

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LOCAL 365 UAW PENSION FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LOCAL 365 UAW PENSION FUND</u></p> <p><u>140 SYLVAN AVENUE, SUITE 106</u> <u>ENGLEWOOD CLIFFS, NJ 07652-4025</u></p>	<p>1c Effective date of plan <u>10/01/1952</u></p> <p>2b Employer Identification Number (EIN) <u>11-6045281</u></p> <p>2c Plan Sponsor's telephone number <u>201-947-8000</u></p> <p>2d Business code (see instructions) <u>441228</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	JEFFREY C. ISAACS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	BRIAN SCHNECK
	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	
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	3127
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)	5
	6a(2)	5
	6b	1942
	6c	671
	6d	2618
	6e	434
	6f	3052
	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	1

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

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
---	--	--

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 365 UAW PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LOCAL 365 UAW PENSION FUND</u>	D Employer Identification Number (EIN) <u>11-6045281</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>536732</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>536732</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>177520390</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>177520390</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>183724183</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>5649</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>15217391</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>15817391</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>10/07/2025</u>
	Signature of actuary	Date
	<u>JOSHUA KAPLAN, FSA, FCA, MAAA</u>	<u>23-05487</u>
	Type or print name of actuary	Most recent enrollment number
	<u>SEGAL</u>	<u>212-251-5000</u>
	Firm name	Telephone number (including area code)
	<u>66 HUDSON BLVD E NEW YORK, NY 10001-2192</u>	
	Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1600707
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2425	148285582
(2) For terminated vested participants	679	35326370
(3) For active participants:		
(a) Non-vested benefits		0
(b) Vested benefits		112231
(c) Total active	5	112231
(4) Total	3109	183724183
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	0.87 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/15/2024	132542					
Totals ▶			3(b)	132542	3(c)	
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	127408

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	0.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2052

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method	5j		
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m		

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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	4.00 % 4.00 %
e Salary scale	6e	3.00 % <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" 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)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	13.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.8 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	587425
(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	-18087138	-1564209

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	181617735
b Employer's normal cost for plan year as of valuation date.....	9b	592445

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)	72457587	11961981
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		7766886
e Total charges. Add lines 9a through 9d.....	9e		201939047
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		
g Employer contributions. Total from column (b) of line 3.....	9g		132542
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	77091664	8320245
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		335240
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	184679147	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	172457191	
(3) FFL credit	9j(3)		8606845
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		17394872
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		184544175
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		184544175
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

A Name of plan LOCAL 365 UAW PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 365 UAW PENSION FUND	D Employer Identification Number (EIN) 11-6045281	

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

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

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

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

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

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

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

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

(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)

SAGE ADVISORY SERVICES

74-2797741

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	175688	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)

ZENITH AMERICAN SOLUTIONS

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	175454	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)

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?
11	NONE	173808	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)

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?
19	NONE	49971	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)

CLEARY, JOSEM & TRIGIANI LLP

23-2657967

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	38850	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)

WEAVER AND TIDWELL, LLP

75-0786316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	33075	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)

MORGAN STANLEY

36-3145972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	26250	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"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan <u>LOCAL 365 UAW PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LOCAL 365 UAW PENSION FUND</u>	D Employer Identification Number (EIN) <u>11-6045281</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNY MELLON - AFL-CIO SL SIF</u>		
b Name of sponsor of entity listed in (a): <u>BNY MELLON</u>		
c EIN-PN <u>25-6078093-340</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>48889473</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)

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LOCAL 365 UAW PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 365 UAW PENSION FUND	D Employer Identification Number (EIN) 11-6045281

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1346132	1455663
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1345	723
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2948437	2811166
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1305907	1989622
(2) U.S. Government securities	1c(2)	19650793	7550600
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	149920013	147917887
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	39091885	48889473
(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)	422486	450165
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	214686998	211065299
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	46932	68470
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	46932	68470
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	214640066	210996829

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)	30436	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		30436
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	74691	
(B) U.S. Government securities.....	2b(1)(B)	502872	
(C) Corporate debt instruments.....	2b(1)(C)	6965621	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7543184
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	10387	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10387
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	72573057	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	72796074	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-223017
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-5033246	
(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)		9797588
(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)		27678
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12153010

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	14924650	
(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)		14924650
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	175454	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	33075	
(5) Investment advisory and investment management fees	2i(5)	251909	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	173808	
(8) Legal fees	2i(8)	38850	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	198501	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		871597
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		15796247

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3643237
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: **WEAVER AND TIDWELL LLP**

(2) EIN: **75-0786316**

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 567506.

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 365 UAW PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LOCAL 365 UAW PENSION FUND</u>	D Employer Identification Number (EIN) <u>11-6045281</u>	

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

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

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

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 ABC BODY AND TRAILER CO, INC

b EIN 11-2670651 **c** Dollar amount contributed by employer 5134

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 11 Day 30 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): 2.2% OF MONTHLY WAGES

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): _____

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): _____

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	3093
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	3211
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	3282

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	97.59
b The corresponding number for the second preceding plan year.....	15b	94.63

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

a Enter the number of employers who withdrew during the preceding plan year.....	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Local 365 UAW Pension Fund

Financial Report

December 31, 2024



CONTENTS

Page

Independent Auditor's Report..... 1

Financial Statements

Statements of Net Assets Available for Benefits..... 4

Statements of Changes in Net Assets Available for Benefits..... 5

Notes to Financial Statements 6

ERISA - Required Supplementary Information

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 17

Schedule H, Line 4j – Schedule of Reportable Transactions 23

All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

Independent Auditor's Report

To the Board of Trustees
Local 365 UAW Pension Fund

Opinion

We have audited the financial statements of Local 365 UAW Pension 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, information regarding the Plan's 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 (US GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US 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 US GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

In performing an audit in accordance with US 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.

Supplementary Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed in the table of contents as of and for the year ended December 31, 2024 is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

The Board of Trustees
Local 365 UAW Pension Fund

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

In our opinion, the information in the accompanying supplementary information 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Jericho, New York
October 15, 2025

Local 365 UAW Pension Fund
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value		
U.S. government and governmental agencies obligations	\$ 7,550,600	\$ 19,650,793
Corporate and other bonds and notes	147,917,887	149,920,013
Collective trust fund	48,889,473	39,091,885
Exchange-traded funds	450,165	422,486
Short-term investment funds	1,750,674	1,203,520
	206,558,799	210,288,697
RECEIVABLES		
Employer contributions	723	1,345
Assessed withdrawal liability	961,870	1,063,975
Interest	1,825,716	1,860,882
	2,788,309	2,926,202
Cash	1,694,611	1,448,519
Other assets		
Prepaid expenses	23,580	23,580
	211,065,299	214,686,998
LIABILITIES		
Accounts payable and accrued expenses	68,470	46,932
	68,470	46,932
NET ASSETS AVAILABLE FOR BENEFITS	\$ 210,996,829	\$ 214,640,066

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

Local 365 UAW Pension 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	\$ 4,569,003	\$ 14,115,872
Interest and dividends	7,553,571	7,154,921
Total investment income	12,122,574	21,270,793
Less investment expenses	251,909	237,509
Net investment income	11,870,665	21,033,284
Contributions		
Employers - regular	5,134	5,398
Employers - withdrawal liability	25,302	22,360
Total contributions	30,436	27,758
Total additions	11,901,101	21,061,042
DEDUCTIONS		
Pension benefits	14,924,650	15,412,330
Administrative expenses	619,688	548,218
Total deductions	15,544,338	15,960,548
Net (decrease) increase	(3,643,237)	5,100,494
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	214,640,066	209,539,572
NET ASSETS AVAILABLE FOR BENEFITS, end of year	\$ 210,996,829	\$ 214,640,066

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

Local 365 UAW Pension Fund

Notes to Financial Statements

Note 1. Description of the Plan

The following brief description of Local 365 UAW Pension Fund (the Plan) provides only general information. Participants should refer to the *Plan document* for a more complete description of the Plan's provisions, which is available from Plan management.

General

The Plan is a multi-employer, defined benefit pension plan established under an Agreement and Declaration of Trust dated October 1, 1952, pursuant to collective bargaining agreements between Amalgamated Local 365, United Automobile, Aerospace & Agricultural Implement Workers of America (the Union), and various employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is currently administered by a third-party contract administrator.

Funding Policy

In accordance with the terms of the Trust Agreement, the Plan shall receive contributions from the employer pursuant to its collective bargaining agreement with the Union.

Contribution rates have been established under a collective bargaining agreement entered into between the Union and the employer. The employer is required to make monthly contributions to the Plan at the rate specified in its collective bargaining agreement.

The Plan is noncontributory for employees and is funded primarily from contributions received from employers.

Pension Benefits

Employees who have attained the later of age 65 or the fifth anniversary of the date of becoming an employee under the Plan are eligible for normal retirement. The Plan permits early retirement at attainment of age 55 and completion of ten years of credited service. Up until 2009, the Plan provided, under certain conditions, for disability retirement and vested termination.

The monthly pension at normal retirement is based on various formulas depending on when the employee worked. Employees will receive the value of their accumulated plan benefits as a life annuity payable monthly from retirement.

Local 365 UAW Pension Fund

Notes to Financial Statements

Death and Disability Benefits

1. An employee who is legally married, upon commencement of any monthly pension, is presumed to have elected an actuarially reduced pension with 50% continuance to their surviving spouse, unless they elect otherwise.
2. All married employees who have completed five years of credited service have automatic income protection for their surviving spouses. Such retirement income will be equal to the pension that would have been payable to the surviving spouse in accordance with (1) above, if the employee had retired immediately preceding his death.
3. Disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as the time they became disabled.
4. An employee who is legally married, upon commencement of any monthly pension, is presumed to have elected an actuarially reduced pension with 50% continuance to their surviving spouse, unless they elect otherwise.
5. All married employees who have completed five years of credited service have automatic income protection for their surviving spouses. Such retirement income will be equal to the pension that would have been payable to the surviving spouse in accordance with (1) above, if the employee had retired immediately preceding his death.
6. Disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as the time they became disabled.

Effective December 1, 2020, monthly pension benefits, to certain participants, were reduced, as required, in accordance with the PBGC guaranty level. In August 2022, full monthly pension benefits were restored as a result of the Plan receiving the special financial assistance from the PBGC.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Local 365 UAW Pension Fund

Notes to Financial Statements

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisers and custodian. See Note 5 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

All administrative fees are paid by the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Assessed Withdrawal Liability Receivable

The Plan's policy is to recognize a receivable at its present value, net of any allowance for collectability once a withdrawal liability has been actuarially determined and formally assessed by the Plan. There was no allowance for amount deemed doubtful of collection at December 31, 2024 and 2023.

Plan Management's Review of Subsequent Events

The Plan has evaluated subsequent events through October 15, 2025, the date that the financial statements were available to be issued.

Local 365 UAW Pension Fund

Notes to Financial Statements

Note 3. 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 services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered prior to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, and is that 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 for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefits information at January 1, 2024 was as follows:

Vested benefits	
Participants currently receiving payments	\$ 145,281,133
Other vested benefits	<u>32,239,257</u>
Total vested benefits	177,520,390
Non-vested benefits	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 177,520,390</u>

The change in the actuarial present value of accumulated plan benefits from January 1, 2023 to January 1, 2024 is attributable to the following:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 187,466,299
(Decrease) increase during the year attributed to	
Benefits accumulated, net experience gain, changes in data	(1,698,297)
Benefits paid	(15,412,330)
Interest	<u>7,164,718</u>
Net (decrease)	<u>(9,945,909)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 177,520,390</u>

Local 365 UAW Pension Fund

Notes to Financial Statements

The significant actuarial assumptions used in the Plan's valuation as of January 1, 2024 were as follows:

Mortality rates

Non-annuitant	RP-2014 Blue Collar Employee Mortality Table
Healthy	RP-2014 Healthy Blue Collar Annuitant Mortality Table
Disabled	RP-2014 Disabled Retiree Mortality Table

**Termination rates
before retirement**

Age	Rate (%)		
	Mortality*		Withdrawal**
	Male	Female	
20	0.05	0.02	23.88
25	0.06	0.02	23.25
30	0.06	0.02	22.42
35	0.07	0.03	21.11
40	0.08	0.04	18.79
45	0.13	0.07	15.09
50	0.22	0.12	9.67
55	0.36	0.19	3.45
60	0.61	0.27	0.32

* Mortality rates shown for base table.

** Withdrawal rates do not apply at or beyond early retirement age.

Retirement rates

Age	Annual Retirement Rates	
	Actives	Inactive Vested
55	3%	21%
56	3%	8%
57	3%	7%
58	3%	4%
59-60	3%	6%
61	3%	8%
62	25%	18%
63	20%	8%
64	20%	12%
65	40%	38%
66	25%	15%
67-68	25%	5%
69	25%	2%
70	25%	5%
71	25%	12%
72	100%	100%

Local 365 UAW Pension Fund

Notes to Financial Statements

Description of weighted average retirement age	Age 65, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.
Future benefit accruals	One pension credit per year. Projected contributions are based on the prior year's salary increased by the salary scale and the current contribution rate.
Salary scale	3% per year
Unknown date for participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of active participants	Active participants are defined as those with at least one hour in the most recent plan year, excluding those who have retired as of the valuation date and those who worked for an employer that withdrew prior to the valuation date.
Exclusion of inactive vested participants	The exclusion of inactive vested participants over age 85 was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Percent Married	70%
Age of Spouse	Spouses of male participants are three years younger, and spouses of female participants are three years older.
Benefit election	70% of participants are assumed to elect the 50% joint and survivor form of payment and 30% of participants are assumed to elect the single life form of payment.
Delayed Retirement Factors	Active participants who work enough covered salary each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.
Net investment return	4.00%
Annual administrative expenses	\$600,000, payable monthly, for the year beginning January 1, 2024 (equivalent to \$587,425 payable at the beginning of the year).
Actuarial value of assets	At market value.

Local 365 UAW Pension Fund

Notes to Financial Statements

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

The Plan's consulting actuary has advised that during the last plan year, the funding deficiency increased from \$165,010,563 to \$181,617,735. A longer-term projection of the Funding Standard Account indicates that the funded deficiency is expected to continue to grow, assuming experience emerges as projected and there are no changes in the Plan, actuarial assumptions, law, or regulations.

The Plan's consulting actuary has advised that the actuarial certification of plan zone status as of January 1, 2024 is critical and declining status under the Pension Protection Act of 2006.

Note 4. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (1) To all pensioners (or beneficiaries) whose benefits began three years prior to the termination date of the Plan and to all participants (or beneficiaries) who were eligible for benefits at least three years prior to the termination date.
- (2) To all other participants whose benefits are insured by the Pension Benefit Guaranty Corporation (the PBGC) (a U.S. governmental agency).
- (3) To all other vested benefits under the Plan.
- (4) To all non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the level of benefits guaranteed by the PBGC.

Local 365 UAW Pension Fund

Notes to Financial Statements

Note 5. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework 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 under FASB ASC 820 are described as follows:

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

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 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

U.S. government and governmental agencies obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

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

Local 365 UAW Pension Fund

Notes to Financial Statements

Collective trust fund: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Exchange-traded funds: Valued at the daily closing price as reported by the fund. Exchange-traded funds held by the Plan are open-end exchange-traded funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The exchange-traded funds held by the Plan are deemed to be actively traded.

Short-term investment funds: Valued using the NAV of the fund shares.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Level 1:		
U.S. government and governmental agencies obligations	\$ 3,187,697	\$ 14,841,863
Exchange-traded funds	450,165	422,486
Short-term investment funds	<u>1,750,674</u>	<u>1,203,520</u>
	5,388,536	16,467,869
Level 2:		
U.S. government and governmental agencies	4,362,903	4,808,930
Corporate and other bonds and notes	<u>147,917,887</u>	<u>149,920,013</u>
	<u>152,280,790</u>	<u>154,728,943</u>
Total assets in the fair value hierarchy	157,669,326	171,196,812
Investments measured at net asset value:		
Collective trust fund	<u>48,889,473</u>	<u>39,091,885</u>
Investments at fair value	<u>\$ 206,558,799</u>	<u>\$ 210,288,697</u>

Local 365 UAW Pension Fund

Notes to Financial Statements

Fair Value of Investments that Calculate NAV

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

	2024	2023
Collective trust fund		
Fair value	\$ 48,889,473	\$ 39,091,885
Unfunded commitment	None	None
Redemption frequency	Immediate	Immediate
Other redemption restrictions	None	None
Redemption notice period	None	None

Note 6. Risks and Uncertainties

The Plan invests in various investment securities that are exposed to various risks such as interest rates, market and credit risks. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that some changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Note 7. Tax Status

The Plan obtained its latest determination letter on June 16, 2015, in which the Internal Revenue Service (IRS) stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

US GAAP requires 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Local 365 UAW Pension Fund

Notes to Financial Statements

Note 8. Related-Party and Party-in-Interest Transactions

Certain Plan investments are managed by Amalgamated Bank of New York . Amalgamated Bank of New York is the Plan's custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

Note 9. Assessed Withdrawal Liability

The Plan complies with the provision of the Multiemployer Pension Plan Amendment Act of 1980 (MPPAA), which requires imposition of a withdrawal liability on a participating employer that partially or totally withdraws from the Plan. Under the provisions of the MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. A withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The Plan entered into various settlement agreements with participating employers who withdrew from the Plan and were subject to withdrawal liability assessments. Quarterly assessments are being paid through 2038. The trustees, at times, approve settlements and payment plan arrangements for assessment amounts owed to the Plan.

During 2024 and 2023, the Plan recognized withdrawal liability income of \$25,302 and \$22,360, respectively.

At December 31, 2024, the Plan was receiving withdrawal assessment payments under payment plan arrangements from two former participating employers. The receivable amount represents the present value of the remaining payments using a discount rate of 2.00%.

Supplementary Information

Local 365 UAW Pension Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan #001 / EIN: 11-6045281

December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
U.S. government and governmental agencies obligations:							
FHLMC Pool #SD-8382	Fixed income	12/01/53	5.000%	N/A	2,220,415	\$ 2,161,609	\$ 2,144,782
FNMA UMBS Pool #MA4761	Fixed income	09/01/52	5.000%	N/A	2,290,782	2,238,165	2,218,121
U.S. Treasury Bonds	Fixed income	02/15/52	2.250%	N/A	1,759,000	1,231,346	1,066,376
U.S. Treasury Notes	Fixed income	11/15/32	4.125%	N/A	2,175,000	2,105,751	2,121,321
Total U.S. government and governmental agencies obligations						7,736,871	7,550,600

Local 365 UAW Pension Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Continued

Plan #001 / EIN: 11-6045281

December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
Corporate bonds and notes:							
3M COMPANY	Fixed income	04/15/30	3.050%	N/A	1,375,000	1,235,506	1,260,600
ABBOTT LABORATORIES	Fixed income	11/30/46	4.900%	N/A	630,000	607,925	588,061
ABBVIE INC SR NT	Fixed income	03/15/31	4.950%	N/A	880,000	889,706	879,824
ADOBE INC SR GLBL	Fixed income	04/04/34	4.950%	N/A	860,000	858,323	852,965
AERCAP IRELAND CAPITAL	Fixed income	10/29/28	3.000%	N/A	1,220,000	1,147,117	1,129,671
AFLAC INC	Fixed income	01/15/49	4.750%	N/A	1,920,000	1,846,479	1,681,306
AIR LEASE CORP	Fixed income	02/01/30	3.000%	N/A	1,605,000	1,446,875	1,448,978
AIR LEASE CORP	Fixed income	10/01/29	3.250%	N/A	1,070,000	905,017	987,663
ALABAMA PWR CO SR NT	Fixed income	03/15/52	3.000%	N/A	1,615,000	1,032,922	1,036,652
AMAZON.COM INC	Fixed income	06/03/50	2.500%	N/A	325,000	234,393	193,895
AMAZON.COM INC	Fixed income	08/22/47	4.050%	N/A	1,310,000	1,114,481	1,082,466
AMERICAN EXPRESS CO	Fixed income	05/03/27	3.300%	N/A	1,925,000	1,795,293	1,868,039
AMERICAN WATER CAPITAL C	Fixed income	09/01/47	3.750%	N/A	1,170,000	897,632	867,450
AMGEN INC	Fixed income	05/01/45	4.400%	N/A	230,000	211,743	190,757
ANHEUSER BUSCH CO-INBEV	Fixed income	02/01/36	4.700%	N/A	1,055,000	1,029,606	1,000,689
ANHEUSER-BUSCH INBEV WOR	Fixed income	06/01/30	3.500%	N/A	715,000	658,079	670,348
ANTHEM INC	Fixed income	12/01/47	4.375	N/A	1,245,000	1,009,859	1,003,520
APPALACHIAN PWR CO SR	Fixed income	08/01/32	4.500%	N/A	850,000	839,154	799,714
APPLE INC	Fixed income	08/04/46	3.850%	N/A	4,050,000	3,778,245	3,265,312
ATMOS ENERGY CORP	Fixed income	10/15/44	4.125%	N/A	1,910,000	1,728,836	1,555,370
ATMOS ENERGY CORP	Fixed income	10/01/48	4.300%	N/A	150,000	141,345	123,051
BERKSHIRE HATHAWAY ENERG	Fixed income	07/15/48	3.800%	N/A	1,545,000	1,319,260	1,146,050
BERKSHIRE HATHAWAY FIN	Fixed income	03/15/52	3.850%	N/A	570,000	445,398	431,507
BERKSHIRE HATHAWAY FIN	Fixed income	05/15/42	4.400%	N/A	930,000	891,879	844,998
BHP BILLITON FIN USA	Fixed income	09/08/33	5.250%	N/A	675,000	671,659	678,301
BHP BILLITON FIN USA LTD	Fixed income	09/30/43	5.000%	N/A	585,000	552,846	546,548
BOEING CO CR SEN	Fixed income	02/04/26	2.196%	N/A	1,155,000	1,046,199	1,120,107
BP CAP MKTS AMER INC	Fixed income	02/08/61	3.379%	N/A	2,090,000	1,557,029	1,322,050
BRISTOL-MYERS SQUIBB	Fixed income	11/13/50	2.550%	N/A	1,090,000	782,740	630,892
BRISTOL-MYERS SQUIBB	Fixed income	03/15/52	3.700%	N/A	1,405,000	1,102,018	1,023,023
BRISTOL-MYERS SQUIBB	Fixed income	02/22/34	5.200%	N/A	915,000	920,851	913,856
BRISTOL-MYERS SQUIBB CO	Fixed income	10/26/49	4.250%	N/A	150,000	142,503	121,171
BROADCOM INC	Fixed income	11/15/30	4.150%	N/A	2,400,000	2,216,736	2,296,488
BURLINGTON NORTH	Fixed income	05/01/40	5.750%	N/A	895,000	908,597	918,923
CATERPILLAR INC	Fixed income	09/19/49	3.250%	N/A	1,485,000	1,245,796	1,030,917
CENTERPOINT ENER HOUSTON	Fixed income	03/01/48	3.950%	N/A	1,000,000	817,689	767,940
CHENIERE CORPUS CRISTI HD	Fixed income	06/30/27	5.125	N/A	965,000	966,447	970,182
CITIBANK N A	Fixed income	04/30/34	5.570%	N/A	1,475,000	1,560,019	1,492,257
CITIGROUP INC	Fixed income	01/30/42	5.875%	N/A	1,915,000	2,066,764	1,957,245
CNO FINANCIAL GROUP INC	Fixed income	05/30/29	5.250%	N/A	985,000	962,020	978,066
COMCAST CORP	Fixed income	01/15/31	1.950%	N/A	1,620,000	1,298,527	1,355,033
COMCAST CORP	Fixed income	10/15/38	4.600%	N/A	1,700,000	1,667,445	1,539,231
COMCAST CORP NEW SR NT	Fixed income	05/15/64	5.500%	N/A	950,000	960,117	885,989
COMMONWEALTH EDISON CO	Fixed income	03/01/50	3.000%	N/A	1,185,000	814,788	764,041
CONOCOPHILLIPS	Fixed income	02/01/39	6.500%	N/A	430,000	470,089	470,011
CONOCOPHILLIPS SR NT	Fixed income	03/15/54	5.550%	N/A	435,000	442,612	418,187
CONSOLIDATED EDISON CO	Fixed income	04/01/30	3.350%	N/A	1,820,000	1,721,429	1,693,656
CONSOLIDATED EDISON CO	Fixed income	11/15/52	6.150%	N/A	670,000	769,374	702,033
CORPORATE OFFICE PPTYS	Fixed income	04/15/31	2.750%	N/A	1,225,000	994,112	1,045,721
CSX CORP	Fixed income	03/01/43	4.400%	N/A	620,000	546,843	536,188
DEERE JOHN CAPITAL CORP	Fixed income	09/08/25	4.050%	N/A	965,000	952,059	961,748
DELL INTL LLC/EMC VAR	Fixed income	07/15/46		N/A	482,000	607,681	613,070
DIGNITY HEALTH	Fixed income	11/01/64	5.267%	N/A	85,000	82,351	75,928
DOMINION RESOURCES INC	Fixed income	08/01/41	4.900%	N/A	425,000	386,452	380,358
DTE ELECTRIC CO	Fixed income	03/01/30	2.250%	N/A	680,000	588,411	599,359
DTE ELECTRIC CO	Fixed income	08/15/47	3.750%	N/A	1,050,000	923,307	790,314
DTE ENERGY CO SR NT	Fixed income	06/01/28	4.875%	N/A	690,000	663,345	687,585
DUKE ENERGY CAROLINAS	Fixed income	08/15/49	3.200%	N/A	190,000	144,894	126,605
DUKE ENERGY CAROLINAS	Fixed income	04/15/38	6.050%	N/A	75,000	84,115	78,815

Local 365 UAW Pension Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Continued

Plan #001 / EIN: 11-6045281

December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
Corporate bonds and notes - continued:							
DUKE ENERGY CORP	Fixed income	09/01/26	2.650%	N/A	975,000	911,630	943,761
DUKE ENERGY CORP NEW	Fixed income	08/15/32	4.500%	N/A	1,000,000	927,630	952,630
ELI LILLY & CO SR	Fixed income	02/09/54	5.000%	N/A	265,000	263,492	243,538
ENABLE MIDSTREAM PARTNER	Fixed income	05/15/28	4.950%	N/A	1,355,000	1,352,832	1,352,602
ENERGY TRANSFER L P	Fixed income	12/01/30	6.400%	N/A	1,025,000	1,072,703	1,083,046
ENERGY TRANSFER PARTNERS	Fixed income	02/01/42	6.500%	N/A	740,000	745,304	766,337
ENTERGY LA LLC 1ST MTG	Fixed income	03/15/54	5.700%	N/A	655,000	643,950	647,245
ENTERPRISE PRODUCTS	Fixed income	10/15/39	6.125	N/A	1,180,000	1,257,349	1,223,282
EQUINOR ASA	Fixed income	05/22/30	2.375%	N/A	750,000	658,222	665,220
EVERSOURCE ENERGY SR	Fixed income	01/15/50	3.450%	N/A	835,000	562,329	570,664
EXTRA SPACE STORAGE	Fixed income	12/15/27	3.875%	N/A	2,140,000	2,046,953	2,091,593
EXXON MOBIL CORPORATION	Fixed income	03/01/26	3.043%	N/A	990,000	974,645	974,437
EXXON MOBIL CORPORATION	Fixed income	03/01/46	4.114%	N/A	190,000	175,372	154,111
FEDEX CORP	Fixed income	05/15/50	5.250%	N/A	105,000	105,250	96,061
GOLDMAN SACHS GROUP	Fixed income	10/01/37	6.750%	N/A	1,980,000	2,194,737	2,119,709
GOLDMAN SACHS GROUP INC	Fixed income	05/22/45	5.150%	N/A	660,000	608,688	608,659
HCA INC	Fixed income	02/15/27	4.500%	N/A	605,000	576,964	599,307
HCA INC	Fixed income	06/15/47	5.500%	N/A	833,000	757,464	756,356
HCP INC	Fixed income	02/01/41	6.750%	N/A	355,000	357,503	384,043
HEALTHCARE TRUST OF	Fixed income	07/01/27	3.750%	N/A	920,000	880,348	893,863
HEWLETT PACKARD	Fixed income	09/25/27	4.400%	N/A	1,205,000	1,198,577	1,192,360
HOME DEPOT INC	Fixed income	04/15/50	3.350%	N/A	1,605,000	1,317,288	1,118,926
HOME DEPOT INC	Fixed income	04/01/41	5.950%	N/A	80,000	91,750	83,994
HP ENTERPRISE CO	Fixed income	10/15/45	6.35%	N/A	1,000,000	953,070	1,037,820
KIMCO REALTY CORP	Fixed income	10/01/49	3.700%	N/A	90,000	70,948	65,305
KIMCO REALTY CORP	Fixed income	09/01/47	4.450%	N/A	160,000	141,018	131,856
KIMCO REALTY CORP	Fixed income	02/01/33	4.600%	N/A	1,160,000	1,077,605	1,104,227
LOWES COS INC SR NT	Fixed income	09/08/25	4.400%	N/A	1,455,000	1,430,309	1,452,919
LOWES COS INC SR NT	Fixed income	04/15/53	5.625%	N/A	730,000	725,802	701,523
MERCK & CO INC	Fixed income	02/10/45	3.700%	N/A	110,000	97,555	85,186
MERCK & CO INC SR NT	Fixed income	12/10/31	2.150%	N/A	955,000	759,435	798,676
MERCK & CO INC SR NT	Fixed income	12/10/51	2.750%	N/A	615,000	406,708	372,721
META PLATFORMS	Fixed income	08/15/54	5.400%	N/A	175,000	174,302	169,465
META PLATFORMS INC	Fixed income	05/15/23	5.600%	N/A	405,000	363,937	404,899
META PLATFORMS INC GLBL	Fixed income	08/15/27	3.500%	N/A	750,000	715,290	733,185
METLIFE INC	Fixed income	06/15/35	5.700%	N/A	1,630,000	1,668,324	1,677,270
MICROSOFT CORP	Fixed income	06/01/60	2.675%	N/A	1,410,000	1,032,740	825,795
MICROSOFT CORP	Fixed income	02/06/27	3.300%	N/A	1,720,000	1,723,664	1,683,983
MOODYS CORP SR	Fixed income	11/29/61	3.100%	N/A	875,000	614,451	521,614
MORGAN STANLEY	Fixed income	07/24/42	6.375%	N/A	185,000	213,499	199,870
MYLAN NV	Fixed income	06/15/46	5.250%	N/A	945,000	743,806	795,671
NATIONAL RURAL UTIL COOP	Fixed income	03/15/49	4.300%	N/A	970,000	824,117	783,925
NATIONAL RURAL UTILS	Fixed income	04/15/32	2.750%	N/A	765,000	651,191	654,044
NATIONAL RURAL UTILS	Fixed income	02/05/27	4.800%	N/A	970,000	971,232	972,929
NORFOLK SOUTHN CORP	Fixed income	03/15/34	5.550%	N/A	80,000	80,132	81,602
NORFOLK SOUTHN CORP SR	Fixed income	06/01/27	3.150%	N/A	695,000	666,885	672,371
NORFOLK SOUTHN CORP SR	Fixed income	05/15/21	4.100%	N/A	120,000	93,101	83,040
NORTHERN TR CORP SUB	Fixed income	11/02/32	6.125%	N/A	1,305,000	1,311,954	1,376,684
NORTHERN TRUST CORP	Fixed income	10/30/25	3.950%	N/A	1,825,000	1,776,528	1,813,959
NVIDIA CORP	Fixed income	04/01/30	2.850%	N/A	1,190,000	1,012,833	1,090,540
NVIDIA CORP	Fixed income	04/01/50	3.500%	N/A	230,000	173,348	170,911
NYU HOSPITALS CENTER	Fixed income	07/01/47	4.368%	N/A	155,000	143,868	132,074
ORACLE CORP	Fixed income	04/01/30	2.950%	N/A	1,220,000	1,038,098	1,101,306
ORACLE CORP	Fixed income	04/01/50	3.600%	N/A	1,940,000	1,366,769	1,359,183
PEPSICO INC	Fixed income	04/14/46	4.450%	N/A	115,000	117,906	99,385
PFIZER INVT ENTERPRISES	Fixed income	05/19/28	4.450%	N/A	1,495,000	1,440,881	1,481,859

Local 365 UAW Pension Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Continued

Plan #001 / EIN: 11-6045281

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment					
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
Corporate bonds and notes - continued:							
	PFIZER INVT ENTERPRISES	Fixed income	05/19/63	5.340%	N/A	345,000	316,689
	PHILIP MORRIS INTL INC	Fixed income	11/10/44	4.250%	N/A	95,000	77,768
	PHILLIPS 66 CO	Fixed income	06/15/54	5.650%	N/A	370,000	349,169
	PIEDMONT NAT GAS CO INC	Fixed income	05/15/52	5.050%	N/A	945,000	828,992
	PLAINS ALL AMERICAN PIPE	Fixed income	09/15/30	3.800%	N/A	980,000	909,420
	PNC FINANCIAL SERVICES	Fixed income	04/23/29	3.450%	N/A	725,000	686,053
	PRIMERICA INC SR	Fixed income	11/19/31	2.800%	N/A	840,000	718,872
	PRUDENTIAL FINANCIAL INC	Fixed income	12/07/47	3.905%	N/A	1,350,000	1,028,889
	PRUDENTIAL FINANCIAL INC	Fixed income	12/07/49	3.935%	N/A	500,000	376,900
	PUGET ENERGY INC	Fixed income	09/15/51	2.893%	N/A	625,000	381,669
	RAYMOND JAMES FINANCIAL	Fixed income	07/15/46	4.950%	N/A	1,455,000	1,305,964
	REALTY INCOME CORP	Fixed income	02/15/32	2.700%	N/A	830,000	704,537
	REALTY INCOME CORP SR	Fixed income	01/15/30	3.400%	N/A	165,000	153,391
	REINSURANCE GROUP	Fixed income	09/15/34	5.750%	N/A	450,000	453,541
	RIO TINTO FIN USA LTD	Fixed income	11/02/51	2.750%	N/A	2,265,000	1,381,356
	ROYAL BK CDA FR	Fixed income	01/19/27	4.875%	N/A	270,000	271,039
	RTX CORPORATION SR	Fixed income	01/15/29	5.750%	N/A	1,167,000	1,204,717
	SABINE PASS LIQUEFACTION	Fixed income	05/15/30	4.500%	N/A	745,000	721,667
	SABINE PASS LIQUEFACTION	Fixed income	06/30/26	5.875%	N/A	1,425,000	1,438,552
	SCHLUMBERGER INVT SA	Fixed income	05/15/28	4.500%	N/A	500,000	496,045
	SELECTIVE INSURANCE GRP	Fixed income	03/01/49	5.375%	N/A	806,000	733,307
	SEMPRA ENERGY	Fixed income	02/01/48	4.000%	N/A	1,655,000	1,251,312
	SHELL INTERNATIONAL FIN	Fixed income	08/21/42	3.625%	N/A	320,000	249,203
	SIMON PPTY GROUP	Fixed income	09/26/34	4.750%	N/A	2,080,000	1,970,717
	SIMON PPTY GROUP LP	Fixed income	01/15/54	6.650%	N/A	465,000	517,554
	SOUTHERN CAL EDISON	Fixed income	02/01/50	3.650%	N/A	740,000	528,567
	SOUTHERN CAL EDISON	Fixed income	03/01/48	4.125%	N/A	530,000	412,388
	SOUTHERN CO	Fixed income	07/01/26	3.250%	N/A	1,640,000	1,606,200
	SOUTHWEST AIRLINES CO	Fixed income	06/15/27	5.125%	N/A	780,000	783,479
	SOUTHWESTERN ELEC PWR	Fixed income	11/01/51	3.250%	N/A	625,000	395,719
	STATOIL ASA	Fixed income	05/15/43	3.950%	N/A	80,000	65,537
	SYSCO CORPORATION	Fixed income	04/01/50	6.600%	N/A	790,000.00	865,958
	T MOBILE USA INC SR	Fixed income	02/15/26	2.250%	N/A	470,000.00	456,502
	T MOBILE USA INC SR 1	Fixed income	02/15/31	2.875%	N/A	1,235,000.00	1,085,343
	TARGET CORP	Fixed income	04/15/29	3.375%	N/A	220,000.00	208,809
	TARGET CORP SR NT	Fixed income	01/15/52	2.950%	N/A	420,000	267,687
	TORONTO DOMINION BANK	Fixed income	09/15/27	4.693%	N/A	2,730,000	2,723,939
	TOTALENERGIES CAP SA	Fixed income	04/05/54	5.488%	N/A	260,000	249,187
	TOYOTA MTR CR CORP	Fixed income	10/08/27	4.350%	N/A	805,000	799,365
	TOYOTA MTR CR CORP FR	Fixed income	09/20/27	4.550%	N/A	595,000	594,946
	UNITED PARCEL SERVICE	Fixed income	04/01/50	5.300%	N/A	1,640,000	1,566,938
	UNITEDHEALTH GROUP	Fixed income	03/15/36	5.800%	N/A	730,000	753,119
	UNITEDHEALTH GROUP INC	Fixed income	05/15/52	4.750%	N/A	715,000	612,612
	UNITEDHEALTH GROUP INC	Fixed income	07/15/45	4.750%	N/A	1,630,000	1,436,144
	UNITEDHEALTH GROUP INC	Fixed income	01/15/30	4.800%	N/A	1,270,000	1,263,536
	VALERO ENERGY CORP	Fixed income	06/15/37	6.625%	N/A	665,000	697,545
	VMWARE INC	Fixed income	08/21/27	3.900%	N/A	1,715,000	1,676,207
	WALMART INC SR GBL	Fixed income	09/09/52	4.500%	N/A	380,000	331,466
	WALT DISNEY COMPANY	Fixed income	01/13/31	2.650%	N/A	1,090,000	964,912
	WELLS FARGO & COMPANY	Fixed income	06/03/26	4.100%	N/A	4,605,000	4,555,128
	WELLS FARGO & COMPANY	Fixed income	11/17/45	4.900%	N/A	1,985,000	1,720,340
	WELLTOWER INC	Fixed income	04/01/26	4.250%	N/A	2,165,000	2,153,958
	WESLEYAN UNIVERSITY	Fixed income	07/01/16	4.781%	N/A	485,000	392,777
	WYETH	Fixed income	04/01/37	5.950%	N/A	580,000	605,491
	XCEL ENERGY INC	Fixed income	12/01/49	3.500%	N/A	85,000	58,500
Total corporate bonds and notes						151,324,070	147,917,887

Local 365 UAW Pension Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Continued

Plan #001 / EIN: 11-6045281

December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
Exchange-traded funds:							
Invesco S&P 500 Equal Weight	Equity	N/A	N/A	N/A	1,480	217,190	259,340
iShares Tr Core Msci Eafe Eft	Equity	N/A	N/A	N/A	1,805	118,300	126,855
iShares Inc Core Msci Emkt Eft	Equity	N/A	N/A	N/A	1,225	59,118	63,970
Total exchange-traded funds						394,608	450,165

Local 365 UAW Pension Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Continued

Plan #001 / EIN: 11-6045281

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	Collective trust fund:							
	BNYM AFL-CIO SL SIF Stock Index Fund	Common collective trust	N/A	N/A	N/A	2,461,706	31,900,000	48,889,473
	Short-term investment funds:							
	JP Morgan TR II US GOVT Money Market Institutional	Money market fund	N/A	N/A	N/A	1,552,222	1,552,222	1,552,222
	Dreyfus Government Cash Management	Money market fund	N/A	N/A	N/A	198,452	198,452	198,452
	Total short-term investment funds						1,750,674	1,750,674
	Total investments						\$ 193,106,223	\$ 206,558,799

Local 365 UAW Pension Fund

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan #001 / EIN: 11-6045281

December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of assets	Purchase price	Selling price	Cost of assets	Current value of assets on transaction date	Net gain or (loss)	
Series of Transactions Exceeding						
5% of Plan Assets						
JP Morgan TR II US GOVT Money Market Institutional	\$ 21,685,122	\$ -	\$ 21,685,122	\$ -	\$ -	
JP Morgan TR II US GOVT Money Market Institutional	-	21,157,510	21,157,510	21,157,510	-	

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of plan provisions

(Schedule MB, Line 6)

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

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Regular pension

- **Age Requirement:** 65
- **Service Requirement:** 5th anniversary of participation
- **Amount:**

(a) For a Participant who first became an Employee prior to January 1, 1980, the monthly retirement benefit is the sum of:

- \$2.50 per month for each year of Past Credited Service, and for each year of Future Credited Service earned prior to October 1, 1960, to a maximum of \$62.50 per month; provided however, that the total amount thus determined shall be increased by 45% for Participants retiring on and after January 1, 1980.
- 2.45% of the aggregate contributions required under the provisions of the collective bargaining agreement to be made to the Fund on the Participant's behalf on or after October 1, 1960 and before January 1, 1980; provided, however, that the total amount thus determined shall be increased by 45% for Participants retiring on and after January 1, 1980.
- 3% of the aggregate contributions required under the provisions of the collective bargaining agreement to be made to the Fund on such Participant's behalf on and after January 1, 1980 and before October 1, 2003.

Section 3: Certificate of Actuarial Valuation

- iv. 1% of the aggregate contributions required under the provisions of the collective bargaining agreement to be made to the Fund on such Participant's behalf on and after October 1, 2003.
- (b) For a Participant who first became an Employee on and after January 1, 1980, the monthly retirement benefit is the sum of:
 - i. \$3.50 per month for each year of Past Credited Service, to a maximum of \$87.50 per month.
 - ii. 3% of the aggregate contributions required under the provisions of the collective bargaining agreement to be made to the Fund on such Participant's behalf on and after January 1, 1980 and before October 1, 2003.
 - iii. 1% of the aggregate contributions required under the provisions of the collective bargaining agreement to be made to the Fund on such Participant's behalf on and after October 1, 2003.
- (c) A Participant's monthly retirement benefit, described in paragraphs (a) and (b) above, is increased on a cumulative basis as follows:
 - i. If an employee became a Participant prior to January 1, 1983 his total accrued benefit as of January 1, 1983 inclusive of any and all adjustments made to date, shall be increased by 10% if he retires after December 31, 1982.
 - ii. If an employee became a Participant prior to January 1, 1984, his total accrued benefit as of January 1, 1984, inclusive of any and all adjustments made to date, shall be increased by 8% if he retires after December 31, 1983.
 - iii. If an employee became a Participant prior to January 1, 1985 his total accrued benefit as of January 1, 1985, inclusive of any and all adjustments made to date, shall be increased by 8% if he retires after December 31, 1984.
 - iv. If an employee became a Participant prior to January 1, 1987, his total accrued benefit as of January 1, 1987, inclusive of any and all adjustments made to date, shall be increased by 13% if he retires after December 31, 1986.
 - v. If an employee became a Participant prior to January 1, 1990, his total accrued benefit as of January 1, 1990, inclusive of any and all adjustments made to date shall be increased by 9% if he retires after December 31, 1989.
 - vi. If an employee became a Participant prior to January 1, 1992, his total accrued benefit as of January 1, 1992, inclusive of any and all adjustments made to date shall be increased by 12% if he retires after December 31, 1991.
 - vii. If an employee became a Participant prior to October 1, 1997, his total accrued benefit as of October 1, 1997, inclusive of any and all adjustments made to date shall be increased by 10% if he retires after September 30, 1997.
 - viii. If an employee became a Participant prior to December 31, 1998, his total accrued benefit as of December 31, 1998, inclusive of any and all adjustments made to date shall be increased by 26.8% if he retires after January 1, 1999.
 - ix. If an employee became a Participant prior to December 31, 1999, his total accrued benefit as of December 31, 1999, inclusive of any and all adjustments made to date shall be increased by 15.6% if he retires after January 1, 2000.

Section 3: Certificate of Actuarial Valuation

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 10 years of credited service
- **Amount:** Regular pension accrued, reduced as follows:

Age	Percentage of Normal Retirement Benefit
64	93.33%
63	86.67
62	80.00
61	73.88
60	67.75
59	61.63
58	55.51
57	51.53
56	47.94
55	44.68

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service
- **Amount:** Regular or early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** Later of age 65 or 5th anniversary of participation

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service

Section 3: Certificate of Actuarial Valuation

- **Amount:** 50% of the benefit participant would have received had they retired the day before death and elected the joint and survivor option. If an active participant dies prior to eligibility for an early retirement pension, the spouse's benefit is paid immediately, with further actuarial reduction. If a terminated vested participant died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date the participant would have been first eligible for an immediate benefit.
- **Charge for Coverage:** None

Post-retirement death benefit

If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If rejected, or if not married, benefits are payable for the life of the participant without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.

Optional forms of benefits

Single Life Annuity; 50%, 75%, or 100% Joint and Survivor Pension.

Participation

Immediately upon covered employment with a contributing employer

Pension credit

For employment before the contribution period, one year of credited service for each full year of seniority. For employment during the contribution period, one year of credited service for one or more hours in covered employment.

Vesting credit

One year of vesting service for each credit year during the contribution period in which the employee works at least one hour.

Contribution rate

2.2% of compensation

Section 3: Certificate of Actuarial Valuation

Changes in plan provisions

There were no changes in plan provisions reflected in this actuarial valuation.

Local 365 UAW Pension Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan #001 / EIN: 11-6045281

December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
U.S. government and governmental agencies obligations:							
FHLMC Pool #SD-8382	Fixed income	12/01/53	5.000%	N/A	2,220,415	\$ 2,161,609	\$ 2,144,782
FNMA UMBS Pool #MA4761	Fixed income	09/01/52	5.000%	N/A	2,290,782	2,238,165	2,218,121
U.S. Treasury Bonds	Fixed income	02/15/52	2.250%	N/A	1,759,000	1,231,346	1,066,376
U.S. Treasury Notes	Fixed income	11/15/32	4.125%	N/A	2,175,000	2,105,751	2,121,321
Total U.S. government and governmental agencies obligations						7,736,871	7,550,600

Local 365 UAW Pension Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Continued

Plan #001 / EIN: 11-6045281

December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
Corporate bonds and notes:							
3M COMPANY	Fixed income	04/15/30	3.050%	N/A	1,375,000	1,235,506	1,260,600
ABBOTT LABORATORIES	Fixed income	11/30/46	4.900%	N/A	630,000	607,925	588,061
ABBVIE INC SR NT	Fixed income	03/15/31	4.950%	N/A	880,000	889,706	879,824
ADOBE INC SR GLBL	Fixed income	04/04/34	4.950%	N/A	860,000	858,323	852,965
AERCAP IRELAND CAPITAL	Fixed income	10/29/28	3.000%	N/A	1,220,000	1,147,117	1,129,671
AFLAC INC	Fixed income	01/15/49	4.750%	N/A	1,920,000	1,846,479	1,681,306
AIR LEASE CORP	Fixed income	02/01/30	3.000%	N/A	1,605,000	1,446,875	1,448,978
AIR LEASE CORP	Fixed income	10/01/29	3.250%	N/A	1,070,000	905,017	987,663
ALABAMA PWR CO SR NT	Fixed income	03/15/52	3.000%	N/A	1,615,000	1,032,922	1,036,652
AMAZON.COM INC	Fixed income	06/03/50	2.500%	N/A	325,000	234,393	193,895
AMAZON.COM INC	Fixed income	08/22/47	4.050%	N/A	1,310,000	1,114,481	1,082,466
AMERICAN EXPRESS CO	Fixed income	05/03/27	3.300%	N/A	1,925,000	1,795,293	1,868,039
AMERICAN WATER CAPITAL C	Fixed income	09/01/47	3.750%	N/A	1,170,000	897,632	867,450
AMGEN INC	Fixed income	05/01/45	4.400%	N/A	230,000	211,743	190,757
ANHEUSER BUSCH CO-INBEV	Fixed income	02/01/36	4.700%	N/A	1,055,000	1,029,606	1,000,689
ANHEUSER-BUSCH INBEV WOR	Fixed income	06/01/30	3.500%	N/A	715,000	658,079	670,348
ANTHEM INC	Fixed income	12/01/47	4.375	N/A	1,245,000	1,009,859	1,003,520
APPALACHIAN PWR CO SR	Fixed income	08/01/32	4.500%	N/A	850,000	839,154	799,714
APPLE INC	Fixed income	08/04/46	3.850%	N/A	4,050,000	3,778,245	3,265,312
ATMOS ENERGY CORP	Fixed income	10/15/44	4.125%	N/A	1,910,000	1,728,836	1,555,370
ATMOS ENERGY CORP	Fixed income	10/01/48	4.300%	N/A	150,000	141,345	123,051
BERKSHIRE HATHAWAY ENERG	Fixed income	07/15/48	3.800%	N/A	1,545,000	1,319,260	1,146,050
BERKSHIRE HATHAWAY FIN	Fixed income	03/15/52	3.850%	N/A	570,000	445,398	431,507
BERKSHIRE HATHAWAY FIN	Fixed income	05/15/42	4.400%	N/A	930,000	891,879	844,998
BHP BILLITON FIN USA	Fixed income	09/08/33	5.250%	N/A	675,000	671,659	678,301
BHP BILLITON FIN USA LTD	Fixed income	09/30/43	5.000%	N/A	585,000	552,846	546,548
BOEING CO CR SEN	Fixed income	02/04/26	2.196%	N/A	1,155,000	1,046,199	1,120,107
BP CAP MKTS AMER INC	Fixed income	02/08/61	3.379%	N/A	2,090,000	1,557,029	1,322,050
BRISTOL-MYERS SQUIBB	Fixed income	11/13/50	2.550%	N/A	1,090,000	782,740	630,892
BRISTOL-MYERS SQUIBB	Fixed income	03/15/52	3.700%	N/A	1,405,000	1,102,018	1,023,023
BRISTOL-MYERS SQUIBB	Fixed income	02/22/34	5.200%	N/A	915,000	920,851	913,856
BRISTOL-MYERS SQUIBB CO	Fixed income	10/26/49	4.250%	N/A	150,000	142,503	121,171
BROADCOM INC	Fixed income	11/15/30	4.150%	N/A	2,400,000	2,216,736	2,296,488
BURLINGTON NORTH	Fixed income	05/01/40	5.750%	N/A	895,000	908,597	918,923
CATERPILLAR INC	Fixed income	09/19/49	3.250%	N/A	1,485,000	1,245,796	1,030,917
CENTERPOINT ENER HOUSTON	Fixed income	03/01/48	3.950%	N/A	1,000,000	817,689	767,940
CHENIERE CORPUS CRISTI HD	Fixed income	06/30/27	5.125	N/A	965,000	966,447	970,182
CITIBANK N A	Fixed income	04/30/34	5.570%	N/A	1,475,000	1,560,019	1,492,257
CITIGROUP INC	Fixed income	01/30/42	5.875%	N/A	1,915,000	2,066,764	1,957,245
CNO FINANCIAL GROUP INC	Fixed income	05/30/29	5.250%	N/A	985,000	962,020	978,066
COMCAST CORP	Fixed income	01/15/31	1.950%	N/A	1,620,000	1,298,527	1,355,033
COMCAST CORP	Fixed income	10/15/38	4.600%	N/A	1,700,000	1,667,445	1,539,231
COMCAST CORP NEW SR NT	Fixed income	05/15/64	5.500%	N/A	950,000	960,117	885,989
COMMONWEALTH EDISON CO	Fixed income	03/01/50	3.000%	N/A	1,185,000	814,788	764,041
CONOCOPHILLIPS	Fixed income	02/01/39	6.500%	N/A	430,000	470,089	470,011
CONOCOPHILLIPS SR NT	Fixed income	03/15/54	5.550%	N/A	435,000	442,612	418,187
CONSOLIDATED EDISON CO	Fixed income	04/01/30	3.350%	N/A	1,820,000	1,721,429	1,693,656
CONSOLIDATED EDISON CO	Fixed income	11/15/52	6.150%	N/A	670,000	769,374	702,033
CORPORATE OFFICE PPTYS	Fixed income	04/15/31	2.750%	N/A	1,225,000	994,112	1,045,721
CSX CORP	Fixed income	03/01/43	4.400%	N/A	620,000	546,843	536,188
DEERE JOHN CAPITAL CORP	Fixed income	09/08/25	4.050%	N/A	965,000	952,059	961,748
DELL INTL LLC/EMC VAR	Fixed income	07/15/46		N/A	482,000	607,681	613,070
DIGNITY HEALTH	Fixed income	11/01/64	5.267%	N/A	85,000	82,351	75,928
DOMINION RESOURCES INC	Fixed income	08/01/41	4.900%	N/A	425,000	386,452	380,358
DTE ELECTRIC CO	Fixed income	03/01/30	2.250%	N/A	680,000	588,411	599,359
DTE ELECTRIC CO	Fixed income	08/15/47	3.750%	N/A	1,050,000	923,307	790,314
DTE ENERGY CO SR NT	Fixed income	06/01/28	4.875%	N/A	690,000	663,345	687,585
DUKE ENERGY CAROLINAS	Fixed income	08/15/49	3.200%	N/A	190,000	144,894	126,605
DUKE ENERGY CAROLINAS	Fixed income	04/15/38	6.050%	N/A	75,000	84,115	78,815

Local 365 UAW Pension Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Continued

Plan #001 / EIN: 11-6045281

December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
Corporate bonds and notes - continued:							
DUKE ENERGY CORP	Fixed income	09/01/26	2.650%	N/A	975,000	911,630	943,761
DUKE ENERGY CORP NEW	Fixed income	08/15/32	4.500%	N/A	1,000,000	927,630	952,630
ELI LILLY & CO SR	Fixed income	02/09/54	5.000%	N/A	265,000	263,492	243,538
ENABLE MIDSTREAM PARTNER	Fixed income	05/15/28	4.950%	N/A	1,355,000	1,352,832	1,352,602
ENERGY TRANSFER L P	Fixed income	12/01/30	6.400%	N/A	1,025,000	1,072,703	1,083,046
ENERGY TRANSFER PARTNERS	Fixed income	02/01/42	6.500%	N/A	740,000	745,304	766,337
ENTERGY LA LLC 1ST MTG	Fixed income	03/15/54	5.700%	N/A	655,000	643,950	647,245
ENTERPRISE PRODUCTS	Fixed income	10/15/39	6.125	N/A	1,180,000	1,257,349	1,223,282
EQUINOR ASA	Fixed income	05/22/30	2.375%	N/A	750,000	658,222	665,220
EVERSOURCE ENERGY SR	Fixed income	01/15/50	3.450%	N/A	835,000	562,329	570,664
EXTRA SPACE STORAGE	Fixed income	12/15/27	3.875%	N/A	2,140,000	2,046,953	2,091,593
EXXON MOBIL CORPORATION	Fixed income	03/01/26	3.043%	N/A	990,000	974,645	974,437
EXXON MOBIL CORPORATION	Fixed income	03/01/46	4.114%	N/A	190,000	175,372	154,111
FEDEX CORP	Fixed income	05/15/50	5.250%	N/A	105,000	105,250	96,061
GOLDMAN SACHS GROUP	Fixed income	10/01/37	6.750%	N/A	1,980,000	2,194,737	2,119,709
GOLDMAN SACHS GROUP INC	Fixed income	05/22/45	5.150%	N/A	660,000	608,688	608,659
HCA INC	Fixed income	02/15/27	4.500%	N/A	605,000	576,964	599,307
HCA INC	Fixed income	06/15/47	5.500%	N/A	833,000	757,464	756,356
HCP INC	Fixed income	02/01/41	6.750%	N/A	355,000	357,503	384,043
HEALTHCARE TRUST OF	Fixed income	07/01/27	3.750%	N/A	920,000	880,348	893,863
HEWLETT PACKARD	Fixed income	09/25/27	4.400%	N/A	1,205,000	1,198,577	1,192,360
HOME DEPOT INC	Fixed income	04/15/50	3.350%	N/A	1,605,000	1,317,288	1,118,926
HOME DEPOT INC	Fixed income	04/01/41	5.950%	N/A	80,000	91,750	83,994
HP ENTERPRISE CO	Fixed income	10/15/45	6.35%	N/A	1,000,000	953,070	1,037,820
KIMCO REALTY CORP	Fixed income	10/01/49	3.700%	N/A	90,000	70,948	65,305
KIMCO REALTY CORP	Fixed income	09/01/47	4.450%	N/A	160,000	141,018	131,856
KIMCO REALTY CORP	Fixed income	02/01/33	4.600%	N/A	1,160,000	1,077,605	1,104,227
LOWES COS INC SR NT	Fixed income	09/08/25	4.400%	N/A	1,455,000	1,430,309	1,452,919
LOWES COS INC SR NT	Fixed income	04/15/53	5.625%	N/A	730,000	725,802	701,523
MERCK & CO INC	Fixed income	02/10/45	3.700%	N/A	110,000	97,555	85,186
MERCK & CO INC SR NT	Fixed income	12/10/31	2.150%	N/A	955,000	759,435	798,676
MERCK & CO INC SR NT	Fixed income	12/10/51	2.750%	N/A	615,000	406,708	372,721
META PLATFORMS	Fixed income	08/15/54	5.400%	N/A	175,000	174,302	169,465
META PLATFORMS INC	Fixed income	05/15/23	5.600%	N/A	405,000	363,937	404,899
META PLATFORMS INC GLBL	Fixed income	08/15/27	3.500%	N/A	750,000	715,290	733,185
METLIFE INC	Fixed income	06/15/35	5.700%	N/A	1,630,000	1,668,324	1,677,270
MICROSOFT CORP	Fixed income	06/01/60	2.675%	N/A	1,410,000	1,032,740	825,795
MICROSOFT CORP	Fixed income	02/06/27	3.300%	N/A	1,720,000	1,723,664	1,683,983
MOODYS CORP SR	Fixed income	11/29/61	3.100%	N/A	875,000	614,451	521,614
MORGAN STANLEY	Fixed income	07/24/42	6.375%	N/A	185,000	213,499	199,870
MYLAN NV	Fixed income	06/15/46	5.250%	N/A	945,000	743,806	795,671
NATIONAL RURAL UTIL COOP	Fixed income	03/15/49	4.300%	N/A	970,000	824,117	783,925
NATIONAL RURAL UTILS	Fixed income	04/15/32	2.750%	N/A	765,000	651,191	654,044
NATIONAL RURAL UTILS	Fixed income	02/05/27	4.800%	N/A	970,000	971,232	972,929
NORFOLK SOUTHN CORP	Fixed income	03/15/34	5.550%	N/A	80,000	80,132	81,602
NORFOLK SOUTHN CORP SR	Fixed income	06/01/27	3.150%	N/A	695,000	666,885	672,371
NORFOLK SOUTHN CORP SR	Fixed income	05/15/21	4.100%	N/A	120,000	93,101	83,040
NORTHERN TR CORP SUB	Fixed income	11/02/32	6.125%	N/A	1,305,000	1,311,954	1,376,684
NORTHERN TRUST CORP	Fixed income	10/30/25	3.950%	N/A	1,825,000	1,776,528	1,813,959
NVIDIA CORP	Fixed income	04/01/30	2.850%	N/A	1,190,000	1,012,833	1,090,540
NVIDIA CORP	Fixed income	04/01/50	3.500%	N/A	230,000	173,348	170,911
NYU HOSPITALS CENTER	Fixed income	07/01/47	4.368%	N/A	155,000	143,868	132,074
ORACLE CORP	Fixed income	04/01/30	2.950%	N/A	1,220,000	1,038,098	1,101,306
ORACLE CORP	Fixed income	04/01/50	3.600%	N/A	1,940,000	1,366,769	1,359,183
PEPSICO INC	Fixed income	04/14/46	4.450%	N/A	115,000	117,906	99,385
PFIZER INVT ENTERPRISES	Fixed income	05/19/28	4.450%	N/A	1,495,000	1,440,881	1,481,859

Local 365 UAW Pension Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Continued

Plan #001 / EIN: 11-6045281

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment					
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
Corporate bonds and notes - continued:							
	PFIZER INVNT ENTERPRISES	Fixed income	05/19/63	5.340%	N/A	345,000	316,689
	PHILIP MORRIS INTL INC	Fixed income	11/10/44	4.250%	N/A	95,000	77,768
	PHILLIPS 66 CO	Fixed income	06/15/54	5.650%	N/A	370,000	349,169
	PIEDMONT NAT GAS CO INC	Fixed income	05/15/52	5.050%	N/A	945,000	828,992
	PLAINS ALL AMERICAN PIPE	Fixed income	09/15/30	3.800%	N/A	980,000	909,420
	PNC FINANCIAL SERVICES	Fixed income	04/23/29	3.450%	N/A	725,000	686,053
	PRIMERICA INC SR	Fixed income	11/19/31	2.800%	N/A	840,000	718,872
	PRUDENTIAL FINANCIAL INC	Fixed income	12/07/47	3.905%	N/A	1,350,000	1,028,889
	PRUDENTIAL FINANCIAL INC	Fixed income	12/07/49	3.935%	N/A	500,000	376,900
	PUGET ENERGY INC	Fixed income	09/15/51	2.893%	N/A	625,000	381,669
	RAYMOND JAMES FINANCIAL	Fixed income	07/15/46	4.950%	N/A	1,455,000	1,305,964
	REALTY INCOME CORP	Fixed income	02/15/32	2.700%	N/A	830,000	704,537
	REALTY INCOME CORP SR	Fixed income	01/15/30	3.400%	N/A	165,000	153,391
	REINSURANCE GROUP	Fixed income	09/15/34	5.750%	N/A	450,000	453,541
	RIO TINTO FIN USA LTD	Fixed income	11/02/51	2.750%	N/A	2,265,000	1,381,356
	ROYAL BK CDA FR	Fixed income	01/19/27	4.875%	N/A	270,000	271,039
	RTX CORPORATION SR	Fixed income	01/15/29	5.750%	N/A	1,167,000	1,204,717
	SABINE PASS LIQUEFACTION	Fixed income	05/15/30	4.500%	N/A	745,000	721,667
	SABINE PASS LIQUEFACTION	Fixed income	06/30/26	5.875%	N/A	1,425,000	1,438,552
	SCHLUMBERGER INVNT SA	Fixed income	05/15/28	4.500%	N/A	500,000	496,045
	SELECTIVE INSURANCE GRP	Fixed income	03/01/49	5.375%	N/A	806,000	733,307
	SEMPRA ENERGY	Fixed income	02/01/48	4.000%	N/A	1,655,000	1,251,312
	SHELL INTERNATIONAL FIN	Fixed income	08/21/42	3.625%	N/A	320,000	249,203
	SIMON PPTY GROUP	Fixed income	09/26/34	4.750%	N/A	2,080,000	1,970,717
	SIMON PPTY GROUP LP	Fixed income	01/15/54	6.650%	N/A	465,000	517,554
	SOUTHERN CAL EDISON	Fixed income	02/01/50	3.650%	N/A	740,000	528,567
	SOUTHERN CAL EDISON	Fixed income	03/01/48	4.125%	N/A	530,000	412,388
	SOUTHERN CO	Fixed income	07/01/26	3.250%	N/A	1,640,000	1,606,200
	SOUTHWEST AIRLINES CO	Fixed income	06/15/27	5.125%	N/A	780,000	783,479
	SOUTHWESTERN ELEC PWR	Fixed income	11/01/51	3.250%	N/A	625,000	395,719
	STATOIL ASA	Fixed income	05/15/43	3.950%	N/A	80,000	65,537
	SYSCO CORPORATION	Fixed income	04/01/50	6.600%	N/A	790,000.00	865,958
	T MOBILE USA INC SR	Fixed income	02/15/26	2.250%	N/A	470,000.00	456,502
	T MOBILE USA INC SR 1	Fixed income	02/15/31	2.875%	N/A	1,235,000.00	1,085,343
	TARGET CORP	Fixed income	04/15/29	3.375%	N/A	220,000.00	208,809
	TARGET CORP SR NT	Fixed income	01/15/52	2.950%	N/A	420,000	267,687
	TORONTO DOMINION BANK	Fixed income	09/15/27	4.693%	N/A	2,730,000	2,723,939
	TOTALENERGIES CAP SA	Fixed income	04/05/54	5.488%	N/A	260,000	249,187
	TOYOTA MTR CR CORP	Fixed income	10/08/27	4.350%	N/A	805,000	799,365
	TOYOTA MTR CR CORP FR	Fixed income	09/20/27	4.550%	N/A	595,000	594,946
	UNITED PARCEL SERVICE	Fixed income	04/01/50	5.300%	N/A	1,640,000	1,566,938
	UNITEDHEALTH GROUP	Fixed income	03/15/36	5.800%	N/A	730,000	753,119
	UNITEDHEALTH GROUP INC	Fixed income	05/15/52	4.750%	N/A	715,000	612,612
	UNITEDHEALTH GROUP INC	Fixed income	07/15/45	4.750%	N/A	1,630,000	1,436,144
	UNITEDHEALTH GROUP INC	Fixed income	01/15/30	4.800%	N/A	1,270,000	1,263,536
	VALERO ENERGY CORP	Fixed income	06/15/37	6.625%	N/A	665,000	697,545
	VMWARE INC	Fixed income	08/21/27	3.900%	N/A	1,715,000	1,676,207
	WALMART INC SR GBL	Fixed income	09/09/52	4.500%	N/A	380,000	331,466
	WALT DISNEY COMPANY	Fixed income	01/13/31	2.650%	N/A	1,090,000	964,912
	WELLS FARGO & COMPANY	Fixed income	06/03/26	4.100%	N/A	4,605,000	4,555,128
	WELLS FARGO & COMPANY	Fixed income	11/17/45	4.900%	N/A	1,985,000	1,720,340
	WELLTOWER INC	Fixed income	04/01/26	4.250%	N/A	2,165,000	2,153,958
	WESLEYAN UNIVERSITY	Fixed income	07/01/16	4.781%	N/A	485,000	392,777
	WYETH	Fixed income	04/01/37	5.950%	N/A	580,000	605,491
	XCEL ENERGY INC	Fixed income	12/01/49	3.500%	N/A	85,000	58,500
Total corporate bonds and notes						151,324,070	147,917,887

Local 365 UAW Pension Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Continued

Plan #001 / EIN: 11-6045281

December 31, 2024

(a)	(b)	(c) Description of investment				(d)	(e)
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
Exchange-traded funds:							
Invesco S&P 500 Equal Weight	Equity	N/A	N/A	N/A	1,480	217,190	259,340
iShares Tr Core Msci Eafe Eft	Equity	N/A	N/A	N/A	1,805	118,300	126,855
iShares Inc Core Msci Emkt Eft	Equity	N/A	N/A	N/A	1,225	59,118	63,970
Total exchange-traded funds						394,608	450,165

Local 365 UAW Pension Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Continued

Plan #001 / EIN: 11-6045281

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	Collective trust fund:							
	BNYM AFL-CIO SL SIF Stock Index Fund	Common collective trust	N/A	N/A	N/A	2,461,706	31,900,000	48,889,473
	Short-term investment funds:							
	JP Morgan TR II US GOVT Money Market Institutional	Money market fund	N/A	N/A	N/A	1,552,222	1,552,222	1,552,222
	Dreyfus Government Cash Management	Money market fund	N/A	N/A	N/A	198,452	198,452	198,452
	Total short-term investment funds						1,750,674	1,750,674
	Total investments						\$ 193,106,223	\$ 206,558,799

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Years of Credited Service

Age	Total	5 - 9	10 - 14	20 - 24	25 - 29	40 & over
30 - 34	1	1	—	—	—	—
55 - 59	1	—	—	—	1	—
60 - 64	3	—	1	1	—	1
Totals	5	1	1	1	1	1



333 West 34th Street, 3rd Floor
New York, NY 10001-2402
segalco.com T:212.251.5000

March 29, 2024

Internal Revenue Service
Employee Plans Compliance Unit
via email

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of January 1, 2024 for the following plan:

Name of Plan: Local 365 UAW Pension Fund

Plan number: EIN 11-6045281 / PN 001

Plan sponsor: Board of Trustees, Local 365 UAW Pension Fund

Address: c/o Zenith American Solutions, 140 Sylvan Avenue, Suite 303, Englewood Cliffs, NJ 07632

Phone number: 201.592.6800

As of January 1, 2024, the Plan is in critical status but not declining status. In addition, under IRC 432(b)(7), the plan is "deemed to be in critical status" as a result of being approved for Special Financial Assistance (SFA) on May 3, 2022 and receiving its SFA on June 2, 2022 and supplemental SFA on January 17, 2023.

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its Rehabilitation Plan, based on the annual standards in the Rehabilitation Plan.

If you have any questions on the attached certification, you may contact me at the following:

Segal
333 West 34th Street
New York, NY 10001-2402
Phone number: 212.251.5000

Sincerely,

A handwritten signature in black ink that reads "Joshua Kaplan". The signature is written in a cursive style.

Joshua Kaplan FSA, FCA, MAAA
Senior Vice President and Actuary
Enrolled Actuary No. 23-05487



Actuarial Status Certification as of January 1, 2024 under IRC Section 432 March 29, 2024

This is to certify that Segal has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Local 365 UAW Pension Fund as of January 1, 2024 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

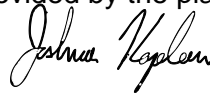
The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the January 1, 2023 actuarial valuation, dated January 5, 2024. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA) and the American Rescue Plan Act of 2021 (ARPA). Additional assumptions required for the projections (including those under MPRA and ARPA), and sources of financial information used are summarized in Exhibit 6.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which this certification is based reflects Segal's understanding as an actuarial firm.

This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that offer my best estimate of anticipated experience under the Plan. Furthermore, as required by IRC Section 432(b)(3)(B)(iii), the projected industry activity takes into account information provided by the plan sponsor.



Joshua Kaplan, FSA, FCA, MAAA

EA# 23-05487

Title Senior Vice President and Actuary

Email jkaplan@segalco.com

Certificate Contents

Exhibit 1	Status Determination as of January 1, 2024
Exhibit 2	Summary of Actuarial Valuation Projections
Exhibit 3	Funding Standard Account Projection
Exhibit 4	Funding Standard Account — Projected Bases Assumed Established After January 1, 2023
Exhibit 5	Solvency Projections
Exhibit 6	Actuarial Assumptions and Methodology

Actuarial Status Certification under IRC Section 432

Exhibit 1: Status Determination as of January 1, 2024

Status	Condition	Component Result	Final Result
Critical Status:			
1. Initial critical status tests:			
C1.	A funding deficiency is projected in four years?	Yes	Yes
C2. a.	A funding deficiency is projected in five years,	Yes	
b.	and the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
c.	and the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	Yes	Yes
C3. a.	A funding deficiency is projected in five years (ignoring any amortization extensions),	Yes	
b.	and the funded percentage is less than 65%?	Yes	Yes
C4. a.	The funded percentage is less than 65%,	Yes	
b.	and the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years	Yes	Yes
C5.	The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	Yes	Yes
2. In Critical Status? (If C1-C5 Yes, then Yes)			Yes
3. Determination of critical and declining status:			
C6. a.	Any of (C1) through (C5) are Yes?	Yes	Yes
b.	and either Insolvency is projected within 15 years?	No	No
c.	or		
1)	The ratio of inactives to actives is at least 2 to 1,	Yes	
2)	and insolvency is projected within 20 years?	No	No
d.	or		

Status	Condition	Component Result	Final Result
	1) The funded percentage is less than 80%,	Yes	
	2) and insolvency is projected within 20 years	No	No
In Critical and Declining Status?			No
Endangered Status:			
E1. a.	Is not in critical status,	No	
b.	and the funded percentage is less than 80%?	Yes	No
E2. a.	Is not in critical status,	No	
b.	and a funding deficiency is projected in seven years?	Yes	No
In Endangered Status?			No
In Seriously Endangered Status?			No
Neither Critical Status Nor Endangered Status:			
Neither Critical nor Endangered Status?			No
Deemed Critical			
DC 1. a.	Received special financial assistance under section 4262 of ERISA	Yes	
Deemed Critical Status?			Yes

Documentation Regarding Progress under Rehabilitation Plan (Schedule MB, line 4c)

This certification also notifies that the Plan is making scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan.

The annual standard in the Rehabilitation Plan for the Plan Year beginning January 1, 2024 is that the Fund is not projected to become insolvent before the end of the plan year ending in 2051. Based on the solvency projection in the 2024 Actuarial Certification of Plan Status, the Fund is projected to remain solvent through at least the year 2051. Therefore, this standard has been met.

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of January 1, 2024 (based on projections from the January 1, 2023 valuation certificate):

1. Financial Information			
a.	Market value of assets		\$213,569,216
1)	Special Financial Assistance (SFA) assets		\$213,032,484
2)	Non-SFA assets (for IRC 431 purposes)		\$536,732
b.	Actuarial value of assets (for IRC 431 purposes)		536,732
c.	Reasonably anticipated contributions (including withdrawal liability payments from previously withdrawn employers)		
1)	Upcoming year (including \$108,503 in withdrawal liability payments)		114,142
2)	Present value for the next five years (including \$413,419 in withdrawal liability payments)		440,500
3)	Present value for the next seven years (including \$532,796 in withdrawal liability payments)		570,349
d.	Projected benefit payments		15,420,091
e.	Projected administrative expenses (beginning of year)		599,174
2. Liabilities			
a.	Present value of vested benefits for active participants		98,302
b.	Present value of vested benefits for non-active participants		179,126,432
c.	Total unit credit accrued liability		179,224,734
d.	Present value of payments	Benefit Payments	Administrative Expenses
1)	Next five years	\$66,240,807	\$2,882,837
2)	Next seven years	86,645,872	3,959,850
e.	Unit credit normal cost plus expenses		605,175
f.	Ratio of inactive participants to active participants		644.4
3. Funded Percentage (1.b)/(2.c)			0.2%
4. Funding Standard Account			
a.	Credit Balance/(Funding Deficiency) as of the end of prior year		(\$181,617,735)
b.	Years to projected funding deficiency		0
5. Years to Projected Insolvency			N/A

Exhibit 3: Funding Standard Account Projection

The table below presents the Funding Standard Account Projection for the Plan Years beginning January 1.

	Year Beginning January 1,	
	2023	2024
1. Credit balance / (Funding deficiency) (BOY)	(\$165,010,563)	(\$181,617,735)
2. Interest on (1)	(6,600,423)	(7,264,709)
3. Normal cost	5,815	6,001
4. Administrative expenses	587,425	599,174
5. Net amortization charges	9,140,162	3,789,131
6. Interest on (3), (4) and (5)	389,336	175,772
7. Expected contributions and withdrawal liability payments	113,901	114,142
8. Interest on (7)	2,088	2,092
9. Full-funding limit credit	0	6,987,618
10. Credit balance / (Funding Deficiency) (EOY): (1) + (2) - (3) - (4) - (5) - (6) + (7) + (8) + (9)	(\$181,617,735)	(\$186,348,671)

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after January 1, 2023
Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Actuarial gain	1/1/2024	(\$16,382,793)	15	(\$1,416,814)

Exhibit 5: Solvency Projections

The tables below present the projected Market Value of Assets for the Plan Years beginning January 1, 2023 through 2054.

	Year Beginning January 1,								
	2023	2024	2025	2026	2027	2028	2029	2030	
1. Market Value at beginning of year	\$379,938	\$536,732	\$703,888	\$880,592	\$1,044,156	\$1,212,469	\$1,391,314	\$1,584,216	
2. Contributions	5,398	5,639	5,808	5,982	6,162	6,347	6,537	6,733	
3. Withdrawal liability payments	108,503	108,503	108,503	83,841	75,620	75,620	75,620	75,620	
4. Benefit payments	0	0	0	0	0	0	0	0	
5. Administrative expenses	0	0	0	0	0	0	0	0	
6. Interest earnings	42,893	53,014	62,393	73,741	86,531	96,878	110,745	125,702	
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$536,732	\$703,888	\$880,592	\$1,044,156	\$1,212,469	\$1,391,314	\$1,584,216	\$1,792,271	
	2031	2032	2033	2034	2035	2036	2037	2038	
1. Market Value at beginning of year	\$1,792,271	\$2,016,659	\$2,258,653	\$2,513,882	\$2,788,481	\$3,083,911	\$3,401,740	\$3,743,656	
2. Contributions	6,935	7,143	7,358	7,578	7,806	8,040	8,281	8,530	
3. Withdrawal liability payments	75,620	75,620	75,620	75,620	75,620	75,620	75,620	75,620	
4. Benefit payments	0	0	0	0	0	0	0	0	
5. Administrative expenses	0	0	0	0	0	0	0	0	
6. Interest earnings	141,833	159,231	172,251	191,401	212,004	234,169	258,015	283,667	
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$2,016,659	\$2,258,653	\$2,513,882	\$2,788,481	\$3,083,911	\$3,401,740	\$3,743,656	\$4,111,473	

Year Beginning January 1,

	2039	2040	2041	2042	2043	2044	2045	2046
1. Market Value at beginning of year	\$4,111,473	\$4,428,920	\$4,770,449	\$5,125,936	\$5,507,485	\$5,916,994	\$6,356,499	\$6,828,184
2. Contributions	8,785	9,049	9,320	9,600	9,888	10,185	10,490	10,805
3. Withdrawal liability payments	0	0	0	0	0	0	0	0
4. Benefit payments	0	0	0	0	0	0	0	0
5. Administrative expenses	0	0	0	0	0	0	0	0
6. Interest earnings	308,662	332,480	346,167	371,949	399,621	429,320	461,195	495,402
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$4,428,920	\$4,770,449	\$5,125,936	\$5,507,485	\$5,916,994	\$6,356,499	\$6,828,184	\$7,334,391

	2047	2048	2049	2050	2051	2052	2053	2054
1. Market Value at beginning of year	\$7,334,391	\$7,877,633	\$8,460,605	\$9,086,198	\$9,757,512	\$10,477,874	\$11,250,851	\$12,080,268
2. Contributions	11,129	11,463	11,807	12,161	12,526	12,902	13,289	13,688
3. Withdrawal liability payments	0	0	0	0	0	0	0	0
4. Benefit payments	0	0	0	0	0	0	0	0
5. Administrative expenses	0	0	0	0	0	0	0	0
6. Interest earnings	532,113	571,509	613,786	659,153	707,836	760,075	816,128	876,274
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$7,877,633	\$8,460,605	\$9,086,198	\$9,757,512	\$10,477,874	\$11,250,851	\$12,080,268	\$12,970,230

The tables below present the projected Special Financial Assistance Assets for the Plan Years beginning January 1, 2023 through 2054.

Year Beginning January 1,

	2023	2024	2025	2026	2027	2028	2029	2030
1. Market Value at beginning of year	\$189,031,861	\$213,032,484	\$209,264,478	\$204,197,927	\$198,841,185	\$193,634,109	\$188,659,226	\$183,452,942
2. Special Financial Assistance (SFA)	18,977,655	0	0	0	0	0	0	0
3. Benefit payments	15,412,330	15,420,091	14,987,573	14,522,118	14,102,943	13,610,450	13,139,232	12,617,423
4. Administrative expenses	538,759	612,000	624,240	636,725	649,459	662,448	675,697	689,211
5. Interest earnings	20,974,057	12,264,085	10,545,262	9,802,101	9,545,326	9,298,015	8,608,645	8,374,481
6. Market Value at end of year: (1)+(2)-(3)-(4)+(5)	\$213,032,484	\$209,264,478	\$204,197,927	\$198,841,185	\$193,634,109	\$188,659,226	\$183,452,942	\$178,520,788

	2031	2032	2033	2034	2035	2036	2037	2038
1. Market Value at beginning of year	\$178,520,788	\$173,866,860	\$169,483,017	\$165,437,572	\$161,345,239	\$157,591,527	\$154,178,351	\$151,135,434
2. Special Financial Assistance (SFA)	0	0	0	0	0	0	0	0
3. Benefit payments	12,104,046	11,611,216	11,064,014	10,519,313	9,994,113	9,481,621	8,954,770	8,460,617
4. Administrative expenses	702,996	717,056	731,397	746,025	760,945	776,164	791,687	807,521
5. Interest earnings	8,153,114	7,944,429	7,749,965	7,173,005	7,001,346	6,844,609	6,703,540	6,578,330
6. Market Value at end of year: (1)+(2)-(3)-(4)+(5)	\$173,866,860	\$169,483,017	\$165,437,572	\$161,345,239	\$157,591,527	\$154,178,351	\$151,135,434	\$148,445,626

Year Beginning January 1,

	2039	2040	2041	2042	2043	2044	2045	2046
1. Market Value at beginning of year	\$148,445,626	\$146,116,273	\$144,186,168	\$142,655,227	\$141,516,345	\$140,413,117	\$139,692,957	\$139,363,502
2. Special Financial Assistance (SFA)	0	0	0	0	0	0	0	0
3. Benefit payments	7,974,489	7,466,003	6,974,810	6,507,754	6,069,143	5,631,097	5,201,142	4,792,870
4. Administrative expenses	823,671	840,145	856,948	874,087	891,568	909,400	927,588	946,140
5. Interest earnings	6,468,807	6,376,043	6,300,817	6,242,958	5,857,484	5,820,336	5,799,275	5,794,313
6. Market Value at end of year: (1)+(2)-(3)-(4)+(5)	\$146,116,273	\$144,186,168	\$142,655,227	\$141,516,345	\$140,413,117	\$139,692,957	\$139,363,502	\$139,418,806

	2047	2048	2049	2050	2051	2052	2053	2054
1. Market Value at beginning of year	\$139,418,806	\$139,840,588	\$140,634,203	\$141,793,582	\$143,312,471	\$145,188,885	\$147,419,891	\$149,996,259
2. Special Financial Assistance (SFA)	0	0	0	0	0	0	0	0
3. Benefit payments	4,418,082	4,052,906	3,708,726	3,385,462	3,078,674	2,789,197	2,523,057	2,275,600
4. Administrative expenses	965,062	984,364	1,004,051	1,024,132	1,044,615	1,065,507	1,086,817	1,108,553
5. Interest earnings	5,804,926	5,830,885	5,872,156	5,928,483	5,999,702	6,085,710	6,186,242	6,301,014
6. Market Value at end of year: (1)+(2)-(3)-(4)+(5)	\$139,840,588	\$140,634,203	\$141,793,582	\$143,312,471	\$145,188,885	\$147,419,891	\$149,996,259	\$152,913,120

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the January 1, 2023 actuarial valuation certificate, dated January 5, 2024, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

A. Actuarial Assumptions and Plan Provisions as Modified by Section B

Special Financial Assistance:	<p>On May 3, 2022 the Plan was notified that its application for Special Financial Assistance (“SFA”) was approved, and on June 2, 2022 the Fund received \$210,398,273 in SFA. In addition, the Fund received \$18,977,655 on January 17, 2023 under the final rule.</p> <p>Benefit payments and administrative expenses were assumed to be paid from the SFA first, until the SFA is exhausted.</p>
Asset Information:	<p>The financial information as of December 31, 2023 was based on an unaudited financial statement provided by the Fund Administrator.</p> <p>For projections after that date, the assumed administrative expenses were increased by 2% per year and the benefit payments were projected based on the January 1, 2023 actuarial valuation. The projected net investment return was assumed to be 4.0% of the average market value of assets for the 2024 Plan Year.</p>
Projected Industry Activity:	<p>The projected industry activity assumption takes into account information provided by the plan sponsor as required by Internal Revenue Code Section 432, historical and current contribution levels and projections in employment levels, and professional judgment. Based on this information, the number of active participants is assumed to remain level.</p> <p>Total employer contributions were projected based on current negotiated contribution rates and projected wages, which are projected to increase at an annual rate of 3% due to inflation. In addition to projections of contributions directly linked to the level of ongoing employment, based on information from the Trustees, these determinations also project contribution amounts derived from withdrawal liability assessments, as shown in Exhibit 5.</p>
Future Normal Costs:	<p>Based on the assumed industry activity and the unit credit cost method, the Normal Cost was assumed to increase in proportion to projected wages, plus an adjustment for projected future mortality improvement.</p>

B. Assumptions for Insolvency Projections

Assumptions for this purpose are the same as shown in Section A with the following exceptions:

Asset Information:	The projected net investment returns for SFA and non-SFA assets were based on the following assumed market value rates of return:			
	Non-SFA Assets		SFA Assets	
	Year(s)	Return	Year(s)	Return
	2024	9.00%	2024	6.00%
	2025	8.25%	2025	5.25%
	2026 – 27	8.00%	2026 – 28	5.00%
	2028 – 32	7.75%	2029 – 33	4.75%
	2033 – 40	7.50%	2034 – 42	4.50%
2041+	7.25%	2043+	4.25%	

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which the certification is based reflects Segal’s understanding as an actuarial firm. Due to the complexity of the statute and the significance of its ramifications, Segal recommends that the Board of Trustees consult with legal counsel when making any decisions regarding compliance with ERISA and the Internal Revenue Code.

Schedule MB, Line 3(d) - Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
01/2024	\$18,905.00	\$0.00	\$18,905.00
03/2024	\$8,220.75	\$0.00	\$8,220.75
04/2024	\$18,905.00	\$0.00	\$18,905.00
07/2024	\$27,125.75	\$0.00	\$27,125.75
10/2024	\$35,346.50	\$0.00	\$35,346.50
12/2024	\$18,905.00	\$0.00	\$18,905.00
Total	\$127,408.00	\$0.00	\$127,408.00

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/2003	\$1,019,341	9	\$131,821
Change in assumptions	01/01/2005	5,133,399	11	563,435
Change in assumptions	01/01/2010	170,665	1	170,665
Actuarial loss	01/01/2011	1,680,622	2	856,788
Change in assumptions	01/01/2011	3,180,795	2	1,621,582
Actuarial loss	01/01/2012	1,775,575	3	615,217
Actuarial loss	01/01/2013	2,195,288	4	581,519
Change in assumptions	01/01/2014	2,966,170	5	640,656
Actuarial loss	01/01/2016	353,791	7	56,678
Change in assumptions	01/01/2017	8,438,221	8	1,205,106
Actuarial loss	01/01/2018	569,740	9	73,679
Change in assumptions	01/01/2018	20,565,466	9	2,659,530
Actuarial loss	01/01/2019	721,419	10	85,523
Change in asset method	01/01/2019	1,221,948	5	263,926
Actuarial loss	01/01/2020	353,905	11	38,844
Change in assumptions	01/01/2020	18,019,400	11	1,977,786
Change in assumptions	01/01/2021	4,091,842	12	419,226
Total		\$72,457,587		\$11,961,981

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial gain	01/01/2010	\$876,929	1	\$876,929
Actuarial gain	01/01/2014	2,401,709	5	518,739
Actuarial gain	01/01/2015	1,039,634	6	190,695
Actuarial gain	01/01/2017	114,995	8	16,423
Actuarial gain	01/01/2021	8,257,549	12	846,019
Actuarial gain	01/01/2022	17,361,313	13	1,671,756
Actuarial gain	01/01/2023	10,601,938	14	965,072
Change in assumptions	01/01/2023	18,350,459	14	1,670,403
Actuarial gain	01/01/2024	18,087,138	15	1,564,209
Total		\$77,091,664		\$8,320,245

Section 3: Certificate of Actuarial Valuation

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 13.8%, for the Plan Year ending December 31, 2023
- **On current (market) value of assets (Schedule MB, line 6h):** 13.8%, for the Plan Year ending December 31, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

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

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

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

Non-annuitant: RP-2014 Blue Collar Employee Mortality Table

Healthy: RP-2014 Blue Collar Healthy Annuitant Mortality Table

Disabled: RP-2014 Disabled Retiree Mortality Table

The underlying tables with the generational projection under Scale MP-2017 to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection under Scale MP-2017 to reflect future mortality improvement between the measurement date and those years.

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

Termination rates

Age	Mortality Male ¹	Mortality Female ¹	Withdrawal ²
20	0.05	0.02	23.88
25	0.06	0.02	23.25
30	0.06	0.02	22.42
35	0.07	0.03	21.11
40	0.08	0.04	18.79
45	0.13	0.07	15.09

¹ Mortality rates shown for base table.

² Withdrawal rates do not apply at or beyond early retirement age.

Section 3: Certificate of Actuarial Valuation

Age	Mortality Male ¹	Mortality Female ¹	Withdrawal ²
50	0.22	0.12	9.67
55	0.36	0.19	3.45
60	0.61	0.27	0.32

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

Active retirement rates

Age	Annual Retirement Rates
55 – 61	3%
62	25%
63 – 64	20%
65	40%
66 – 71	25%
72	100%

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

Description of weighted average retirement age

Age 65, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

Section 3: Certificate of Actuarial Valuation

Retirement rates for inactive vested participants

Age	Annual Retirement Rates	Age	Annual Retirement Rates
55	21%	64	12%
56	8%	65	38%
57	7%	66	15%
58	4%	67 – 68	5%
59 – 60	6%	69	2%
61	8%	70	5%
62	18%	71	12%
63	8%	72	100%

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

Future benefit accruals

One pension credit per year. Projected contributions are based on the prior year's salary increased by the salary scale and the current contribution rate.

Salary scale

3.0% per year.

Unknown data for participants

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

Section 3: Certificate of Actuarial Valuation

Definition of active participants

Active participants are defined as those with at least one hour in the most recent plan year, excluding those who have retired as of the valuation date and those who have worked for an employer that withdrew prior to the valuation date.

Exclusion of inactive vested participants

Inactive participants over age 85 are excluded from the valuation.

The exclusion of inactive vested participants over age 85 was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.

Percent married

70%

Age of spouse

Spouses of male participants are three years younger, and spouses of female participants are three years older.

Benefit election

70% of participants are assumed to elect the 50% joint and survivor form of payment and 30% of participants are assumed to elect the single life form of payment.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the past several years.

Delayed retirement factors

Active participants work enough covered salary each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.

Section 3: Certificate of Actuarial Valuation

Net investment return

4.00%

The interest rate assumption is a long-term estimate of the investment return for a core fixed income portfolio derived from historical data, current and recent market expectations, and professional judgment. The analysis reflects inflation expectations and anticipated risk premiums as provided by Segal Marco Advisors as well as the assumed duration of the Plan's liabilities.

Annual administrative expenses

\$600,000 for the year beginning January 1, 2024 (equivalent to \$587,425 payable at the beginning of the year).

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

Actuarial value of assets

At market value.

Actuarial cost method

Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.

Benefits valued

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

Current liability assumptions

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): Pri-2012 employee and annuitant mortality tables, projected generationally from 2012 using the 2024 adjusted scale MP-2021 (previously, RP-2006 employee and annuitant mortality tables, projected generationally from 2006 using scale MP-2021).

Section 3: Certificate of Actuarial Valuation

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 13.8%, for the Plan Year ending December 31, 2023
- **On current (market) value of assets (Schedule MB, line 6h):** 13.8%, for the Plan Year ending December 31, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

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

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

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

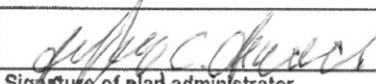
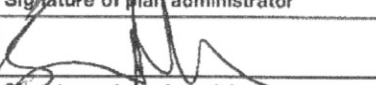
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final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

Part II Basic Plan Information - enter all requested information

1a Name of plan LOCAL 365 UAW PENSION FUND	1b Three-digit plan number (PN) ▶ 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL 365 UAW PENSION FUND 140 SYLVAN AVENUE, SUITE 106 ENGLEWOOD CLIFFS NJ 07652-4025	1c Effective date of plan 10/01/1952 2b Employer Identification Number (EIN) 11-6045281 2c Plan Sponsor's telephone number 201-947-8000 2d Business code (see instructions) 441228

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

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

SIGN HERE		10/13/25	JEFFREY C. ISAACS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/13/25	BRIAN SCHNECK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
--	---

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	3127
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)	5
a(2) Total number of active participants at the end of the plan year	6a(2)	5
b Retired or separated participants receiving benefits	6b	1942
c Other retired or separated participants entitled to future benefits	6c	671
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	2618
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	434
f Total. Add lines 6d and 6e	6f	3052
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	1

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

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 checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
---	--

Local 365 UAW Pension Fund

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan #001 / EIN: 11-6045281

December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of assets	Purchase price	Selling price	Cost of assets	Current value of assets on transaction date	Net gain or (loss)	
Series of Transactions Exceeding						
5% of Plan Assets						
JP Morgan TR II US GOVT Money Market Institutional	\$ 21,685,122	\$ -	\$ 21,685,122	\$ -	\$ -	
JP Morgan TR II US GOVT Money Market Institutional	-	21,157,510	21,157,510	21,157,510	-	

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
---	--	--

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

► **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 365 UAW PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LOCAL 365 UAW PENSION FUND	D Employer Identification Number (EIN) 11-6045281	

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)	536,732
(2) Actuarial value of assets for funding standard account.....	1b(2)	536,732
c (1) Accrued liability for plan using immediate gain methods	1c(1)	177,520,390
(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)	177,520,390
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)	183,724,183
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	5,649
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	15,217,391
(3) Expected plan disbursements for the plan year	1d(3)	15,817,391

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	JOSHUA KAPLAN JK _____ Signature of actuary JOSHUA KAPLAN, FSA, FCA, MAAA _____ Type or print name of actuary SEGAL _____ Firm name 66 HUDSON BLVD E NEW YORK NY 10001-2192 _____ Address of the firm	10/07/2025 _____ Date 2305487 _____ Most recent enrollment number 212-251-5000 _____ Telephone number (including area code)
------------------	---	---

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 3.29 %

	Pre-retirement			Post-retirement		
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:						
(1) Males.....	6c(1)	6P		6P		6P
(2) Females	6c(2)	6FP		6FP		6FP
d Valuation liability interest rate	6d	4.00 %		4.00 %		4.00 %
e Salary scale	6e	3.00 %	<input type="checkbox"/> N/A			
f Withdrawal liability interest rate:						
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate	<input checked="" 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)					%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g					13.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h					13.8 %
i Expense load included in normal cost reported in line 9b	6i					<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)					%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)					587,425
(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	-18,087,138	-1,564,209

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	181,617,735
b Employer's normal cost for plan year as of valuation date	9b	592,445
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)	72,457,587
(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	7,766,886
e Total charges. Add lines 9a through 9d	9e	201,939,047
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	132,542
h Amortization credits as of valuation date:		
	Outstanding balance	
(1) ERISA FFL (accrued liability FFL)	9h(1)	77,091,664
(2) "RPA '94" override (90% current liability FFL)	9h(2)	8,320,245
(3) FFL credit	9h(3)	335,240
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	335,240
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	184,679,147
(2) "RPA '94" override (90% current liability FFL)	9j(2)	172,457,191
(3) FFL credit	9j(3)	8,606,845
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	17,394,872
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	184,544,175
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	184,544,175
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No