts:						
Longview Largecap 500 Index Fund	89,596,463	88,468,920	-	-	Daily	Daily
Longview Largecap 1000 Value Index Fund	65,836,866	88,814,510	-	-	Daily	Daily
Loomis Sayles Multisector Full Discretion Trust	26,180,594	24,718,305	-	-	Quarterly	90 days
	<u>\$ 368,158,155</u>	<u>\$ 361,374,001</u>	<u>\$ 7,240,000</u>	<u>\$ 10,761,816</u>		

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

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

(b) DSF Multi-Family Fund-2023 A, LP (the "Parallel Fund"), a Delaware limited partnership, was formed on June 29, 2023 for the purpose of generating income and appreciation on multi-family residential real estate investments primarily located in the Northeast corridor of the United States. In accordance with the provisions of the Parallel Fund's limited partnership agreement, the Parallel Fund will hold, through its 5.59% common share ownership, each Strategic Investment, as defined, in a separate REIT subsidiary, an entity that elects to be treated as a real estate investment trust ("REIT") under the Internal Revenue Code. The partners of the Parallel Fund include DSF Multi-Family Fund-2023 GP, LLC (the "General Partner") and one limited partner (the "Limited Partner"). The General Partner has not contributed or committed capital to the Parallel Fund and accordingly is not allocated any change in net assets resulting from operations. DSF Advisors LLC (the "Manager"), an affiliate of the General Partner, serves as the Parallel Fund's Manager. All investments made by the Parallel Fund shall be made as co-investments with DSF Multi-Family Fund-2023, LP (the "Fund").

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

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

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

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

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

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

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

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

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

(k) Ullico Infrastructure Tax-Exempt Fund, L.P. (the “Partnership”), a Delaware limited partnership, was organized and commenced operations on April 17, 2012. The Partnership had its first closing on April 17, 2012. Substantially all of the Partnership’s assets are invested in units issued by Ullico Infrastructure Master Fund, L.P. (the “Master Fund”), a Delaware limited partnership. The Master Fund was created by the General Partner to facilitate tax structuring for the acquisition and administration of investments for the Partnership and any parallel funds.

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

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

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

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

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

NOTE 10. RISK AND UNCERTAINTIES

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

NOTE 10. RISK AND UNCERTAINTIES (continued)

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

NOTE 11. WITHDRAWAL LIABILITY

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

Generally accepted accounting principles state that the amounts assessed against employers withdrawing from the Plan may be recorded as a receivable, net of an allowance for credit losses. The payment status of each employer is reviewed quarterly by the Plan's management and Trustees, and an allowance for credit losses is recorded if warranted. The Plan believes the receivable is fully collectible; therefore, no allowance for credit losses is recorded. In accordance with the Plan's accounting policy, the Plan has recorded a receivable of \$18,179,708 and \$18,914,144, as of December 31, 2024 and 2023, respectively.

The following is a schedule by employer of the present value of withdrawal liability payments as of December 31, 2024 and 2023, the withdrawal liability income received during the years ended December 31, 2024 and 2023, and the remaining payment schedule and status as of December 31, 2024.

Employer	Present Value of Withdrawal Liability Receivable		Receipts		Quarterly Payment	Number of Quarterly Payments Remaining	Payment Status
	2024	2023	2024	2023			
Food Parade, Inc.	\$ 17,773,225	\$ 18,507,222	\$ 1,837,753	\$ 1,555,114	\$519,345	48	Ongoing
Shoprite of Commack Pharmacy	181,912	190,389	16,499	-	4,995	52	Ongoing
Trade Fair	90,000	-	210,000	-	15,000	3	Ongoing
West Side Supermarket	119,640	195,630	-	60,792	15,198	9	Ongoing
Giunta's Warehouse	-	-	-	1,588,764	-	0	Closed
Fruit A Plenty, Inc.	-	-	-	50,000	-	0	Closed
Al Saleh Grocery Corp.	14,931	20,903	-	52,986	1,493	30	Ongoing
Total	<u>\$ 18,179,708</u>	<u>\$ 18,914,144</u>	<u>\$ 2,064,252</u>	<u>\$ 3,307,656</u>			

NOTE 12. SUBSEQUENT EVENTS

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

SUPPLEMENTAL INFORMATION

LOCAL 338 RETIREMENT FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Pension Benefit Guaranty Corporation premiums	\$ 637,621	\$ 665,945
Payroll and payroll taxes	482,849	467,468
Legal fees	299,792	330,421
Employee benefits	196,702	154,319
Consulting	76,138	20,114
Insurance	67,202	65,797
Office and other	63,856	19,579
Accounting and auditing	58,000	58,000
Rent	45,920	45,548
Actuarial consulting	40,000	40,479
Bank fees	31,831	18,875
Auto	20,635	19,277
Printing and stationery	19,662	22,590
Depreciation	15,505	8,454
Utilities	8,608	10,270
Postage and delivery	7,723	10,101
Office equipment and maintenance	3,141	3,587
Conferences and educational training	1,697	17,088
Payroll processing	1,431	1,453
Computer and data processing	<u>1,257</u>	<u>585</u>
Total administrative expenses	<u>\$ 2,079,570</u>	<u>\$ 1,979,950</u>

LOCAL 338 RETIREMENT FUND

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 13-6533678

Plan No. 001

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity				
		Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Value or Shares Par / Maturity	Cost	Current Value
<u>Item 1c(1)- Interest-bearing cash:</u>						
* Comerica Short Term Fund	MMA	Demand	Var	2,543,673	\$ 2,543,673	\$ 2,543,673
Mvb Bk Inc Fairmont West	CD	03/24/25	5.30%	250,000	250,000	250,542
Total interest-bearing cash					2,793,673	2,794,215
<u>Item 1c(2) United States Government Securities:</u>						
Federal Home LN BKS Disc	Note					
Federal Home LN MTG Corp	Note	11/21/29	5.3%	765,000	764,884	765,130
Federal Home LN BKS Disc	Note	12/27/24	5.3%	1,000,000	1,000,000	998,070
FFCB	Note	09/11/30	5.1%	2,115,000	2,115,930	2,111,214
FHLB	Note	10/01/29	5.0%	500,000	500,000	498,765
FHLMC	Note	09/23/27	5.0%	450,000	449,977	449,883
FHLMC	Note	10/15/29	5.1%	200,000	199,940	199,866
Mercedes-Benz Auto Lease Trust	Note		0.0%	283,913	281,761	284,169
Federal Home LN MTG Corp	Note	10/21/27	5.0%	400,000	399,980	400,012
FNMA Pool	Note	04/01/25	2.5%	13,173	12,922	13,108
US Treasury Bill	Note	03/11/25	0.0%	3,750,000	3,719,041	3,720,337
US Treasury Bill	Note	04/01/25	0.0%	1,800,000	1,773,969	1,781,478
US Treasury Bill	Note	04/08/25	0.0%	1,550,000	1,528,337	1,532,733
US Treasury Bill	Note	01/23/25	0.0%	1,675,000	1,661,053	1,670,846
US Treasury Bill	Note	01/02/25	0.0%	720,000	716,238	720,000
US Treasury Bill	Note	01/30/25	0.0%	400,000	392,757	398,684
US Treasury Bill	Note	03/27/25	0.0%	2,400,000	2,374,365	2,376,528
US Treasury Bill	Note	01/28/25	0.0%	565,000	556,964	563,288
US Treasury Bill	Note	02/11/25	0.0%	11,315,000	11,240,248	11,262,385
US Treasury Bill	Note	03/13/25	0.0%	500,000	494,539	495,935
US Treasury Bill	Note	01/14/25	0.0%	435,000	431,984	434,392
Total United States government securities					30,612,889	30,676,823
<u>1c(3) Corporate debt instruments:</u>						
American Heri At Rec	Bond	01/18/33	0.00%	350,000	350,000	350,582
Americredit Automobile	Bond	11/18/26	2.45%	36,185	35,575	36,039
Auxilior Term Funding LLC	Bond	12/15/28	6.18%	296,413	299,284	299,822
Carmax Auto Owner Trust	Bond	02/16/27	3.49%	124,157	121,960	123,671
Carmax Auto Owner Trust ABS	Bond	10/15/26	0.53%	194,223	190,377	192,937
Carvana Auto Receivables Trust	Bond	11/10/26	0.70%	187,260	183,340	185,775
Dell Equipment Fin	Bond	03/22/30	5.58%	400,000	400,906	401,741
Drive Auto Receivables Trust ABS	Bond	01/15/27	1.47%	9,910	9,713	9,897
Ebay Inc	Bond	01/17/25	0.00%	500,000	498,450	498,933
Enterprise Fleet Financing LLP	Bond	12/20/26	5.74%	100,000	99,994	100,844
Flagship Credit Auto Trust	Bond	06/15/27	6.32%	121,178	121,708	121,653
Fortive Corp	Bond	01/13/25	0.00%	400,000	398,016	399,349
Foursight Cap Auto	Bond	09/15/27	1.92%	310,000	307,566	307,923

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity				
		Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>1c(3) Corporate debt instruments (continued):</u>						
GM Financial Consumer Automobile	Bond	06/16/26	0.48%	58,945	\$ 57,264	\$ 58,701
GM Financial Consumer Automobile Leasing	Bond	04/20/26	5.16%	158,924	158,545	159,129
GM Financial Consumer Automobile	Bond	09/16/26	0.68%	91,070	87,442	90,223
GM Financial Consumer Automobile	Bond	10/16/26	0.82%	866,211	852,575	857,243
Harley-Davidson	Bond	05/15/29	0.82%	298,548	287,469	293,231
Honda Auto Receivables	Bond	01/21/26	0.88%	24,786	24,051	24,593
LAD Auto Receivables	Bond	11/16/26	5.44%	203,459	203,093	203,760
LAD Auto Receivables Trust ABS	Bond	04/15/27	2.35%	400,000	395,703	396,987
Libra Sol LLC	Bond	02/15/35	7.00%	81,692	81,607	81,827
Mercedes-Benz Auto	Bond	05/17/27	5.06%	329,758	328,586	330,318
Nissan Auto Rec	Bond	06/15/27	VAR	225,000	225,000	225,171
Peac Solutions Receivables LLC	Bond	06/20/25	5.72%	133,727	133,727	133,895
Prestige Auto Rec	Bond	05/17/27	5.69%	571,811	573,218	573,204
Santander Drive Au	Bond	11/16/26	1.82%	34,088	33,220	33,944
Santander Drive Auto Receivables	Bond	09/15/27	3.44%	366,191	362,557	364,782
Santander Drive Auto Receivables	Bond	02/15/28	4.98%	755,222	755,871	755,812
Santander Drv Auto	Bond	07/15/27	0.00%	277,772	276,948	278,081
SCF Equip Leasing	Bond	07/20/29	2.92%	136,812	133,372	135,997
Service Experts Issuer	Bond	02/02/32	2.67%	102,257	91,491	99,058
T-Mobile US Trust	Bond	05/22/28	4.91%	189,943	190,025	190,147
Amgen Inc	Bond	03/02/26	5.51%	400,000	399,800	399,989
First Horizon National Corp	Bond	05/26/25	4.00%	400,000	395,444	398,133
Stanley Black & Decker Inc	Bond	02/24/25	2.30%	250,000	247,400	249,043
US BK Natl Assn	Bond	10/22/27	VAR	250,000	250,000	249,900
Total corporate debt instruments					9,561,297	9,612,334
<u>Item 1c(4)b-Common stocks:</u>						
3I Group Plc Adr	Stock			35,203	711,434	785,661
Abbvie Inc	Stock			9,525	1,386,023	1,692,592
Addus Homecare Corp	Stock			15,164	1,543,124	1,900,807
Adyen NV	Stock			40,727	591,407	606,018
Alphabet Inc Cl A	Stock			20,329	1,859,817	3,848,280
Alphabet Inc Cl C	Stock			16,746	1,385,037	3,189,108
Amazon Com Inc	Stock			30,608	3,449,796	6,715,089
American Tower Reit	Stock			4,617	959,091	846,804
AMN Healthcare Svcs	Stock			44,648	1,974,306	1,067,980
Aon Plc SHS Cl	Stock			1,199	267,665	430,633
Api Group Corp	Stock			43,076	1,056,200	1,549,444
Apple Inc	Stock			47,861	5,268,127	11,985,352
Applied Matls Inc	Stock			8,232	613,965	1,338,770
Applovin Corporation Com Cl A	Stock			4,358	319,020	1,411,251
Arch Capital Group Ltd Bermuda	Stock			7,834	553,024	723,470
Ashland Global Holdings	Stock			13,605	1,145,554	972,213
ASM Intl	Stock			858	315,875	496,470
ASML Holding	Stock			876	153,546	607,138
Astrazeneca PLC	Stock			12,440	847,721	815,069
Atlassian Corporation	Stock			2,478	625,445	603,096
Bae Systems Plc	Stock			9,871	516,594	567,928
Beacon Roofing Supply Inc	Stock			14,321	748,195	1,454,727
Booking Hldgs Inc	Stock			96	458,235	476,968
Booz Allen Hamilton Holdings Corp	Stock			8,931	906,330	1,149,420
Broadcom Inc	Stock			24,636	1,329,697	5,711,610
Brown & Brown Inc	Stock			22,330	1,200,705	2,278,107
Canadian Natural Resouces	Stock			13,601	425,310	419,863
Canadian Pacific Kansas City Ltd	Stock			9,605	359,021	695,114

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity				
		Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Common stocks (continued):</u>						
Carmax Inc	Stock			14,557	\$ 1,143,290	\$ 1,190,180
Caterpillar Inc	Stock			5,759	1,710,024	2,089,135
Cencora Inc	Stock			6,818	1,612,736	1,531,868
Coca Cola Co	Stock			15,088	924,600	939,379
Compass Group Plc	Stock			15,899	438,909	530,057
Costco Wholesale Corp	Stock			729	356,397	667,961
Coupang Inc Cl A	Stock			28,065	531,907	616,869
Dorman Prods Inc	Stock			9,475	706,864	1,227,486
Element Solutions Inc	Stock			69,470	1,386,824	1,766,622
Emcor Group Inc	Stock			4,350	617,540	1,974,465
Ensign Group Inc	Stock			10,621	1,056,568	1,411,106
Entegris Inc	Stock			13,353	1,085,567	1,322,748
Experian Group LTD	Stock			9,823	177,996	423,813
Facebook Inc	Stock			7,967	2,170,072	4,664,758
Ferguson Plc	Stock			2,692	398,457	467,250
Ferrari	Stock			2,315	366,025	983,505
Fiserv Inc	Stock			2,550	405,519	523,821
GE Healthcare Technologies Inc	Stock			10,337	839,642	808,147
Godaddy Inc	Stock			17,928	1,666,581	3,538,449
Graco Inc	Stock			13,739	877,070	1,158,060
Grocery Outlet Holding Corp	Stock			54,891	1,472,320	856,849
Hayward Holdings Inc	Stock			71,588	909,847	1,094,581
Home Depot Inc	Stock			8,272	2,745,671	3,217,725
Howmet Aerospace Inc	Stock			8,153	971,230	891,694
Icici Bank LTD	Stock			19,837	444,016	592,333
Icon Plc	Stock			3,623	621,027	759,779
ICU Med Inc	Stock			10,980	1,449,070	1,703,767
Insight Enterprises Inc	Stock			6,443	1,040,084	979,980
Inter Parfums Inc	Stock			6,744	622,320	886,903
Jabil Circuit Inc	Stock			7,635	908,528	1,098,676
Jones Lang Lasalle Inc	Stock			7,687	1,246,638	1,945,887
Lancaster Colony Corp	Stock			4,031	622,394	697,927
Landstar System Inc	Stock			6,699	937,338	1,151,290
Lilly Eli & Co	Stock			2,230	1,395,101	1,721,560
Linde Plc	Stock			1,431	478,646	599,117
Masco Corp	Stock			16,382	935,152	1,188,842
Mckesson Corp	Stock			584	121,987	332,827
Meituan Dianping	Stock			19,145	1,050,400	747,765
Mercadolibre Inc	Stock			263	366,270	447,216
Merck & Co Inc	Stock			6,778	761,056	674,275
Microsoft Corp	Stock			22,832	4,149,888	9,623,688
Mitsubishi Heavy Industries	Stock			25,690	585,857	726,770
MKS Instruments Inc	Stock			13,835	1,530,382	1,444,236
Monday Com Ltd Shs	Stock			2,216	491,184	521,735
Netflix Inc	Stock			2,686	1,039,919	2,394,086
Novo Nordisk	Stock			12,484	791,865	1,073,874
Nu Hldgs Ltd	Stock			41,990	423,924	435,016
Nvidia Corp	Stock			67,197	4,817,886	9,023,885
Oracle Corporation	Stock			18,157	2,739,894	3,025,682
Pool Corp Com	Stock			2,274	800,903	775,298
Progressive Corp	Stock			6,826	1,104,286	1,635,578
Ptc Inc	Stock			5,182	594,642	952,814
Qualcomm Inc	Stock			5,215	837,667	801,128
RLI Corp	Stock			6,265	1,064,251	1,032,660
Rolls-Royce Group Plc	Stock			111,145	831,521	791,464

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity				
		Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Common stocks (continued):</u>						
Safran S A ADR	Stock			18,230	\$ 845,122	\$ 1,000,955
Salesforce Inc	Stock			4,777	1,435,777	1,597,094
SAP AG Sponsored ADR	Stock			4,060	1,028,979	999,613
Schnieder Elec	Stock			12,142	389,212	605,764
Sea Ltd ADR	Stock			9,583	730,124	1,016,756
Siemens Energy AG	Stock			13,350	598,064	696,443
Siteone Landscape	Stock			7,010	892,852	923,708
Spotify Technology SA	Stock			2,080	649,344	930,550
Steris Public Company	Stock			2,727	317,282	560,562
Sysco	Stock			22,416	1,743,222	1,713,927
Taiwan Semiconductor Spon ADR	Stock			6,897	1,005,529	1,362,089
Tesla Motors Inc	Stock			5,417	1,655,012	2,187,601
Tetra Tech Inc	Stock			18,760	611,169	747,398
TJX Companies Inc New	Stock			15,657	1,639,343	1,891,522
The Azek Company Inc	Stock			21,647	607,684	1,027,583
Uber Technologies	Stock			9,874	491,019	595,600
UBS Group	Stock			16,919	481,176	512,984
Unitedhealth Group Inc	Stock			810	296,299	409,747
Verra Mobility Corporation	Stock			68,219	1,147,999	1,649,535
Vertiv Holdings, LLC	Stock			6,059	395,999	688,363
Visa Inc Cl A	Stock			11,755	2,928,726	3,715,050
Vistra Energy Corp	Stock			1,859	290,422	256,300
Waste Connections Inc	Stock			2,427	346,358	416,425
Watsco Inc	Stock			2,432	644,188	1,152,500
White Mountains Insurance	Stock			585	1,025,453	1,137,860
Wyndham Hotels & Resorts Inc	Stock			16,583	1,106,871	1,671,401
Yeti Hldgs Inc Com	Stock			24,852	1,388,811	957,051
Zebra Technologies Corp	Stock			3,513	822,428	1,356,792
Total common stocks					<u>115,860,480</u>	<u>169,802,741</u>
<u>Item 1c(5)-Partnerships/joint venture interests:</u>						
DSF Multi-Family Real Estate Fund III-A, LP					-	4,506,507
DSF Multi-Family Fund-2019 A LP					17,655,318	23,925,693
DSF Multi-Family Fund-2023-A, LP					4,008,314	3,974,905
SROA Capital Fund VIII LP					15,593,523	18,284,433
Terra Cap Partners IV LP					8,512,645	5,447,618
Terra Cap Partners V LP					17,496,147	11,053,284
Townsend Real Estate Alpha Fund III LP					9,685,978	11,380,237
VCFA Venture Partners VI					13,385,030	31,581,833
Boyd Watterson GSA Fund LP					28,895,226	27,452,474
Ullico Infrastructure Tax-Exempt Fund LP					39,634,632	42,859,100
Total Partnerships/joint venture interests					<u>154,866,813</u>	<u>180,466,084</u>
<u>Item 1c(9) Common Collective Trusts:</u>						
Longview Largecap 500 Index Fund					63,556,510	89,596,463
Longview Largecap 1000 Value Index Fund					52,424,532	65,836,866
Loomis Sayles Multisector Full Discretion Trust					25,260,820	26,180,594
Total Common Collective Trusts					<u>141,241,862</u>	<u>181,613,923</u>
<u>Item 1c(15) Hedge fund of funds:</u>						
Entrust Special Opportunities Fund III LTD					5,653,857	6,078,148
Total investments					<u>\$ 460,590,871</u>	<u>\$ 581,044,268</u>

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

LOCAL 338 RETIREMENT FUND

SCHEDULE OF REPORTABLE (5%) TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Item 4j

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

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of Asset		Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
*	Comerica Short Term Fund	\$ 157,974,289	N/A	N/A	\$ 157,974,289	N/A
	Comerica Short Term Fund	N/A	\$ 160,304,649	\$ 160,304,649	160,304,649	\$ -
	Longview Largecap 1000 Value Index Fund	-	N/A	N/A	-	N/A
	Longview Largecap 1000 Value Index Fund	N/A	32,768,915	31,238,867	32,768,915	1,530,048

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

SECTION 2. PLAN DESCRIPTION

IN GENERAL

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

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

PLAN PROVISIONS

A summary of the major plan provisions in effect as of 1/1/2024 is contained in Table 1.

TABLE 1.
PLAN PROVISIONS

VESTING SERVICE:																	
Time Period	Years of Vesting Service Earned																
Beginning January 1, 1953	One year for each year in which at least 1,000 hours of benefit service or related service is earned.																
BENEFIT SERVICE:																	
Time Period	Years of Benefit Service Earned																
Service After December 31, 1975	Each covered employee shall be credited with a portion of each calendar year as follows:																
	<table border="0"> <tr> <td style="text-align: center;">Number of Credited Hours Completed <u>In Calendar Year</u></td> <td style="text-align: center;">Credit for <u>Calendar Year</u></td> </tr> <tr> <td style="text-align: center;">1,834 or more</td> <td style="text-align: center;">12 months</td> </tr> <tr> <td style="text-align: center;">1,667 - 1,833</td> <td style="text-align: center;">11 months</td> </tr> <tr> <td style="text-align: center;">1,501 - 1,666</td> <td style="text-align: center;">10 months</td> </tr> <tr> <td style="text-align: center;">1,333 - 1,500</td> <td style="text-align: center;">9 months</td> </tr> <tr> <td style="text-align: center;">1,168 - 1,332</td> <td style="text-align: center;">8 months</td> </tr> <tr> <td style="text-align: center;">1,001 - 1,167</td> <td style="text-align: center;">7 months</td> </tr> <tr> <td style="text-align: center;">1,000</td> <td style="text-align: center;">6 months</td> </tr> </table>	Number of Credited Hours Completed <u>In Calendar Year</u>	Credit for <u>Calendar Year</u>	1,834 or more	12 months	1,667 - 1,833	11 months	1,501 - 1,666	10 months	1,333 - 1,500	9 months	1,168 - 1,332	8 months	1,001 - 1,167	7 months	1,000	6 months
Number of Credited Hours Completed <u>In Calendar Year</u>	Credit for <u>Calendar Year</u>																
1,834 or more	12 months																
1,667 - 1,833	11 months																
1,501 - 1,666	10 months																
1,333 - 1,500	9 months																
1,168 - 1,332	8 months																
1,001 - 1,167	7 months																
1,000	6 months																

SECTION 2. PLAN DESCRIPTION (CONT'D)

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

SECTION 2. PLAN DESCRIPTION (CONT'D)

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

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

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

SECTION 2. PLAN DESCRIPTION (CONT'D)

CENSUS OF ACTIVE PARTICIPANTS

Table 3. depicts the Plan 1 active participants as of 1/1/2024 in the Local 338 Retirement Fund.

**TABLE 3.
CENSUS OF ACTIVE PARTICIPANTS – PLAN 1 (FULL-TIME)
YEARS OF PENSION SERVICE**

AGE	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50&OVER	TOTAL
20-24	38	5	0	0	0	0	0	0	0	0	0	43
25-29	33	21	3	0	0	0	0	0	0	0	0	57
30-34	36	27	10	4	0	0	0	0	0	0	0	77
35-39	26	21	11	14	5	0	0	0	0	0	0	77
40-44	40	41	11	22	14	2	0	0	0	0	0	130
45-49	31	35	7	14	17	6	0	0	0	0	0	110
50-54	22	33	10	21	29	14	4	1	0	0	0	134
55-59	22	36	17	14	50	17	8	4	0	0	0	168
60-64	13	40	11	19	40	17	10	2	2	0	0	154
65-69	3	14	6	17	31	7	4	0	0	1	1	84
70-74	1	5	2	3	7	4	0	0	0	1	0	23
75+	31	3	0	0	3	0	1	0	1	0	0	39
TOTAL	296	281	88	128	196	67	27	7	3	2	1	1,096

SECTION 2. PLAN DESCRIPTION (CONT'D)

CENSUS OF ACTIVE PARTICIPANTS

Table 4. depicts the active part-time participants as of 1/1/2024 in the Local 338 Retirement Fund.

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

AGE	YEARS OF PENSION SERVICE											TOTAL
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50&OVER	
20-24	156	23	0	0	0	0	0	0	0	0	0	179
25-29	28	21	4	0	0	0	0	0	0	0	0	53
30-34	19	10	14	9	0	0	0	0	0	0	0	52
35-39	25	12	6	11	3	0	0	0	0	0	0	57
40-44	25	21	6	13	12	0	0	0	0	0	0	77
45-49	13	9	4	13	16	2	0	0	0	0	0	57
50-54	21	8	6	13	12	5	0	1	0	0	0	66
55-59	12	10	6	18	16	5	2	0	0	0	0	69
60-64	11	6	4	8	20	3	1	0	0	0	0	53
65-69	5	5	3	6	6	0	1	0	0	0	0	26
70-74	2	3	3	0	4	2	0	1	0	0	0	15
75+	16	3	0	1	2	0	0	0	0	0	0	22
TOTAL	333	131	56	92	91	17	4	2	0	0	0	726

Local 338 Retirement Fund

March 23, 2024

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

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

Plan Identification

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

This certification is being made for the plan year January 1, 2024 through December 31, 2024.

Enrolled Actuary Certification

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

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

Information on Plan Status

The Local 338 Retirement Fund is in critical status. Based on a seven-year projection of the actuarial value of assets and the present value of accumulated benefits, the plan is projected to be more than 80% funded as of January 1, 2024 but is projected to have an accumulated funding deficiency in the current fiscal year.

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

3/23/2024



Attachment to 2024 Form 5500

Schedule MB, line 4a - Illustration Supporting Actuarial Certification of Status

Plan Name Local 338 Retirement Fund **EIN:** 13-6533678

Plan Sponsor's Name Trustees Local 338 Retirement Fund **PN:** 001

Illustrate the details providing the actuarial certification of status.
The Plan is in Critical status because it has funding or liquidity issues, or both. As of the beginning of the Plan Year the Fund was 78% funded.

Attachment to 2024 Form 5500

Schedule MB, line 4c - Illustration Supporting Actuarial Certification of Status

Plan Name Local 338 Retirement Fund **EIN:** 13-6533678

Plan Sponsor's Name Trustees Local 338 Retirement Fund **PN:** 001

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

Local 338 Retirement Fund
2024 Withdrawal Liability Payments

1. **Al Saleh Grocery Corp.**

February 22nd	\$	497.70
April 3rd		995.40
May 7th		497.70
May 21st		995.40
June 25th		497.70
July 25th		497.70
August 15th		497.70
October 3rd		497.70
November 4th		497.70
December		497.70
	\$	<u>5,972.40</u>

2. **Food Parade Inc**

January 2nd	\$	519,345.00
April 2nd		519,345.00
July 2nd		519,345.00
Sept 30th		519,345.00
Dec 31st		519,345.00
	\$	<u>2,596,725.00</u>

3. **West Side Supermarket - aka Villa Management Holdings, LLC**

January 17th	\$	15,198.00
April 2nd		15,198.00
June 25th		15,198.00
October 2nd		15,198.00
December 23rd		15,198.00
	\$	<u>75,990.00</u>

4. **Trade Fair**

February 22nd	\$	50,000.00
June 10th		50,000.00
July 30th		50,000.00
Oct 1st		15,000.00
Oct 4th		15,000.00
Dec 4th		15,000.00
Dec 4th		15,000.00
		<u>210,000.00</u>

TOTALS

\$ 2,888,687.40

updated on

12/31/2024

Local 338 Retirement Fund
Anticipated Future Withdrawal Liability Payments

1.	<u>Al Saleh Grocery Corp.</u>	
	2025	5,972.40
	2026	5,972.40
	2027	2,986.20
		<u> </u>
	\$	14,931.00
2.	<u>West Side Supermarket - aka Villa Management Holdings, LLC</u>	
	2025	45,594.00
	2026	60,792.00
	2027	13,254.00
		<u> </u>
	\$	119,640.00
3.	<u>Food Parade Inc</u>	
	2025	1,558,035.00
	2026	2,077,380.00
	2027	2,077,380.00
	2028 through 2038	19,444,371.00
		<u> </u>
	\$	25,157,166.00
	 TOTALS	 <u><u> </u></u>
		\$ 25,291,737.00

updated on 12/31/24

**SCHEDULE B ATTACHMENT LINE #7
LOCAL 338 RWDSU PENSION PLAN
E.I.N. 13-6533678 PLAN NUMBER 001
AMORTIZATION RECORD IN SUPPORT OF FUNDING STANDARD ACCOUNT FOR 2024**

AMORTIZATION CHARGES	<u>DATE OF FIRST CHARGE OR CREDIT</u>	<u>YEARS REMAINING</u>	<u>OUTSTANDING BALANCE BEGINNING OF YEAR</u>	<u>AMORTIZATION CHARGE OR CREDIT</u>
Combined IRC 412 Base	01/01/2017	7	68,756,431	11,846,488
Actuarial Loss	01/01/2017	8	20,218,792	3,141,232
Actuarial Loss	01/01/2019	10	19,961,878	2,631,725
Actuarial Loss	01/01/2020	11	16,510,626	2,036,973
Assumption Change	01/01/2022	13	27,282,085	3,014,729
Actuarial Loss	01/01/2023	14	98,615,719	10,405,381
Total Charges			251,345,532	33,076,528
AMORTIZATION CREDITS				
	01/01/2018	9	306,139	43,550
Actuarial Gain	01/01/2021	12	20,552,469	2,391,783
Actuarial Gain	01/01/2021	7	57,064,055	9,832,611
Method Change	01/01/2022	13	12,295,753	1,358,707
Actuarial Gain	01/01/2024	15	46,638,772	4,721,429
			136,857,189	18,348,080

ASSUMPTIONS

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

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

Attachment to 2024 IRS Form 5500
Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Terminated Vested Participants		Retired Participants and Beneficiaries Receiving Payments	Total
	Active Participants	Participants		
Current	\$2,790,996	\$8,157,202	\$40,616,578	\$51,564,777
Current + 1	\$3,334,485	\$10,392,714	\$38,932,570	\$52,659,769
Current + 2	\$3,917,049	\$13,078,404	\$37,213,173	\$54,208,625
Current + 3	\$4,330,331	\$15,914,093	\$35,463,020	\$55,707,444
Current + 4	\$4,750,325	\$18,590,179	\$33,687,338	\$57,027,842
Current + 5	\$5,209,583	\$21,040,071	\$31,891,866	\$58,141,520
Current + 6	\$5,571,788	\$23,085,948	\$30,082,837	\$58,740,574
Current + 7	\$5,940,320	\$24,951,662	\$28,266,985	\$59,158,967
Current + 8	\$6,317,738	\$26,929,449	\$26,451,524	\$59,698,711
Current + 9	\$6,689,654	\$28,367,913	\$24,644,012	\$59,701,578
Current + 10	\$6,888,597	\$29,598,460	\$22,852,331	\$59,339,388
Current + 11	\$6,979,731	\$30,377,942	\$21,084,608	\$58,442,282
Current + 12	\$7,071,903	\$30,932,034	\$19,349,047	\$57,352,984
Current + 13	\$7,049,253	\$31,307,707	\$17,653,858	\$56,010,818
Current + 14	\$7,053,727	\$31,320,731	\$16,007,239	\$54,381,698
Current + 15	\$6,994,927	\$31,348,789	\$14,417,330	\$52,761,045
Current + 16	\$6,952,748	\$31,055,553	\$12,892,036	\$50,900,338
Current + 17	\$6,864,306	\$30,822,411	\$11,438,966	\$49,125,684
Current + 18	\$6,727,047	\$30,258,666	\$10,065,328	\$47,051,041
Current + 19	\$6,577,465	\$29,742,579	\$8,777,742	\$45,097,786
Current + 20	\$6,516,617	\$29,093,662	\$7,582,049	\$43,192,328
Current + 21	\$6,346,850	\$28,435,984	\$6,483,018	\$41,265,852
Current + 22	\$6,159,628	\$27,623,054	\$5,484,127	\$39,266,809
Current + 23	\$5,951,676	\$26,725,443	\$4,587,203	\$37,264,322
Current + 24	\$5,696,396	\$25,754,567	\$3,792,200	\$35,243,163
Current + 25	\$5,464,057	\$24,715,326	\$3,097,136	\$33,276,518
Current + 26	\$5,220,170	\$23,609,748	\$2,498,065	\$31,327,983
Current + 27	\$4,924,066	\$22,419,029	\$1,989,221	\$29,332,316
Current + 28	\$4,648,537	\$21,190,775	\$1,563,397	\$27,402,709
Current + 29	\$4,449,061	\$20,017,617	\$1,212,392	\$25,679,071
Current + 30	\$4,194,480	\$18,795,469	\$927,477	\$23,917,425
Current + 31	\$3,961,723	\$17,504,701	\$699,768	\$22,166,192
Current + 32	\$3,699,528	\$16,384,493	\$520,597	\$20,604,617
Current + 33	\$3,442,494	\$14,983,759	\$381,826	\$18,808,079
Current + 34	\$3,195,563	\$13,661,719	\$276,036	\$17,133,319
Current + 35	\$2,958,580	\$12,421,647	\$196,665	\$15,576,892
Current + 36	\$2,743,372	\$11,264,385	\$138,071	\$14,145,827
Current + 37	\$2,545,184	\$10,189,413	\$95,510	\$12,830,107
Current + 38	\$2,366,392	\$9,194,628	\$65,084	\$11,626,103
Current + 39	\$2,188,138	\$8,276,497	\$43,674	\$10,508,309
Current + 40	\$2,028,568	\$7,430,743	\$28,848	\$9,488,159
Current + 41	\$1,888,101	\$6,652,702	\$18,751	\$8,559,553
Current + 42	\$1,763,670	\$5,937,715	\$11,987	\$7,713,372
Current + 43	\$1,633,433	\$5,280,995	\$7,532	\$6,921,959
Current + 44	\$1,498,860	\$4,677,703	\$4,647	\$6,181,210
Current + 45	\$1,360,780	\$4,124,004	\$2,813	\$5,487,597
Current + 46	\$1,232,652	\$3,616,785	\$1,669	\$4,851,106
Current + 47	\$1,113,899	\$3,152,318	\$970	\$4,267,187
Current + 48	\$1,006,586	\$2,747,498	\$564	\$3,754,647
Current + 49	\$909,611	\$2,394,664	\$328	\$3,304,603

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

Local 338 Retirement Fund - Contributions and EWL Payments

	<u>Contributions</u>	<u>EWL Payments</u>	<u>Total</u>
2024	\$4,948,100	\$2,154,300	\$7,102,400
2025	\$5,195,500	\$2,154,300	\$7,349,800
2026	\$5,455,300	\$2,154,300	\$7,609,600
2027	\$5,728,100	\$2,154,300	\$7,882,400
2028	\$6,014,500	\$1,809,700	\$7,824,200
2029	\$6,315,200	\$1,793,500	\$8,108,700
2030	\$6,631,000	\$1,793,500	\$8,424,500
2031	\$6,962,600	\$1,793,500	\$8,756,100
2032	\$7,310,700	\$1,793,500	\$9,104,200
2033	\$7,676,200	\$1,793,500	\$9,469,700
2034	\$8,060,000	\$1,793,500	\$9,853,500
2035	\$8,463,000	\$1,793,500	\$10,256,500
2036	\$8,886,200	\$1,793,500	\$10,679,700
2037	\$9,330,500	\$1,793,500	\$11,124,000
2038	\$9,797,000	\$1,793,500	\$11,590,500
2039	\$10,286,900	\$1,793,500	\$12,080,400
2040	\$10,801,200	\$0	\$10,801,200
2041	\$11,341,300	\$0	\$11,341,300
2042	\$11,908,400	\$0	\$11,908,400
2043	\$12,503,800	\$0	\$12,503,800
2044	\$13,129,000	\$0	\$13,129,000
2045	\$13,785,500	\$0	\$13,785,500
2046	\$14,474,800	\$0	\$14,474,800
2047	\$15,198,500	\$0	\$15,198,500
2048	\$15,958,400	\$0	\$15,958,400
2049	\$16,756,300	\$0	\$16,756,300
2050	\$17,594,100	\$0	\$17,594,100
2051	\$18,473,800	\$0	\$18,473,800
2052	\$19,397,500	\$0	\$19,397,500
2053	\$20,367,400	\$0	\$20,367,400

Assumptions:

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

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.

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) _____

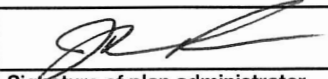
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

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

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

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

SIGN HERE		9/29/25	JOHN R. DURSO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	17,233
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)	1,782
a (2) Total number of active participants at the end of the plan year	6a(2)	1,749
b Retired or separated participants receiving benefits	6b	5,904
c Other retired or separated participants entitled to future benefits	6c	9,003
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	16,656
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	412
f Total. Add lines 6d and 6e	6f	17,068
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	45

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

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

9a Plan funding arrangement (check all that apply) (1) <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	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
---	---

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 type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input 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)
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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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan LOCAL 338 RETIREMENT FUND	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 TRUSTEES LOCAL 338 RETIREMENT FUND	D Employer Identification Number (EIN) 13-6533678

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	585,762,839
(2) Actuarial value of assets for funding standard account.....	1b(2)	585,762,839

(1) Accrued liability for plan using immediate gain methods	1c(1)	763,056,401
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(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases	1c(2)(a)	0
---	-----------------	---

(b) Accrued liability under entry age normal method.....	1c(2)(b)	0
--	-----------------	---

(c) Normal cost under entry age normal method	1c(2)(c)	0
---	-----------------	---

(3) Accrued liability under unit credit cost method	1c(3)	749,782,494
---	--------------	-------------

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	0
--	--------------	---

(2) "RPA '94" information:

(a) Current liability	1d(2)(a)	1,264,948,861
-----------------------------	-----------------	---------------

(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	7,585,688
--	-----------------	-----------

(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	0
---	-----------------	---

(3) Expected plan disbursements for the plan year	1d(3)	50,599,465
---	--------------	------------

Statement by Enrolled Actuary

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

SIGN HERE		10/13/2025
----------------------	--	------------

Signature of actuary

Date

2302541

FRANK IANNUCCI

Type or print name of actuary

SUMMIT ACTUARIAL SERVICES, LLC

Firm name

Most recent enrollment number

856-234-8801

Telephone number (including area code)

720 East Main Street Unit 2S

MOORESTOWN NJ 08057

Address of the firm

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

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

**Schedule MB (Form 5500) 2024
v. 240311**

- 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 %
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)	6
(2) Females	6c(2)	6F
d Valuation liability interest rate	6d	6.75 %
e Salary scale	6e	0.00 % <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	10.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.0 %
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)	2.7 %
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-46,638,772	-4,721,429

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

(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	62,805,219
b Employer's normal cost for plan year as of valuation date	9b	2,654,289
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	251,345,532
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	6,651,183
e Total charges. Add lines 9a through 9d.....	9e	105,187,219
Credits to funding standard account:		
f Prior year credit balance, if any	9f	0
g Employer contributions. Total from column (b) of line 3	9g	7,102,357
h Amortization credits as of valuation date.....		
9h	136,857,189	18,348,080
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	1,444,664
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	125,079,760
(2) "RPA '94" override (90% current liability FFL)	9j(2)	557,659,012
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	26,895,101
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	78,292,118
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	78,292,118
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No