

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

**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><b>1a</b> Name of plan <u>CTDU - PENSION FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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>CTDU - PENSION FUND</u></p> <p><u>6500 W. 65TH STREET</u> <u>SUITE 203</u> <u>CHICAGO, IL 60638</u></p>	<p><b>1c</b> Effective date of plan <u>02/02/1955</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>36-6598153</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>708-924-0828</u></p> <p><b>2d</b> Business code (see instructions) <u>484110</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	12/19/2025	BERNARD SHERLOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	12/19/2025	TIMOTHY RYAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2444
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	87
	<b>6a(2)</b>	81
	<b>6b</b>	1365
	<b>6c</b>	259
	<b>6d</b>	1705
	<b>6e</b>	600
	<b>6f</b>	2305
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	23

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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

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

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

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**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 \_\_\_\_\_

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<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  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).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

► **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.

<b>A</b> Name of plan <u>CTDU - PENSION FUND</u>	<b>B</b> Three-digit plan number (PN) ► <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CTDU - PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6598153</u>

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

**1a** Enter the valuation date: Month 04 Day 01 Year 2024

<b>b</b> Assets	
(1) Current value of assets .....	<b>1b(1)</b> <u>33898476</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b> <u>32644510</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b> <u>87904074</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b> <u>87904074</u>
<b>d</b> Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>
(2) "RPA '94" information:	
(a) Current liability .....	<b>1d(2)(a)</b> <u>109139225</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b> <u>9755454</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b> <u>10455454</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.

<b>SIGN HERE</b>	
Signature of actuary	<u>01/05/2026</u>
<u>DANIEL REUSZ, FSA, MAAA, EA</u>	Date
Type or print name of actuary	<u>23-09055</u>
<u>SEGAL</u>	Most recent enrollment number
Firm name	<u>312-984-8668</u>
<u>101 NORTH WACKER DRIVE, SUITE 1800</u> <u>CHICAGO, IL 60606</u>	Telephone number (including area code)
Address of the firm	

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

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	37004743
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	2066	84420557
<b>(2)</b> For terminated vested participants .....	289	20214213
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		0
<b>(b)</b> Vested benefits .....		4504455
<b>(c)</b> Total active .....	86	4504455
<b>(4)</b> Total .....	2441	109139225
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	33.91 %

**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	
10/01/2024	697656					
10/01/2024	290371					
			<b>Totals ▶</b>	<b>3(b)</b>	988027	
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(c)</b>	
					<b>3(d)</b>	290371

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	37.1 %
<b>b</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 .....	<b>4b</b>	D
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> 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
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> 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 checked="" type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	<b>4f</b>	2028

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

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

<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>	
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>l</b> 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
<b>m</b> 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 .....	<b>5m</b>	

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.49 %
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<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
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	A
<b>(2)</b> Females .....	<b>6c(2)</b>	A
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	5.00 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	7.2 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	11.0 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	681810
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<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	-2059874	-189003

**8 Miscellaneous information:**

<b>a</b> 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 .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> 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	
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(3)</b> 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	
<b>c</b> 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	
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> 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	
<b>(4)</b> 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)) .....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> 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	
<b>e</b> 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). ....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	56340989
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	681810

<b>c</b> 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 .....	<b>9c(1)</b>	38902449	7383431
(2) Funding waivers .....	<b>9c(2)</b>		
(3) Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>		
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		3220312
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		67626542
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		988027
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	39983874	6677486
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		358575
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	58738443	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	69166309	
(3) FFL credit .....	<b>9j(3)</b>		
<b>k</b> (1) Waived funding deficiency .....	<b>9k(1)</b>		
(2) Other credits .....	<b>9k(2)</b>		
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		8024088
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		59602454
<b>o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	<b>9o(1)</b>		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>		
(3) Total as of valuation date.....	<b>9o(3)</b>		
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		59602454
<b>11</b> 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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>CTDU - PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CTDU - PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6598153</b>	

**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

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

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

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

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

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**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)

SEGAL COMPANY

13-1975125

(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	101342	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)

LINDA FENNER

36-6598153

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	93462	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)

UNION INSURANCE GROUP

36-4226088

(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?
22	NONE	84987	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)

NATIONAL INVESTMENT SERVICES

84-3937993

(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	62317	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)

SHARIE SARAGOSA

36-6598153

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	52850	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)

STRATEGIC CAPITAL INVESTMENT ADVSRS

36-4268991

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	40000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

KAYLA HENESSEY

36-6598153

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34953	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)

LISA RAMIREZ

36-6598153

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31435	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)

DAWN MCKENDRICK

36-6598153

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31435	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)

LEGACY PROFESSIONALS, LLP

32-0043599

(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 15	NONE	27649	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)

UNIQUE COMPUTING SOLUTIONS

36-4127852

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	25042	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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	8735	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WILLIG, WILLIAMS & DAVIDSON

23-2416488

(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	8671	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)

THOMAS DALY

36-6598153

(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?
14	ADMINISTRATOR	6751	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>CTDU - PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) <b>001</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>CTDU - PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6598153</b>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>NIS HIGH YIELD FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</b>		
<b>c</b> EIN-PN <b>39-2021943-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1216640</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>NT LABOR SELECT RUSSELL 3000</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>NORTHERN TRUST INVESTMENTS, INC.</b>		
<b>c</b> EIN-PN <b>45-6138589-048</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>7709754</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan CTDU - PENSION FUND	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 CTDU - PENSION FUND	<b>D</b> Employer Identification Number (EIN) <b>36-6598153</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	884240	869198
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	55636	55433
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	3372739	3140606
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	946972	428134
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	6502710	5325874
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	12508083	10510087
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	11588061	8926394
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	1207147	635486

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	107	36
f Total assets (add all amounts in lines 1a through 1e).....	1f	37065695	29891248
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	47330	48727
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	13622	33072
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	60952	81799
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	37004743	29809449

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	697656	
(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)		697656
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	34506	
(B) U.S. Government securities.....	2b(1)(B)	189960	
(C) Corporate debt instruments.....	2b(1)(C)	493491	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	40240	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		758197
(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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	27035992	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	27095377	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-59385
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	453083	
(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 .....	<b>2b(6)</b>		903333
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		105123
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		2858007

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	9205907	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		9205907
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	312636	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	1149	
(4) IQPA audit fees .....	<b>2i(4)</b>	26500	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	111052	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	101342	
(8) Legal fees .....	<b>2i(8)</b>	8671	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	14969	
(11) Other expenses.....	<b>2i(11)</b>	271075	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		847394
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		10053301

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-7195294
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: LEGACY PROFESSIONALS, LLP

(2) EIN: 32-0043599

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 565940.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>CTDU - PENSION FUND</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CTDU - PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6598153</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	
<b>2</b> 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): _____		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>0</b>

<b>Part II</b>	<b>Funding Information</b> (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.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> 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).....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (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.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

<b>a</b>	Name of contributing employer <b>JFC INTERNATIONAL</b>		
<b>b</b>	EIN <b>94-1118321</b>	<b>c</b>	Dollar amount contributed by employer <b>250050</b>
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <b>07</b> Day <b>31</b> Year <b>2027</b>		
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) <b>20.00</b>		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): <b>DAILY</b>		
<b>a</b>	Name of contributing employer <b>CANTEEN CORP</b>		
<b>b</b>	EIN <b>36-2671511</b>	<b>c</b>	Dollar amount contributed by employer <b>50094</b>
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <b>03</b> Day <b>31</b> Year <b>2025</b>		
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) <b>18.00</b>		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): <b>DAILY</b>		
<b>a</b>	Name of contributing employer <b>PGW AUTO GLASS</b>		
<b>b</b>	EIN <b>25-0730780</b>	<b>c</b>	Dollar amount contributed by employer <b>70459</b>
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <b>04</b> Day <b>06</b> Year <b>2027</b>		
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) <b>43.20</b>		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): <b>DAILY</b>		
<b>a</b>	Name of contributing employer <b>CTDU</b>		
<b>b</b>	EIN <b>36-6598153</b>	<b>c</b>	Dollar amount contributed by employer <b>42893</b>
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <b>09</b> Day <b>30</b> Year <b>2025</b>		
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) <b>27.39</b>		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): <b>DAILY</b>		
<b>a</b>	Name of contributing employer <b>BANNER PLUMBING</b>		
<b>b</b>	EIN <b>36-2437209</b>	<b>c</b>	Dollar amount contributed by employer <b>27979</b>
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <b>03</b> Day <b>31</b> Year <b>2028</b>		
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) <b>53.60</b>		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): <b>DAILY</b>		
<b>a</b>	Name of contributing employer <b>AMER GRINDING</b>		
<b>b</b>	EIN <b>36-2081000</b>	<b>c</b>	Dollar amount contributed by employer <b>18499</b>
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <b>03</b> Day <b>31</b> Year <b>2028</b>		
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)		
	(1) Contribution rate (in dollars and cents) <b>41.57</b>		
	(2) Base unit measure: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input checked="" type="checkbox"/> Other (specify): <b>DAILY</b>		

**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 BEARING HEADQUARTERS

**b** EIN 36-1687851 **c** Dollar amount contributed by employer 20800

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 20.00

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

**a** Name of contributing employer ED DON DRIVERS

**b** EIN 36-2081964 **c** Dollar amount contributed by employer 15660

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

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

(1) Contribution rate (in dollars and cents) 30.00

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

**a** Name of contributing employer MEYER STEEL DRUM

**b** EIN 36-2885374 **c** Dollar amount contributed by employer 41800

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

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

(1) Contribution rate (in dollars and cents) 20.00

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

**a** Name of contributing employer SAFWAY ATLANTIC

**b** EIN 34-0939136 **c** Dollar amount contributed by employer 15660

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 31 Year 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) 20.00

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

**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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	94.36
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	89.46

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	1
<b>b</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.....	<b>16b</b>	884379

**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: 29.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 64.0 %  
 High-Yield Debt: 4.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.0 % Other: 0.0 %

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

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

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

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

Yes.

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

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

No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

**Chicago Truck Drivers, Helpers and Warehouse  
Workers Union (Independent) Pension Fund**

Financial Statements

March 31, 2025

**Chicago Truck Drivers, Helpers and Warehouse  
Workers Union (Independent) Pension Fund**

Financial Statements with Supplementary Information

March 31, 2025 and 2024

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## **Report of Independent Auditors**

To the Participants and Trustees of  
Chicago Truck Drivers, Helpers and Warehouse  
Workers Union (Independent) Pension Fund

### ***Opinion***

We have audited the financial statements of Chicago Truck Drivers, Helpers and Warehouse Workers Union (Independent) 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 March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Chicago Truck Drivers, Helpers and Warehouse Workers Union (Independent) Pension Fund as of March 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of March 31, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America. Management is also responsible 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.

### ***Responsibilities of Management for the Financial Statements (continued)***

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 within one year after the date that the financial statements are available to be issued.

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 financial statements; and
- Conclude whether, in our judgement, 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.

***Auditors' Responsibilities for the Audit of the Financial Statements (continued)***

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.

*Legacy Professionals LLP*

Westchester, Illinois

December 19, 2025

**Chicago Truck Drivers, Helpers and Warehouse  
Workers Union (Independent) Pension Fund**

**Statements of Net Assets Available for Benefits**

March 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
<b>Assets</b>		
Investments - at fair value		
U.S. Government and Government Agency obligations	\$ 5,325,874	\$ 6,502,710
Corporate bonds	10,510,087	12,508,083
Municipal and provincial bonds	635,486	1,207,147
Common collective trusts	8,926,394	11,588,061
Money market funds	428,134	946,972
Total investments	<u>25,825,975</u>	<u>32,752,973</u>
Receivables		
Withdrawal liability assessments - net	2,921,019	3,106,267
Employer contributions	52,992	53,017
Contribution surcharges	2,441	2,619
Accrued interest and dividends	129,130	162,579
Due from broker	-	3,458
Due from related organization	30,328	36,223
Total receivables	<u>3,135,910</u>	<u>3,364,163</u>
Property and equipment		
Office equipment	8,481	59,613
Less accumulated depreciation	(8,445)	(59,506)
Net property and equipment	<u>36</u>	<u>107</u>
Prepaid expenses	<u>60,129</u>	<u>64,212</u>
Cash	<u>869,198</u>	<u>884,240</u>
Total assets	<u>29,891,248</u>	<u>37,065,695</u>
<b>Liabilities and Net Assets</b>		
Liabilities		
Accounts payable and accrued expenses	48,727	47,330
Due to related organization	33,072	13,622
Total liabilities	<u>81,799</u>	<u>60,952</u>
Net assets available for benefits	<u>\$ 29,809,449</u>	<u>\$ 37,004,743</u>

See accompanying notes to financial statements.

**Chicago Truck Drivers, Helpers and Warehouse  
Workers Union (Independent) Pension Fund**

**Statements of Changes in Net Assets Available for Benefits**

Years Ended March 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
<b>Additions</b>		
Investment income		
Net appreciation in fair value of investments	\$ 1,297,031	\$ 3,120,644
Interest and dividends	<u>758,197</u>	<u>811,252</u>
	2,055,228	3,931,896
Less investment expenses	<u>(111,052)</u>	<u>(129,904)</u>
Net investment income	1,944,176	3,801,992
Withdrawal liability assessment income - net	105,123	361,175
Employer contributions	666,085	685,124
Contribution surcharges	<u>31,571</u>	<u>33,342</u>
Total additions	<u>2,746,955</u>	<u>4,881,633</u>
<b>Deductions</b>		
Benefits paid to participants	7,865,398	8,187,617
Benefits paid to survivors	<u>1,340,509</u>	<u>1,398,379</u>
Total benefits paid	9,205,907	9,585,996
Administrative expenses	<u>736,342</u>	<u>687,901</u>
Total deductions	<u>9,942,249</u>	<u>10,273,897</u>
<b>Net (decrease)</b>	(7,195,294)	(5,392,264)
<b>Net assets available for benefits</b>		
Beginning of year	<u>37,004,743</u>	<u>42,397,007</u>
End of year	<u>\$ 29,809,449</u>	<u>\$ 37,004,743</u>

See accompanying notes to financial statements.

# Chicago Truck Drivers, Helpers and Warehouse Workers Union (Independent) Pension Fund

## Notes to Financial Statements

March 31, 2025 and 2024

### Note 1. Description of the Plan

Chicago Truck Drivers, Helpers and Warehouse Workers Union (Independent) Pension Fund (the Plan) was established as a result of collective bargaining agreements between the local union and various employers to provide retirement benefits for eligible participants. The Plan is a multiemployer defined benefit pension plan subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, participants are either eligible for a regular pension if they have attained age 65 and have at least five years of vesting service, or eligible for an early retirement pension if they attained age 55 and have at least 10 years of vesting service. A participant was credited with one year of vesting service for each Plan year in which at least 100 days of work in covered employment was performed. The Plan also provides other types of pension benefits including a deferred pension. The forms of payment include a joint and survivor pension or survivor benefit option.

The Plan froze the accrued benefits as of March 31, 2007, when the Plan was amended to provide that participants receive no credit for any purpose under the Plan for service with any employer after March 31, 2007. The amendment did not result in the loss of any pension benefits earned through March 31, 2007.

Participants should refer to the summary plan description for more complete information.

### Note 2. Summary of Significant Accounting Policies

**Basis of Accounting** - The accompanying financial statements have been prepared using the accrual basis of accounting.

**Investments** - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

## **Note 2. Summary of Significant Accounting Policies (continued)**

**Contributions Receivable** - Employer contributions due and not paid at year end are recorded as contributions receivable. Contributions owed as a result of payroll compliance audits are recorded upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

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

Depreciation expense was \$71 and \$2,480 for the years ended March 31, 2025 and 2024, respectively.

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

**Contribution Income** - Employer contributions are recognized in the period in which covered work is performed, based on the number of days worked in covered employment and the contribution rates set forth in the collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 1 within a jurisdiction primarily located throughout Illinois.

**Withdrawal Liability Assessments** - The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. As set forth in ERISA, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the years before withdrawal compared with total employers' contributions during the same period. The Plan recognizes withdrawal liability assessment income when entitlement has been determined, net of amounts deemed uncollectible, as determined by a review of historical losses, the aging of receivables and adjusted for management's assessment of current conditions, and reasonable and supportable forecasts regarding future events. At March 31, 2025, 2024 and 2023, withdrawal liability assessments receivable are net of an allowance for uncollectible amounts approximating \$600,000.

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

**Expenses** - Certain investment related expenses are included in net appreciation in fair value of investments.

## **Note 2. Summary of Significant Accounting Policies (continued)**

**Leases** - The Plan utilizes shared office space as described in Note 13. The Plan reimburses a related organization for its share of lease expense. Due to the immaterial nature of the amounts owed pursuant to the leasing arrangement, as well as the Plan not being signatory to the lease agreement, the Plan did not adopt the provisions of accounting guidance for leases required by generally accepted accounting principles.

**Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

**Subsequent Events** - Subsequent events have been evaluated through December 19, 2025, which is the date the financial statements were available to be issued.

## **Note 3. Priorities upon Termination**

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

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

## **Note 4. Tax Status**

The Plan's latest determination letter is dated July 12, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

#### **Note 4. Tax Status (continued)**

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

#### **Note 5. Fair Value Measurements**

The *Fair Value Measurements and Disclosures* Topic of the Financial Accounting Standards Board Accounting Standards Codification established 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The following describes the three levels of the fair value hierarchy:

##### Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of March 31, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

## Note 5. Fair Value Measurements (continued)

		Fair Value Measurements at 3/31/25 Using		
		Quoted Prices		
		in Active	Significant	Significant
		Markets for	Other	Unobservable
		Identical	Observable	Inputs
		Assets	Inputs	Inputs
		(Level 1)	(Level 2)	(Level 3)
		Total		
U.S. Government and Government				
Agency obligations	\$ 5,325,874	\$ 4,999,277	\$ 326,597	\$ -
Corporate bonds	10,510,087	-	10,510,087	-
Municipal and provincial bonds	635,486	-	635,486	-
Money market funds	428,134	-	428,134	-
	16,899,581	\$ 4,999,277	\$ 11,900,304	\$ -
Investments measured at net asset value:				
Common collective trusts	8,926,394			
Total	\$ 25,825,975			

		Fair Value Measurements at 3/31/24 Using		
		Quoted Prices		
		in Active	Significant	Significant
		Markets for	Other	Unobservable
		Identical	Observable	Inputs
		Assets	Inputs	Inputs
		(Level 1)	(Level 2)	(Level 3)
		Total		
U.S. Government and Government				
Agency obligations	\$ 6,502,710	\$ 6,016,124	\$ 486,586	\$ -
Corporate bonds	12,508,083	-	12,508,083	-
Municipal and provincial bonds	1,207,147	-	1,207,147	-
Money market funds	946,972	-	946,972	-
	21,164,912	\$ 6,016,124	\$ 15,148,788	\$ -
Investments measured at net asset value:				
Common collective trusts	11,588,061			
Total	\$ 32,752,973			

## **Note 5. Fair Value Measurements (continued)**

### Level 1 Measurements

U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

### Level 2 Measurements

U.S. Government Agency obligations, corporate bonds and municipal and provincial bonds are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Money market funds are valued at cost, which approximates their fair value.

### Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share (or its equivalent), used as a practical expedient to estimate fair value. The net asset value or its equivalent is based on the fair values of the underlying investments held by the fund less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The common collective trusts are considered to be direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. Redemptions are generally available daily, monthly or quarterly upon written notice of one to three days.

## **Note 6. Concentration of Plan Investments**

The Plan has a significant portion of its assets invested in one common collective trust that seeks to track the Russell 3000 Equity Index. This investment represented approximately 26% and 27% of the Plan's net assets available for benefits as of March 31, 2025 and 2024, respectively. It is reasonably possible that changes in the fair value of this fund could materially affect the amounts reported in the statements of net assets available for benefits. If a significant decline in the fair value of this investment occurred during the next year, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits would be needed.

**Note 7. Funding Policy**

The Plan is primarily funded by contributions from employers. The participating employers contribute such amounts as specified in their respective collective bargaining agreements. Daily employer contribution rates in effect during the years ended March 31, 2025 and 2024 ranged from \$18 to \$53.60.

The Plan's actuary has advised that the minimum funding requirements of ERISA have not been met as of April 1, 2024.

**Note 8. Major Employers**

Contributions from two employers accounted for approximately 48% of total employer contributions during the year ended March 31, 2025. Contributions from one employer accounted for approximately 38% of total employer contributions during the year ended March 31, 2024. In the event these employers were to suspend contributions, the Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

**Note 9. Withdrawal Liability Assessments**

Under federal law, employers who partially or completely withdraw from a multiemployer plan are assessed a withdrawal liability for their proportionate share of the Plan's unfunded vested liabilities as of the beginning of the year in which they withdrew. Withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. As of March 31, 2025 and 2024, the Plan had various settlement agreements with employers who withdrew from the Plan and are subject to withdrawal liability assessments. Quarterly assessments are being paid through October 2043. The Trustees at times approve settlements and payment plan arrangements for assessment amounts owed to the Plan. During the year ended March 31, 2025, the Plan recognized withdrawal liability assessment income of \$105,123 which consisted entirely of interest. During the year ended March 31, 2024, the Plan recognized withdrawal liability assessment income of \$361,175 which consisted of interest totaling \$115,978 and a new assessment totaling \$245,197.

Because the remaining amounts will be received over an extended period of time, the withdrawal liability assessments receivable are shown net of present value discounts, which were estimated using an interest rate assumption of 3%. The following is a summary by year of the withdrawal liability assessments estimated to be received by the Plan.

**Note 9. Withdrawal Liability Assessments (continued)**

Year ending March 31,	
2026	\$ 284,891
2027	284,891
2028	284,891
2029	281,206
2030	240,939
Thereafter	<u>2,840,767</u>
	4,217,585
Less - present value discount	(689,099)
Less - allowance for uncollectible accounts	<u>(607,467)</u>
Total	<u>\$ 2,921,019</u>

**Note 10. Actuarial Information**

The actuarial present value of accumulated plan benefits represents the amounts that result 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 dates and the expected date of payment.

An actuarial valuation of the Plan was made by The Segal Group, Inc as of March 31, 2024. Information in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 69,065,712
Other vested participants	<u>18,838,362</u>
Total vested benefits	<u>\$ 87,904,074</u>

As reported by the actuary, the changes in the present value of accumulated plan benefits for the year ended March 31, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 94,188,848</u>
Increase (decrease) during the year attributable to	
Benefits accumulated, net of actuarial gains or losses	(1,148,600)
Interest	4,449,822
Benefits paid	<u>(9,585,996)</u>
Net (decrease)	<u>(6,284,774)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 87,904,074</u>

## **Note 10. Actuarial Information (continued)**

The actuarial valuation was made using the Unit Credit Actuarial Cost Method.

Some of the more significant actuarial assumptions used in the valuation as of March 31, 2024, were as follows:

Mortality rates:

Non-pensioner - 120% of the Pri-2012 Employee Blue Collar Amount-weighted (sex-specific) Mortality Tables projected generationally with Scale MP-2021

Non-Disabled Pensioner - 120% of the Pri-2012 Healthy Retiree Blue Collar Amount-weighted (sex-specific) Mortality Tables projected generationally with Scale MP-2021

Disabled pensioner - 120% of the Pri-2012 Disabled Retiree Amount-weighted (sex-specific) Mortality Tables projected generationally with Scale MP-2021

Beneficiary - 120% of the Pri-2012 Contingent Survivor Blue Collar Amount-weighted (sex-specific) Mortality Tables projected generationally with Scale MP-2021

Retirement age - assumed the weighted average retirement age was 68, calculated using the weighted average of the individual retirement ages based on all active participants

Investment rate of return - 5.00%, net of anticipated administrative expenses

The changes in actuarial assumptions include administrative expenses being decreased to \$700,000.

Since information on the accumulated plan benefits at March 31, 2025, and the changes therein for the year ended are not included above, these financial statement do not purport to present a complete presentation of the financial status of the Plan as of March 31, 2025 and the changes in its financial status for the year then ended, but are only a presentation of the net assets available for benefits and the changes therein as of and for the year ended March 31, 2025. The complete financial status is presented as of March 31, 2024.

The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results.

## **Note 11. Pension Protection Act Filing of Critical Status**

### Rehabilitation Plan

On June 27, 2008, the actuary provided the first certification of funded status as a critical “red zone” certification. At that time a “rehabilitation plan” was adopted. Within 30 days of the certification (July 25, 2008), the Plan provided notification to participants, beneficiaries, bargaining parties, the PBGC and the Department of Labor (DOL) that the Plan was in critical status. The notice warned participants that adjustable benefits may be cut or eliminated for anyone who retires after the date of the notice. The notice also advised employers of contribution surcharges (5% for the first year and 10% thereafter) until collective bargaining agreements are negotiated consistent with the terms of the rehabilitation plan. The annual standard detailed in the rehabilitation plan is to forestall solvency at least until the end of the plan year immediately preceding the plan year in which insolvency is otherwise projected to occur based on a projection as of the adoption date for the rehabilitation plan (March 31, 2011). Since the Plan continued to be solvent as of April 1, 2024, the Plan has met the requirements of the rehabilitation plan. The Plan’s rehabilitation period ended March 31, 2021. However, the Plan was still classified as critical and declining as of April 1, 2025, and is projected to be insolvent during the year ended March 31, 2029. The Trustees are in the process of updating the rehabilitation plan to help forestall the insolvency.

As part of the rehabilitation plan, effective May 1, 2009, all non-protected and adjustable benefits were eliminated for participants who were terminated or inactive as of July 25, 2008.

### Special Financial Assistance

The Plan applied for Special Financial Assistance (SFA) from the PBGC, which is available for certain multiemployer pension plans under the American Rescue Plan Act of 2021 (ARPA). The purpose of the SFA is to forestall projected insolvency for eligible multiemployer pension plans and to allow the continuation of pension benefits that would otherwise have been reduced upon insolvency. The Plan’s application was submitted during the year ended March 31, 2023. As described in Note 15, the Plan was approved to receive funding under the SFA program subsequent to March 31, 2025, in the amount needed to pay benefits through March 31, 2051.

### Partition

The PBGC divided the Plan into two separate plans on April 14, 2010, effective July 1, 2010. The newly created partitioned plan is a PBGC funded multiemployer pension plan that covers participants who earned benefits through work performed by bankrupt employers who have withdrawn from the Plan. The partitioned plan received approximately \$3,900,000 and \$3,995,000 from the PBGC for the years ended March 31, 2025 and 2024, respectively.

## **Note 12. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. 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 such changes could materially affect the amounts reported in the statements of net assets available for benefits. The current economic environment has increased the degree of uncertainty.

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 13. Related Organizations**

The Plan is related to a welfare plan and a pension plan, both of which are tax-exempt.

The Plan shares office space and expenses with Chicago Truck Drivers, Helpers and Warehouse Workers Union (Independent) Health and Welfare Fund (the Health and Welfare Fund) and the CTDU Partition Pension Fund (the Partition Fund). The Health and Welfare Fund initially pays salaries and related employee expenses. The Plan reimbursed the Health and Welfare Fund \$311,092 in 2025 and \$290,502 in 2024, for its share of these expenses. Amounts due to the Health and Welfare Fund totaled \$33,072 and \$13,622 at March 31, 2025 and 2024, respectively. Certain other expenses are paid initially by the Plan and reimbursed by the Partition Fund. Amounts due from the Partition Fund totaled \$30,328 and \$36,223 at March 31, 2025 and 2024, respectively.

The Plan and certain related organizations share office space in a building located in Chicago, Illinois. The related Health and Welfare Fund initially pays the gross rent under a cancelable joint operating lease that expired in October 2024. The Health and Welfare Fund renewed the lease through October 2025. The Welfare plan renewed the lease effective November 1, 2025, on a month-to-month basis with a 90 day termination notice. The related organizations reimburse the Health and Welfare Fund for their prorata share of the joint lease, based on estimates of space used. The Plan's share of rent expense was \$22,420 and \$21,896 for the years ended March 31, 2025 and 2024, respectively.

Benefit plan contributions are included in the allocation of shared administrative expenses.

All of the Plan's eligible shared office employees are covered by a multiemployer defined benefit pension plan. The pension plan is not considered to be a significant plan for purposes of disclosures required by generally accepted accounting principles. The Plan's allocated portion of contributions to this plan for the years ended March 31, 2025 and 2024 was \$15,620 and \$15,680 respectively.

**Note 13. Related Organizations (continued)**

The Plan also reimbursed the welfare plan for contributions to a multiemployer defined contribution retirement plan made on behalf of shared employees. The Plan's allocated portion of contributions to this plan for the years ended March 31, 2025 and 2024 was \$15,641 and \$14,253 respectively.

The Plan's eligible shared office employees are also covered by a multiemployer welfare plan that provides health benefits to retirees and to eligible employees and their dependents. Contributions to the plan are made monthly under the terms of a participation agreement. The Plan's allocated portion of contributions to this plan for the years ended March 31, 2025 and 2024 was \$49,964 and \$40,702 respectively.

**Note 14. Litigation**

The Plan is currently involved in various litigation and disputes, the ultimate dispositions of which the Board of Trustees believes will not have a materially adverse effect upon the financial position of the Plan.

**Note 15. Subsequent Event - Special Financial Assistance Program**

The American Rescue Plan Act of 2021 (ARPA) was signed into law on March 11, 2021, which contains the Emergency Pension Plan Relief Act (EPPRA). This new law allows certain eligible multiemployer pension plans to apply for Special Financial Assistance (SFA) from the Pension Benefit Guaranty Corporation (PBGC) to forestall the Plan's projected insolvency date and allow for the continuation of pension benefits that would otherwise have been reduced upon insolvency.

The Plan's application was approved in July 2025, and the Plan received \$68,112,269 in funding assistance in August 2025, which included \$61,925,084 of requested funding and interest of \$6,187,185. The amount of SFA funding is the amount estimated to pay benefits through March 31, 2051. This funding is not a loan and there is no requirement to pay back any financial assistance received. However, the investment of SFA funds is restricted to certain permissible allocations. This funding is not reflected in the Plan's financial statements for the year ended March 31, 2025.

Report of Independent Auditors on Supplemental Schedules

To the Participants and Trustees of  
Chicago Truck Drivers, Helpers and Warehouse  
Workers Union (Independent) Pension Fund

We have audited the financial statements of Chicago Truck Drivers, Helpers and Warehouse Workers Union (Independent) Pension Fund (the Plan) as of and for the years ended March 31, 2025 and 2024, and our report thereon dated December 19, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1, 2 and 3 are 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Legacy Professionals LLP*

Westchester, Illinois

December 19, 2025

## Summary of plan provisions 1 – Default Schedule of the Rehabilitation Plan (also applies to those who are inactive or terminated before the adoption of the Preferred Alternative Schedule)

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

April 1 through March 31

### Pension credit year

January 1 through December 31

### Plan status

Benefits frozen

### Regular pension

- **Age Requirement:** 65
- **Service Requirement:** Five years of vesting service or active participant at normal retirement age
- **Amount:** The sum of (a), (b), (c), and (d):
  - a. For service prior to April 1, 1994, \$30 per pension benefit credit if total service is less than 20 years; \$32.00 per pension benefit credit to a maximum of \$800.00 if total service is between 20 and 26 years; \$30.00 per pension benefit credit if total service is between 26 and 30 years. If pension benefit credits equal or exceed 30, a benefit of \$1,000 is payable regardless of age.
  - b. For service between April 1, 1994 and March 31, 1996, 0.75% of contributions.
  - c. For service between April 1, 1996 and March 31, 2003, 1.00% of contributions.
  - d. For service between April 1, 2003 and March 31, 2007, 0.75% of contributions.
- **Delayed Retirement Amount:** Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% for each of the first 60 months after NRA, and 1.5% for each month thereafter.

## Supplemental pension (in addition to regular pension)

- **Age Requirement:** 65
- **Service Requirement:** Five years of vesting service or active participant at normal retirement age
- **Other Requirement:** Retires after March 31, 2000, and earns ½ of a pension benefit credit in 1997 and 3 full pension benefit credits after December 31, 1997
- **Amount:** The sum of (a), (b), (c), and (d):
  - a. For service earned between April 1, 1970 and March 31, 1994, \$20.00 per pension benefit credit.
  - b. For service between April 1, 1994 and March 31, 1996, 0.60% of contributions.
  - c. For service between April 1, 1996 and March 31, 2000, 0.35% of contributions.
  - d. \$125.00 if over 30 pension benefit credits as of March 31, 1994.

## Early retirement

- **Age Requirement:** 55
- **Service Requirement:** Ten pension benefit credits
- **Amount:** Regular and supplemental pensions accrued, actuarially reduced from age 65

## Vesting

- **Age Requirement:** None
- **Service Requirement:** Five pension benefit credits or five years of vesting service
- **Amount:** Regular (including supplemental) or early pension accrued
- **Normal Retirement Age:** 65

## Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** 50% of the benefit participant would have received had he or she retired the day before death and elected the 50% joint and survivor option. If the participant died prior to eligibility for an immediate pension, the spouse's benefit is deferred to the participant's earliest retirement date. Reductions are made to the accrued benefit for early commencement (if applicable) and form of payment.
- **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 not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the participant.

## Optional forms of benefits

75% joint and survivor annuity for married participants.

## Participation

January 1 or July 1 after completion of 50 days during a 12 consecutive month period, or the first month following 1,000 hours in a 12-consecutive month period.

## Pension benefit credit

Based upon the number of days worked, the following applies:

Days Worked	Pension Benefit Credit
Less than 100	None
100 through 126	5/10
127 through 152	6/10
153 through 178	7/10
179 through 204	8/10
205 through 231	9/10
232 or more	1

No pension benefit credits are granted for service on or after April 1, 2007.

## Vesting credit

One year of vesting service for 100 or more days of work during a pension credit year.

## Contribution rate

Participants covered by the Default Schedule have weekly contribution rates ranging from \$90.00 to \$268.00.

## Changes in plan provisions

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

## Summary of plan provisions 2 – Preferred Alternative Schedule of the Rehabilitation Plan (also applies to active employees whose employer has not elected a Rehabilitation Plan Schedule)

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

April 1 through March 31

### Pension credit year

January 1 through December 31

### Plan status

Benefits frozen

### Regular pension

- **Age Requirement:** 65
- **Service Requirement:** Five years of vesting service or active participant at normal retirement age
- **Amount:** The sum of (a), (b), (c), and (d):
  - a. For service prior to April 1, 1994, \$30 per pension benefit credit if total service is less than 20 years; \$32.00 per pension benefit credit to a maximum of \$800.00 if total service is between 20 and 26 years; \$30.00 per pension benefit credit if total service is between 26 and 30 years. If pension benefit credits equal or exceed 30, a benefit of \$1,000 is payable regardless of age.
  - b. For service between April 1, 1994 and March 31, 1996, 0.75% of contributions.
  - c. For service between April 1, 1996 and March 31, 2003, 1.00% of contributions.
  - d. For service between April 1, 2003 and March 31, 2007, 0.75% of contributions.
- **Delayed Retirement Amount:** Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% for each of the first 60 months after NRA, and 1.5% for each month thereafter.

## Supplemental pension (in addition to regular pension)

- **Age Requirement:** 65
- **Service Requirement:** Five years of vesting service or active participant at normal retirement age
- **Other Requirement:** Retires after March 31, 2000, and earns ½ of a pension benefit credit in 1997 and 3 full pension benefit credits after December 31, 1997
- **Amount:** The sum of (a), (b), (c), and (d):
  - a. For service earned between April 1, 1970 and March 31, 1994, \$20.00 per pension benefit credit.
  - b. For service between April 1, 1994 and March 31, 1996, 0.60% of contributions.
  - c. For service between April 1, 1996 and March 31, 2000, 0.35% of contributions.
  - d. \$125.00 if over 30 pension benefit credits as of March 31, 1994.

## Early retirement

- **Age Requirement:** 55
- **Service Requirement:** Ten pension benefit credits
- **Amount:** Regular and supplemental pensions accrued, reduced by 6-2/3% for each year of age less than 65 to age 60 and by 3-1/3% for each year of age less than 60.

## 30 & out retirement

- **Age Requirement:** None
- **Service Requirement:** 30 pension benefit credits
- **Amount:** Regular and supplemental pensions accrued, without reduction.

## Disability

- **Age Requirement:** None
- **Service Requirement:** Ten pension benefit credits
- **Amount:** Early Retirement Pension but not reduced below age 55.

## Vesting

- **Age Requirement:** None
- **Service Requirement:** Five pension benefit credits or five years of vesting service
- **Amount:** Regular (including supplemental) or early pension accrued
- **Normal Retirement Age:** 65

## Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** 50% of the benefit participant would have received had he or she retired the day before death and elected the 50% joint and survivor option. If the participant died prior to eligibility for an immediate pension, the spouse's benefit is deferred to the participant's earliest retirement date. Reductions are made to the accrued benefit for early commencement (if applicable) and form of payment.
- **Charge for Coverage:** None  
Or
- **Survivor Benefit Option**
  - **Age Requirement:** Die before age 55
  - **Service Requirement:** Ten pension benefit credits and active at time of death
  - **Amount:** Monthly benefit to which participant would have been entitled had he or she retired the day before the date of death and was at least age 55, payable to surviving spouse or dependent children, for a period of not more than 60 months, or until there is no surviving spouse or dependent children, if earlier.

## 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 not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the employee, the participant's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected (pop-up). If rejected, benefits are payable for the life of the participant (with 60 payments guaranteed without reduction to pensioners and their spouses or dependent children). If rejected or not married, benefit is payable for the life of the pensioner only.

## Optional forms of benefits

75% joint and survivor annuity with pop-up for married participants.

## Participation

January 1 or July 1 after completion of 50 days during a 12 consecutive month period, or the first month following 1,000 hours in a 12-consecutive month period.

## Pension benefit credit

Based upon the number of days worked, the following applies:

Days Worked	Pension Benefit Credit
Less than 100	None
100 through 126	5/10
127 through 152	6/10
153 through 178	7/10
179 through 204	8/10
205 through 231	9/10
232 or more	1

No pension benefit credits are granted for service on or after April 1, 2007.

## **Vesting credit**

One year of vesting service for 100 or more days of work during a pension credit year.

## **Contribution rate**

Participants not covered by a Rehabilitation Schedule have weekly contribution rates ranging from \$100.00 to \$268.00. In addition, they are also paying a surcharge of 10% of their regular contribution.

Participants covered by the Preferred Alternative Schedule have weekly contribution rates ranging from \$136.95 to \$208.00.

## **Changes in plan provisions**

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

# ***DOL 5500 Reporting***

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**CHICAGO TRUCK DRIVERS PENSION**

## ◆ Schedule of Acquisitions and Dispositions

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Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C00914AAG7	AIR LEASE CORP FIXED 3% DUE 02-01-2030	Acquisitions	35,000.00	-31,641.05	
		Dispositions	-35,000.00		32,067.00
C015271AG4	ALEXANDRIA REAL 4.5 DUE 07-30-2029	Acquisitions	50,000.00	-49,169.50	
		Dispositions	-55,000.00		52,391.90
C031162DH0	AMGEN INC 4.05% DUE 08-18-2029	Acquisitions	55,000.00	-53,184.45	
		Dispositions	-55,000.00		53,418.40
C038222AS4	APPLIED MATERIALS INC 4.8% 06-15-2029	Acquisitions	35,000.00	-34,932.10	
		Dispositions	-35,000.00		35,445.90
C06406RBW6	BANK NEW YORK MELLON CORP 5.188% 03-14-2035	Acquisitions	10,000.00	-9,738.80	
		Dispositions	-50,000.00		51,919.50
C09290DAJ0	BLACKROCK FDG INC 4.9% 01-08-2035	Acquisitions	90,000.00	-89,639.10	
		Dispositions	-90,000.00		93,106.80
C09290DAH4	BLACKROCK FUNDING INC. 4.6% 07-26-2027	Acquisitions	90,000.00	-90,090.00	
		Dispositions	-90,000.00		91,908.00
C10373QAE0	BP CAP MKTS AMER 4.234% DUE 11-06-2028	Acquisitions	30,000.00	-29,158.50	
		Dispositions	-30,000.00		29,493.60
C13063A5E0	CALIFORNIA ST 7.5% 04-01-2034 BEO TAXABLE	Acquisitions	15,000.00	-18,249.30	
		Dispositions	-15,000.00		17,320.50
C161175CR3	CHARTER COMMUNICATIONS OPER LLC 6.55% 06-01-2034	Acquisitions	65,000.00	-64,891.95	
		Dispositions	-10,000.00		10,386.60
C191216CM0	COCA COLA CO FIXED 2.125% DUE 09-06-2029	Acquisitions	100,000.00	-91,848.00	
		Dispositions	-100,000.00		90,491.50
C20772JAC6	CONNECTICUT ST 5.09% 10-01-2030 BEO TAXABLE				

# DOL 5500 Reporting

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CHICAGO TRUCK DRIVERS PENSION

## ◆ Schedule of Acquisitions and Dispositions

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Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Acquisitions	25,000.00	-25,194.00	
		Dispositions	-25,000.00		25,115.50
C22550L2K6	CREDIT SUISSE AG NEW YORK BRH MEDIUM TER5.0% DUE 07-09-2027				
		Acquisitions	40,000.00	-39,456.00	
		Dispositions	-115,000.00		117,763.45
C26444GAD5	DUKE ENERGY FLA PROJ FIN LLC 2.858% 03-01-2035				
		Acquisitions	5,000.00	-4,420.30	
		Dispositions	-5,000.00		4,498.70
C341271AH7	FLORIDA ST BRD ADMIN FIN CORP REV 5.526%07-01-2034 BEO TAXABLE				
		Acquisitions	85,000.00	-85,269.15	
		Dispositions	-60,000.00		60,709.50
C37045XEP7	GENERAL MOTORS FINANCIAL CO INC 6.1% 01-07-2034				
		Acquisitions	75,000.00	-74,423.25	
		Dispositions	-75,000.00		76,414.35
C42225UAH7	HEALTHCARE RLTY 2% DUE 03-15-2031				
		Acquisitions	50,000.00	-39,964.50	
		Dispositions	-20,000.00		16,814.00
C45167RAJ3	IDEX CORP 4.95% 09-01-2029				
		Acquisitions	20,000.00	-19,988.20	
		Dispositions	-20,000.00		20,317.80
C46188BAA0	INVITATION HOMES OPER PARTNERSHIP SR NT 2% 08-15-2031				
		Acquisitions	40,000.00	-30,831.20	
		Dispositions	-5,000.00		4,149.10
C544495VX9	LOS ANGELES CALIF DEPT WTR & PWR REV 5.516 07-01-2027 BEO TAXABLE				
		Acquisitions	30,000.00	-29,777.70	
		Dispositions	-15,000.00		14,988.45
C57636QAZ7	MASTERCARD INC FIXED 4.875% 05-09-2034				
		Acquisitions	60,000.00	-59,364.00	
		Dispositions	-60,000.00		62,533.20
C629209AC1	NMI HOLDINGS INC 6.0% 08-15-2029				
		Acquisitions	100,000.00	-99,062.70	
		Dispositions	-50,000.00		51,609.00
C64966JAR7	NY N Y TAXABLE-BUILD AMER BDS-F-1 6.271 DUE 12-01-2037				
		Acquisitions	25,000.00	-26,618.50	
		Dispositions	-55,000.00		58,347.45

\*Generated by Northern Trust from periodic data on 05 Nov 25 C0703

# ***DOL 5500 Reporting***

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**CHICAGO TRUCK DRIVERS PENSION**

## ◆ Schedule of Acquisitions and Dispositions

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Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C684273HC2	ORANGE CNTY CALIF LOC TRANSN AUTH SALES TAX REV 6.908% 02-15-2041 BEO TAXABLE	Acquisitions	5,000.00	-5,400.10	
		Dispositions	-4,909.60		5,316.70
C718547AU6	PHILLIPS 66 COMPANY 5.25% 06-15-2031	Acquisitions	35,000.00	-36,095.85	
		Dispositions	-35,000.00		34,538.00
C693475BX2	PNC FINL SVCS GROUP INC 5.492% 05-14-2030	Acquisitions	65,000.00	-65,402.35	
		Dispositions	-65,000.00		66,095.25
C009090AA9	PVTPLE AIR CANADA 2015-1A PTT 3.6% DUE 03-15-2027	Free Delivery	-0.02		
		Free Receipt	0.05		
C097023DL6	PVTPLE BOEING CO 6.528% 05-01-2034	Acquisitions	35,000.00	-35,000.00	
		Dispositions	-35,000.00		36,888.60
C74334DAA1	PVTPLE PROGRESS RESIDENTIAL SER 22-SFR6 CLA 4.451% 07-20-2039	Acquisitions	89,869.39	-86,755.55	
		Dispositions	-89,778.17		89,420.46
		Free Delivery	-0.01		
C780082AD5	ROYAL BANK OF CANADA 4.65% DUE 01-27-2026 BEO	Acquisitions	30,000.00	-29,761.80	
		Dispositions	-65,000.00		64,906.40
C78433LAG1	SCE RECOVERY FDG LLC 4.697% 06-15-2040	Acquisitions	4,818.80	-4,575.93	
		Dispositions	-33,017.89		33,620.29
C808513CH6	SCHWAB CHARLES CORP NEW 6.136% 08-24-2034	Acquisitions	50,000.00	-52,902.50	
		Dispositions	-50,000.00		54,831.50
C89115A2H4	TORONTO-DOMINION BANK 4.693% 09-15-2027	Acquisitions	80,000.00	-78,764.00	
		Dispositions	-75,000.00		73,986.75
C89157XAD3	TOTALENERGIES CAP 4.724% 09-10-2034	Acquisitions	45,000.00	-45,000.00	
		Dispositions	-45,000.00		43,212.60

# ***DOL 5500 Reporting***

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**CHICAGO TRUCK DRIVERS PENSION**

## ◆ Schedule of Acquisitions and Dispositions

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Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C94106LBY4	WASTE MGMT INC DEL SR NT 4.95% 07-03-2031	Acquisitions	30,000.00	-29,833.80	
		Dispositions	-30,000.00		30,567.60
C95000U3D3	WELLS FARGO & COMPANY 5.389% 04-24-2034	Acquisitions	55,000.00	-54,907.60	
		Dispositions	-55,000.00		55,569.80
C976656CQ9	WISCONSIN ELEC PWR CO 5.0% 05-15-2029	Acquisitions	115,000.00	-114,722.85	
		Dispositions	-115,000.00		117,203.35

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report.

*\*Generated by Northern Trust from periodic data on 05 Nov 25 C0703*

**Chicago Truck Drivers Union Pension Fund**  
**# 36-6598153 Plan Number 001**  
**Schedule Supporting Form 5500 for 2025**

## Schedule H - Financial Information

## Line 4(i) - Schedule of Assets Held for Investment Purposes at End of Year

(a)	Identity of issue, borrower, (b) lessor or similar party	Description of investment including maturity date, rate of interest, (c) collateral, par of maturity value			(d) Cost	Current (e) Value
		Par/ Shares	Interest Rate	Maturity Date		
<u>U.S. Government and government agency obligations</u>						
	U.S. Treasury Note	87,000	4.500%	11/15/2033	\$ 89,353	\$ 89,080
	U.S. Treasury Note	110,000	0.750%	8/31/2026	100,364	105,170
	U.S. Treasury Note	728,000	1.000%	7/31/2028	641,211	662,565
	U.S. Treasury Note	123,000	1.500%	1/31/2027	114,417	117,772
	U.S. Treasury Note	786,000	2.875%	5/15/2032	712,487	727,173
	U.S. Treasury Note	986,000	3.500%	4/30/2030	952,831	964,816
	U.S. Treasury Note	461,000	3.875%	12/31/2027	459,913	460,892
	U.S. Treasury Note	46,000	4.250%	11/15/2034	44,751	46,136
	U.S. Treasury Note	87,000	4.625%	2/15/2035	88,710	89,882
	U.S. Treasury Note	305,000	2.375%	3/31/2029	282,678	287,641
	U.S. Treasury Note	1,441,000	4.125%	3/31/2031	1,434,835	1,448,149
	Federal Home Ln Mtg Corp FHLMC	16,055	4.000%	9/1/2035	17,130	15,810
	Federal Natl Mtg Assn Gtd Mtg Pool#AL9135	28,534	4.000%	1/1/2043	30,246	27,446
	FNMA Pool #725229	14,508	6.000%	3/1/2034	16,748	14,973
	FNMA Pool#AE9758	8,454	4.000%	12/1/2040	8,985	8,132
	GNMA Pool#784052	19,637	5.500%	7/20/2044	21,895	20,072
	CMO Federal Home Ln Mtg Corp Series K-1514 Class A1	47,571	2.481%	7/25/2034	47,806	43,024
	Federal Home Ln Mtg Corp Ser K112 CL A2	65,000	1.311%	5/25/2030	55,687	56,011
	FNMA Ser 2019-M4 CL A2	85,561	3.610%	2/25/2031	86,711	82,008
	FNMA Sr 23-M5 CL A2	60,000	4.400%	7/25/2033	58,134	59,122
	Total U.S. Government and government agency obligations				\$ 5,264,892	\$ 5,325,874
<u>Municipal and Provincial Bonds</u>						
	California St 7.3%	60,000	7.300%	10/1/2039	69,780	69,688
	California State 7.55	25,000	7.550%	4/1/2039	30,812	30,240
	Chicago Ill Met Wtr Reclamation Dist GTRChicago	105,000	5.720%	12/1/2038	111,505	108,440
	Chicago Ill Tran Auth Sales Tax RCPTSREV	5,000	6.200%	12/1/2040	5,170	5,204
	Cook Cnty Ill	10,000	6.229%	11/15/2034	10,601	10,620
	Dallas Tex Indpt Sch Dist Taxable-Schldg-c-build amer	50,000	6.450%	2/15/2035	50,000	50,365
	Florida St Brd Admin Fin Corp Rev	25,000	2.154%	7/1/2030	22,203	22,135
	Florida St Brd Admin Fin Corp Rev	25,000	5.526%	7/1/2034	25,079	25,645
	IL St Taxable-Pension	9,412	5.100%	6/1/2033	9,381	9,394
	La Loc Govt Envi Facs & Taxable-La Utils Restoration	10,000	4.475%	8/1/2039	9,347	9,496
	La Loc Govt Environmental Facs	52,158	3.240%	8/1/2028	51,571	51,578
	Los Angeles Calif Dept Wtr & Pwr Rev	15,000	5.516%	7/1/2027	14,889	15,111
	Louisiana Loc Govt Environmental Facs &	47,879	3.615%	2/1/2029	47,633	47,481
	Louisiana Loc Govt Envrmmntl Facs & Tax-La Utils Restrtn Cor	10,000	5.198%	12/1/2039	10,021	10,071
	New York N Y	25,000	5.968%	3/1/2036	26,316	26,327
	New York St Dorm Auth St Pers Income Taxrev	46,133	5.500%	3/15/2030	46,214	46,634
	New York St Urban Dev Corp Rev	10,000	3.900%	3/15/2033	9,609	9,539
	New York St Urban Dev Corp Rev	5,000	3.900%	3/15/2033	4,986	4,915
	New York St Urban Dev Corp Rev	10,000	5.770%	3/15/2039	10,238	10,214
	Oklahoma Dev Fin Auth Rev	7,920	3.877%	5/1/2037	7,920	7,655
	Port Morrow Ore Transmission Facs Rev	15,000	2.543%	9/1/2040	11,104	11,202
	Texas Nat Gas Securitization Fin Corp Re	13,904	5.102%	4/1/2035	13,997	14,091
	Texas St	40,000	4.631%	4/1/2033	40,175	39,441
	Total Municipal and provincial bonds				\$ 638,551	\$ 635,486
<u>Corporate Bonds</u>						
	Total Corporate Debt Instruments				\$ 10,581,291	\$ 10,510,087
<u>Money Market Funds</u>						
	Collective Short-term Investment Fund	428,134			\$ 428,134	\$ 428,134
	Total Money Market Funds				\$ 428,134	\$ 428,134

**Chicago Truck Drivers Union Pension Fund**  
**# 36-6598153 Plan Number 001**  
**Schedule Supporting Form 5500 for 2025**

## Schedule H - Financial Information

Line 4(i) - Schedule of Assets Held for Investment Purposes at End of Year

(a)	Identity of issue, borrower, (b) lessor or similar party	Description of investment including maturity date, rate of interest, (c) collateral, par of maturity value			(d) Cost	Current (e) Value
		Par/ Shares	Interest Rate	Maturity Date		
<u>Common Collective Trusts</u>						
	NIS High Yield Fund LLC	27			\$ 795,550	\$ 1,216,640
	MFB NTGI-QM	90,813			2,497,959	7,709,754
	Total Common Collective Trusts				<u>\$ 3,293,509</u>	<u>\$ 8,926,394</u>
	Total Investments				<u>\$ 20,206,377</u>	<u>\$ 25,825,975</u>

# DOL 5500 Reporting

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## ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>U.S. Government Securities</i>						
<b>United States - USD</b>						
CMO FEDERAL HOME LN MTG CORP SERIES K-1514 CLASS A1 2.48% 07-25-2034 CUSIP : 3137FQJY0	47,571.000	90.44201	43,024.17	41,757.89	0.00	1,266.28
FEDERAL HOME LN MTG CORP SER K112 CL A21.314% DUE 05-25-2030 REG CUSIP : 3137FUZV9	65,000.000	86.17129	56,011.34	53,711.11	0.00	2,300.23
FEDERAL HOME LN MTG CORP FHLMC #C9-1850 4% 09-01-2035 CUSIP : 3128P8BT7	16,055.490	98.469658	15,809.79	15,514.51	0.00	295.28
FEDERAL NATL MTG ASSN GTD MTG POOL #AL9135 4% 01-01-2043 BEO CUSIP : 3138EREH9	28,534.090	96.186614	27,445.98	27,063.84	0.00	382.14
FNMA POOL #725229 6% 03-01-2034 BEO CUSIP : 31402CVW9	14,508.080	103.201089	14,972.50	14,953.56	0.00	18.94
FNMA POOL #AE9758 4% 12-01-2040 BEO CUSIP : 31419LZY2	8,454.070	96.186718	8,131.69	8,018.41	0.00	113.28
FNMA SER 2019-M4 CLA2 3.61% 02-25-2031 REG CUSIP : 3136B35Z9	85,561.170	95.84707	82,007.87	80,022.76	0.00	1,985.11
FNMA SR 23-M5 CL A2 VAR 07-25-2033 CUSIP : 3136BQCP2	60,000.000	98.5365	59,121.90	58,190.50	0.00	931.40
GNMA POOL #784052 5.5% 07-20-2044 BEO CUSIP : 3622A2QD7	19,637.150	102.214414	20,072.00	20,254.00	0.00	-182.00
UNITED STATES OF AMER TREAS NOTES 4.5% DUE 11-15-2033 CUSIP : 91282CJJ1	87,000.000	102.390625	89,079.84	89,011.88	0.00	67.96
UNITED STATES OF AMER TREAS NOTES .75% 08-31-2026 CUSIP : 91282CCW9	110,000.000	95.609375	105,170.31	101,035.55	0.00	4,134.76
UNITED STATES OF AMER TREAS NOTES 1.0% 07-31-2028 CUSIP : 91282CCR0	728,000.000	91.011719	662,565.31	636,094.50	0.00	26,470.81
UNITED STATES OF AMER TREAS NOTES 1.5% DUE 01-31-2027 REG CUSIP : 912828Z78	123,000.000	95.75	117,772.50	114,749.65	0.00	3,022.85

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## ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>U.S. Government Securities</i>						
<b>United States - USD</b>						
UNITED STATES OF AMER TREAS NOTES 2.875%DUE 05-15-2032 REG CUSIP : 91282CEP2	786,000.000	92.515625	727,172.81	713,644.59	0.00	13,528.22
UNITED STATES OF AMER TREAS NOTES 3.5% 04-30-2030 CUSIP : 91282CGZ8	986,000.000	97.851562	964,816.40	953,284.46	0.00	11,531.94
UNITED STATES OF AMER TREAS NOTES 3.875% 12-31-2027 CUSIP : 91282CGC9	461,000.000	99.976562	460,891.95	459,720.91	0.00	1,171.04
UNITED STATES OF AMER TREAS NOTES 4.25% 11-15-2034 CUSIP : 91282CLW9	46,000.000	100.296875	46,136.56	44,751.26	0.00	1,385.30
UNITED STATES OF AMER TREAS NOTES DTD 4.625% 02-15-2035 CUSIP : 91282CMM0	87,000.000	103.3125	89,881.88	88,709.97	0.00	1,171.91
UNITED STATES TREAS NTS 2.375% 03-31-2029 CUSIP : 91282CEE7	305,000.000	94.308594	287,641.21	282,066.52	0.00	5,574.69
UNITED STATES TREAS NTS 4.125% 03-31-2031 CUSIP : 91282CKF7	1,441,000.000	100.496094	1,448,148.71	1,434,834.72	0.00	13,313.99
<b>Total United States - USD</b>			<b>5,325,874.72</b>	<b>5,237,390.59</b>	<b>0.00</b>	<b>88,484.13</b>
<b>Total U.S. Government Securities</b>			<b>5,325,874.72</b>	<b>5,237,390.59</b>	<b>0.00</b>	<b>88,484.13</b>
<i>Corporate Debt Instruments - Other</i>						
<b>Australia - USD</b>						
WESTPAC BKG CORP 5.457% DUE 11-18-2027 CUSIP : 961214FK4	55,000.000	102.996191	56,647.91	56,140.45	0.00	507.46
<b>Total Australia - USD</b>			<b>56,647.91</b>	<b>56,140.45</b>	<b>0.00</b>	<b>507.46</b>
<b>Canada - USD</b>						
BANK MONTREAL MEDIUM TERM SR NTS BOOK EN1.25% 09-15-2026 CUSIP : 06368FAC3	55,000.000	95.538473	52,546.16	50,184.45	0.00	2,361.71
BANK NOVA SCOTIA B C 5.25% 06-12-2028 CUSIP : 06418GAD9	70,000.000	102.281993	71,597.40	70,622.31	0.00	975.09
BANK OF MONTREAL 4.64% DTD 09-10-2024 DUE 09-10-2030 CUSIP : 06368L8L3	65,000.000	99.460497	64,649.32	65,000.00	0.00	-350.68
BROOKFIELD FIN INC 6.35% 01-05-2034 CUSIP : 11271LAK8	50,000.000	106.507609	53,253.80	53,214.08	0.00	39.72
CANADIAN IMPERIAL BANK OF COMMERCE 5.001% DUE 04-28-2028 CUSIP : 13607LNG4	50,000.000	101.209538	50,604.77	49,869.64	0.00	735.13

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### ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<b>Corporate Debt Instruments - Other</b>						
<b>Canada - USD</b>						
CDN NAT RES LTD 5% DUE 12-15-2029 CUSIP : 136385BB6	40,000.000	99.947475	39,978.99	40,037.25	0.00	-58.26
PVTPL 6297782 LLC 5.026% 10-01-2029 CUSIP : 83007CAC6	50,000.000	99.224985	49,612.49	49,931.80	0.00	-319.31
PVTPLAIR CANADA 2015-1A PTT 3.6% DUE 03-15-2027 CUSIP : 009090AA9	88,020.310	97.71739	86,011.15	83,429.37	0.00	2,581.78
ROYAL BANK OF CANADA 4.65% 10-18-2030 CUSIP : 78017FZT3	55,000.000	99.233947	54,578.67	55,000.00	0.00	-421.33
TORONTO DOMINION FIXED 5.532% 07-17-2026 CUSIP : 89115A2S0	50,000.000	101.32039	50,660.20	50,448.04	0.00	212.16
TORONTO-DOMINION BANK 4.693% 09-15-2027 CUSIP : 89115A2H4	70,000.000	100.652416	70,456.69	69,110.38	0.00	1,346.31
<b>Total Canada - USD</b>			<b>643,949.64</b>	<b>636,847.32</b>	<b>0.00</b>	<b>7,102.32</b>
<b>Cayman Islands - USD</b>						
PFS FING CORP 5.27% DUE 05-15-2028 CUSIP : 69335PEV3	100,000.000	100.68543	100,685.43	100,133.55	0.00	551.88
<b>Total Cayman Islands - USD</b>			<b>100,685.43</b>	<b>100,133.55</b>	<b>0.00</b>	<b>551.88</b>
<b>Ireland - USD</b>						
AERCAP IRELAND CAP/GLOBA 2.45% DUE 10-29-2026 BEO CUSIP : 00774MAV7	115,000.000	96.639196	111,135.08	107,111.03	0.00	4,024.05
<b>Total Ireland - USD</b>			<b>111,135.08</b>	<b>107,111.03</b>	<b>0.00</b>	<b>4,024.05</b>
<b>United Kingdom - USD</b>						
HSBC HLDGS PLC 2.099% DUE 06-04-2026 CUSIP : 404280CG2	45,000.000	99.523572	44,785.61	43,963.65	0.00	821.96
HSBC HLDGS PLC 5.733% DUE 05-17-2032 CUSIP : 404280EG0	50,000.000	102.993549	51,496.77	52,119.50	0.00	-622.73
SMITH & NEPHEW PLC 5.4% 03-20-2034 CUSIP : 83192PAD0	55,000.000	100.05028	55,027.65	54,803.35	0.00	224.30
<b>Total United Kingdom - USD</b>			<b>151,310.03</b>	<b>150,886.50</b>	<b>0.00</b>	<b>423.53</b>
<b>United States - USD</b>						

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## ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Corporate Debt Instruments - Other</i>						
<b>United States - USD</b>						
1ST HORIZON NATL FIXED 4% DUE 05-26-2025 CUSIP : 320517AD7	135,000.000	99.775902	134,697.47	131,760.11	0.00	2,937.36
ACCENTURE CAP INC 4.5% 10-04-2034 CUSIP : 00440KAD5	25,000.000	96.626301	24,156.58	25,054.00	0.00	-897.42
AGREE LTD 2.9% DUE 10-01-2030 CUSIP : 008513AA1	50,000.000	90.277713	45,138.86	44,633.50	0.00	505.36
AGREE LTD PARTNERSHIP 4.8% 10-01-2032 CUSIP : 008513AD5	20,000.000	97.457476	19,491.50	19,342.20	0.00	149.30
AIR LEASE CORP 1.875% 08-15-2026 CUSIP : 00914AAM4	80,000.000	96.292652	77,034.12	73,779.17	0.00	3,254.95
ALEXANDRIA REAL 4.5 DUE 07-30-2029 CUSIP : 015271AG4	50,000.000	98.606283	49,303.14	49,169.50	0.00	133.64
AMERICAN AIRLS 2017-2 AA PTT 3.35% 04-15-2031 CUSIP : 02376AAA7	81,025.680	94.82739	76,834.54	74,162.53	0.00	2,672.01
AMERICAN EXPRESS CR ACCOUNT MASTER TR 2022-3 ASSET BACKED CLA 3.385% 08-16-2027 CUSIP : 02582JJV3	130,000.000	99.6809	129,585.17	127,502.73	0.00	2,082.44
AMERICAN HONDA FINANCE 4.45% 10-22-2027 CUSIP : 02665WFT3	65,000.000	99.962094	64,975.36	64,955.15	0.00	20.21
AMERICO LIFE INC SR NT 144A 3.45% 04-15-2031 CUSIP : 03060NAD2	25,000.000	86.580522	21,645.13	19,573.79	0.00	2,071.34
AMERIPRISE FINANCIAL INC 5.2% 04-15-2035 CUSIP : 03076CAP1	40,000.000	99.766917	39,906.77	39,862.00	0.00	44.77
AMERN HOMES 4 RENT 4.25% DUE 02-15-2028 CUSIP : 02666TAA5	55,000.000	98.955926	54,425.76	54,494.00	0.00	-68.24
AMGEN INC 2.3% DUE 02-25-2031 CUSIP : 031162CW8	50,000.000	87.325234	43,662.62	43,104.00	0.00	558.62
AMPHENOL CORP NEW 5.05% 04-05-2029 CUSIP : 032095AP6	65,000.000	102.028354	66,318.43	65,643.95	0.00	674.48
AMSR 2023-SFR2 TR 3.95% DUE 06-17-2040 CUSIP : 00178YAB7	100,000.000	96.81723	96,817.23	93,232.03	0.00	3,585.20
AON CORP / AON GLOBAL HOLD 2.05% 08-23-2031 CUSIP : 03740LAA0	85,000.000	84.958585	72,214.80	69,347.19	0.00	2,867.61
ARTHUR J GALLAGHER & CO 5.0% 02-15-2032 CUSIP : 04316JAM1	30,000.000	99.991561	29,997.47	29,980.20	0.00	17.27
AT&T INC 2.25% DUE 02-01-2032 CUSIP : 00206RKH4	65,000.000	84.34251	54,822.63	52,871.34	0.00	1,951.29

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## ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<b>Corporate Debt Instruments - Other</b>						
<b>United States - USD</b>						
BANK AMER CORP 3.419% 12-20-2028 CUSIP : 06051GHD4	105,000.000	96.912502	101,758.13	98,443.62	0.00	3,314.51
BANK AMER CORP 5.518% 10-25-2035 CUSIP : 06051GMD8	55,000.000	98.114872	53,963.18	55,000.00	0.00	-1,036.82
BANK AMER CORP 5.819% 09-15-2029 CUSIP : 06051GLS6	75,000.000	103.632309	77,724.23	76,949.76	0.00	774.47
BANK OF AMERICA CORP 5.511% 01-24-2036 CUSIP : 06051GMM8	55,000.000	101.772415	55,974.83	55,000.00	0.00	974.83
BANK OF AMERICA CORPORATION MTN 3.384% DUE 04-02-2026 CUSIP : 06051GKM0	95,000.000	99.994969	94,995.22	92,929.21	0.00	2,066.01
BANK5 2024-5YR5 5.702% DUE 02-15-2029 CUSIP : 065931AZ0	43,113.330	102.81827	44,328.38	44,205.50	0.00	122.88
BB&T BRH BKG & TR FIXED 2.636% DUE 09-17-2029 CUSIP : 07330MAC1	85,000.000	97.815372	83,143.07	81,728.18	0.00	1,414.89
BBCMS MTG TR 5.451% DUE 04-15-2056 CUSIP : 05553RAC4	65,000.000	102.73496	66,777.72	66,538.98	0.00	238.74
BEAR STEARNS AST BACKED SECS TR 2003-AC5CL A-5 10-25-2033 REG CUSIP : 07384YNA0	6,322.190	99.24285	6,274.32	6,185.02	0.00	89.30
BK NEW YORK MELLON 4.289% DUE 06-13-2033 CUSIP : 06406RBH9	40,000.000	95.750754	38,300.30	37,626.89	0.00	673.41
BOARDWALK PIPELINES LP 4.45% 07-15-2027 CUSIP : 096630AF5	60,000.000	99.381404	59,628.84	58,574.11	0.00	1,054.73
BP CAP MKTS AMER INC 4.812% DUE 02-13-2033 CUSIP : 10373QBU3	60,000.000	98.32563	58,995.38	59,429.95	0.00	-434.57
BROADCOM INC FIXED 4.15% DUE 11-15-2030 CUSIP : 11135FAQ4	60,000.000	96.783275	58,069.97	56,780.12	0.00	1,289.85
BSTN UNIV MEDIUM 7.625% DUE 07-15-2097 CUSIP : 10115PAA3	20,000.000	107.334596	21,466.92	21,438.96	0.00	27.96
CAPITAL ONE FINL CORP 6.051% 02-01-2035 CUSIP : 14040HDF9	35,000.000	102.10475	35,736.66	35,402.85	0.00	333.81
CAPITAL ONE FINL CORP 7.624% 10-30-2031 CUSIP : 14040HDC6	49,000.000	111.371418	54,571.99	54,707.52	0.00	-135.53
CARDINAL HLTH INC 5% DUE 11-15-2029 CUSIP : 14149YBR8	35,000.000	100.817168	35,286.01	34,944.00	0.00	342.01
CARVANA AUTO RECEIVABLES TR 2021-N3 SR 21-N3 CL D 1.58% 06-12-2028 CUSIP : 14687GAE5	23,586.570	96.4254	22,743.44	22,665.67	0.00	77.77

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## ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<b>Corporate Debt Instruments - Other</b>						
<b>United States - USD</b>						
C-BASS TR SER 2004-CB4 CL A5 05-25-2035 BEO CUSIP : 12489WJPO	44,870.090	91.83381	41,205.91	39,892.76	0.00	1,313.15
CBRE SVCS INC SR NT 2.5% 04-01-2031 CUSIP : 12505BAE0	75,000.000	87.050659	65,287.99	61,364.25	0.00	3,923.74
CENTENE CORP DEL 3.375% DUE 02-15-2030/05-06-2020 REG CUSIP : 15135BAV3	65,000.000	90.439691	58,785.80	57,525.39	0.00	1,260.41
CENTERPOINT ENERGY HOUSTON ELEC LLC 4.8%DUE 03-15-2030 CUSIP : 15189XBG2	60,000.000	100.629435	60,377.66	59,899.80	0.00	477.86
CHARTER COMMUNICATIONS OPER LLC 6.55% 06-01-2034 CUSIP : 161175CR3	55,000.000	102.867346	56,577.04	54,915.05	0.00	1,661.99
CHUBB INA HLDGS INC 5.0% 03-15-2034 CUSIP : 171239AK2	65,000.000	100.100117	65,065.08	65,182.65	0.00	-117.57
CITICORP RESDNTL FLTG RT 6.546% DUE 03-25-2037 CUSIP : 173109AE9	25,590.380	99.46828	25,454.31	25,259.25	0.00	195.06
CITIGROUP INC 1.462% DUE 06-09-2027 BEO CUSIP : 172967NA5	80,000.000	96.328531	77,062.82	73,492.57	0.00	3,570.25
CITIGROUP INC 6.174% DUE 05-25-2034 CUSIP : 17327CAR4	50,000.000	102.497181	51,248.59	50,717.88	0.00	530.71
CITIGROUP INC FIXED 2.666% DUE 01-29-2031 CUSIP : 172967ML2	30,000.000	90.221887	27,066.57	25,997.90	0.00	1,068.67
CLI FDG VIII LLC 2.72% DUE 01-18-2047 CUSIP : 12565KAE7	40,597.230	90.90659	36,905.56	36,178.74	0.00	726.82
CMO 99-SP1 MTG PASSTHRU CTF CL A1 DUE 08-25-2028 REG CUSIP : 863572A94	17,976.070	99.49009	17,884.41	17,701.46	0.00	182.95
CMO ADJBL RATE MTG TR 2004-5 MTG BKD PASSTHRU CTF CL 2-A-1 DUE 04-25-2035REG CUSIP : 007036EP7	20,683.280	99.96594	20,676.24	20,184.46	0.00	491.78
CMO AMERICAN HOME MTG INVT TR SER 2004-4CL VI-A-1 DUE 02-25-2045 REG CUSIP : 02660TCJ0	42,289.720	98.90721	41,827.58	41,054.97	0.00	772.61
CMO BANC AMER FDG 2006-G TR MTG PASSTRUCTF CL 3-A-2 DUE 07-20-2036 REG CUSIP : 05950MAH3	17,757.890	99.28356	17,630.67	17,438.00	0.00	192.67
CMO BANK SR 23-BNK46 CL A4 5.745% 08-15-2056 CUSIP : 06541DBH6	55,000.000	104.6137	57,537.54	57,682.39	0.00	-144.85
CMO BARCLAYS COMMERCIAL MTGE SECURITIES SR 25-5C33 CL A4 5.839% 03-15-2058 CUSIP : 072924AD5	25,000.000	103.93666	25,984.17	25,749.61	0.00	234.56
CMO BEAR STEARNS AST BACKED SECS TR 2003-AC5 AST BKD CTF CL A-1 10-25-2033 CUSIP : 07384YMA1	7,879.360	111.68033	8,799.70	8,249.31	0.00	550.39

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## ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<b>Corporate Debt Instruments - Other</b>						
<b>United States - USD</b>						
CMO CANTOR COMMERCIAL CF MTG TR SR 2019-CF3 CL ASB 2.9426% 01-15-2053 CUSIP : 12529TAV5	116,824.590	95.88807	112,020.84	109,589.53	0.00	2,431.31
CMO CITIGROUP MTG LN TR SER 2005-4 CL I-A1 FLT RT DUE 08-25-2035 BEO CUSIP : 17307GWE4	21,795.010	99.55092	21,697.13	21,248.06	0.00	449.07
CMO COMM MTG TR SER 19-GC44 CL AM 3.263% 08-15-2057 CUSIP : 12655TBP3	90,000.000	90.83283	81,749.55	78,985.27	0.00	2,764.28
CMO CR SUISSE 1ST BSTN MTG SECS CORP SER2003-27 CL IX-A-1 7 12-25-33 REG CUSIP : 22541QQ47	10,456.720	103.80507	10,854.61	10,695.09	0.00	159.52
CMO CWALT INC SER 2004-18CB CL 4A1 5.5 DUE 09-25-2034 CUSIP : 12667FQT5	18,170.150	100.1591	18,199.06	17,568.16	0.00	630.90
CMO CWMBB INC FOR FUTURE SER200312 CL1A1PASSTHRU CTF 5.75 DUE 04-25-2033 CUSIP : 12669DN20	9,453.290	100.46796	9,497.53	9,177.97	0.00	319.56
CMO FRESB MULTIFAMILY MTG TR PASS SER-2018-SB49 CL-A10H FLTG 03-25-2038 CUSIP : 302961AE7	31,729.470	97.03679	30,789.26	29,815.12	0.00	974.14
CMO JPMBB COML MTG SECS TR 2015-C27 CLS A-4 3.1794% DUE 02-15-2048 CUSIP : 46644ABF8	10,345.550	96.152	9,947.45	9,992.80	0.00	-45.35
CMO MASTR ALTERNATIVE LN TR 2003-5 CL 6-A-1 6 DUE 07-25-2033 REG CUSIP : 576434FH2	16,148.850	102.24217	16,510.93	15,552.23	0.00	958.70
CMO MASTR ALTERNATIVE LN TR 2004-11 MTG PASSTHRU CTF 1-A-1 DUE 10-25-2034 REG CUSIP : 576434WV2	19,499.480	99.37452	19,377.51	18,686.56	0.00	690.95
CMO MASTR ALTERNATIVE LOAN TRUST SER 03-6 CL 3A3 6.0% DUE 09-25-2033 REG CUSIP : 576434GH1	16,199.430	97.71722	15,829.63	15,330.44	0.00	499.19
CMO MORGAN STANLEY CAP I TR 2018-H3 CL A-SB 4.12% 07-15-2051 CUSIP : 61767YAW0	58,827.550	98.79271	58,117.33	57,659.25	0.00	458.08
CMO NATL BK OF DUBAI PJSC SER 2004-CB2 CL II-A 5.5 DUE 07-25-2034 CUSIP : 92922FTX6	3,753.510	99.78154	3,745.31	3,642.47	0.00	102.84
CMO STRUCTURED MTG SRS 04-14 CL 3A1 VAR RT DUE 10-25-2034 CUSIP : 863579CD8	37,772.130	96.51192	36,454.61	35,681.84	0.00	772.77
CMO STRUCTURED ADJ RT MTG LN TR 2004-12 PASSTHRU CTF CL 3-A1 FLTG RT 09-25-2034 CUSIP : 863579AP3	27,884.030	97.93914	27,309.38	26,944.40	0.00	364.98
CMO THORNBURG MTG SECS TR 2005-1 MTG LN PASSTHRU CTF A-5 04-25-2045 CUSIP : 885220HD8	66,586.600	96.9918	64,583.54	62,762.88	0.00	1,820.66
CMO WA MUT MTG SECS CORP 2005-AR3 MTG PASSTHRU CTF CL A-2 DUE 03-25-2035 REG CUSIP : 939336Z48	72,667.310	100.20898	72,819.17	70,595.87	0.00	2,223.30

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## ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Corporate Debt Instruments - Other</i>						
<b>United States - USD</b>						
COCA COLA CO 1.65% DUE 06-01-2030 CUSIP : 191216CV0	70,000.000	87.312667	61,118.87	60,464.60	0.00	654.27
COLLEGE AVE STUDENT LNS 2021-B LLC ASSETBACKED NT CL A-2 144A 1.76% 06-25-2052 CUSIP : 19425AAB0	58,802.060	89.64916	52,715.55	51,386.49	0.00	1,329.06
COLUMBIA UNIVERSITY 4.355% 10-01-2035 CUSIP : 198643AD0	20,000.000	95.449163	19,089.83	20,000.00	0.00	-910.17
COMMONBOND STUDENT LN TR SER 2017-BGS CL A1 2.68% 09-25-2042 CUSIP : 20268KAA8	62,281.410	92.56575	57,651.25	56,709.87	0.00	941.38
CONOCOPHILLIPS COMPANY 5.0% 01-15-2035 CUSIP : 20826FBL9	55,000.000	98.997278	54,448.50	53,375.30	0.00	1,073.20
DISCOVER CARD EXECUTION NT TR SER 23-A1 CL A 4.31% 03-15-2028 CUSIP : 254683CY9	160,000.000	99.92667	159,882.67	157,759.15	0.00	2,123.52
DTE ELEC SECURITIZATION FDG II LLC 6.09%09-01-2037 CUSIP : 23346TAB7	5,000.000	108.751652	5,437.58	5,208.69	0.00	228.89
ELI LILLY & CO 4.75% 02-12-2030 CUSIP : 532457CV8	100,000.000	101.531864	101,531.86	99,938.50	0.00	1,593.36
ENACT HLDGS INC 6.25% 05-28-2029 CUSIP : 29249EAA7	50,000.000	102.600969	51,300.48	49,976.50	0.00	1,323.98
ENERGY TRANSFER L P 5.7% 04-01-2035 CUSIP : 29273VBE9	40,000.000	100.739689	40,295.88	39,948.80	0.00	347.08
EVERSOURCE ENERGY FIXED 1.65% DUE 08-15-2030 CUSIP : 30040WAK4	55,000.000	84.846951	46,665.82	44,247.92	0.00	2,417.90
FIRST HORIZON BK MEMPHIS TENN FORMERLY 5.75% DUE 05-01-2030/02-01-2030 REG CUSIP : 337158AJ8	20,000.000	101.117344	20,223.47	20,118.20	0.00	105.27
FLAGSHIP CR AUTO 1.49% DUE 02-15-2027 CUSIP : 33845AAB3	16,736.020	99.81648	16,705.31	16,383.01	0.00	322.30
FORD CR AUTO OWNER 5.08% DUE 09-15-2030 CUSIP : 34535VAF1	65,000.000	101.0498	65,682.37	64,997.72	0.00	684.65
FOURSIGHT CAP 5.99% DUE 05-15-2028 CUSIP : 35104AAB4	51,943.970	100.60159	52,256.46	52,115.53	0.00	140.93
GLOBAL MTG FLTG RT 5% DUE 04-25-2032 CUSIP : 378961AP1	45,700.210	99.23873	45,352.31	43,955.75	0.00	1,396.56
GLOBAL PMTS INC 3.2% DUE 08-15-2029 REG CUSIP : 37940XAB8	60,000.000	93.623535	56,174.12	53,815.29	0.00	2,358.83
GLP CAPITAL LP/FIN II 3.25% 01-15-2032 CUSIP : 361841AR0	40,000.000	86.555731	34,622.29	34,715.60	0.00	-93.31

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## ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<b>Corporate Debt Instruments - Other</b>						
<b>United States - USD</b>						
GOLDMAN SACHS 5.851% 04-25-2035 CUSIP : 38141GA95	45,000.000	103.349097	46,507.09	45,148.50	0.00	1,358.59
HEALTHCARE RLTY 2% DUE 03-15-2031 CUSIP : 42225UAH7	30,000.000	84.159761	25,247.93	23,978.70	0.00	1,269.23
HEALTHCARE TR AMER HLDGS LP 3.75% 07-01-2027 CUSIP : 42225UAF1	65,000.000	97.860272	63,609.18	63,319.10	0.00	290.08
HUNTINGTON NATL BK 5.65% DUE 01-10-2030 CUSIP : 44644MAJ0	45,000.000	103.218208	46,448.19	45,050.12	0.00	1,398.07
INTERCONTINENTAL EXCHANGE INC 3.625% 09-01-2028 CUSIP : 45866FBB9	130,000.000	97.48562	126,731.31	126,330.75	0.00	400.56
INVITATION HOMES OPER PARTNERSHIP SR NT 2% 08-15-2031 CUSIP : 46188BAA0	35,000.000	83.678784	29,287.57	26,977.30	0.00	2,310.27
JETBLUE AWYS CORP 2020-1 PASS THRU 4.0% 11-15-2025 CUSIP : 477164AA5	55,368.900	93.6955	51,878.17	52,115.98	0.00	-237.81
JPMBB COML MTG 3.672% DUE 11-15-2047 CUSIP : 46643PBE9	7,072.270	97.504	6,895.75	6,941.89	0.00	-46.14
JPMORGAN CHASE & CO 5.766% 04-22-2035 CUSIP : 46647PEH5	55,000.000	103.930641	57,161.85	54,901.00	0.00	2,260.85
JPMORGAN CHASE & FLTG RT 1.045% DUE 11-19-2026 CUSIP : 46647PBT2	105,000.000	97.818812	102,709.75	97,883.24	0.00	4,826.51
JPMORGAN CHASE & FLTG RT 2.182% DUE 06-01-2028 CUSIP : 46647PBR6	55,000.000	95.170019	52,343.51	50,325.24	0.00	2,018.27
KIMCO RLTY OP LLC 4.85% 03-01-2035 CUSIP : 49447BAB9	30,000.000	96.265017	28,879.51	29,944.50	0.00	-1,064.99
L3HARRIS TECHNOLOGIES INC 5.25% 06-01-2031 CUSIP : 502431AT6	55,000.000	101.844569	56,014.51	55,008.04	0.00	1,006.47
LPL HLDGS INC 5.2% DUE 03-15-2030 CUSIP : 50212YAL8	30,000.000	100.411161	30,123.35	29,956.80	0.00	166.55
LPL HLDGS INC 6.75% 11-17-2028 CUSIP : 50212YAH7	45,000.000	105.721956	47,574.88	47,150.80	0.00	424.08
MASTERCARD INC 4.55% 01-15-2035 CUSIP : 57636QBC7	60,000.000	97.456527	58,473.92	60,859.20	0.00	-2,385.28
MASTR ALTERNATIVE LN TR 2003-5 CL 4-A-1 5.5 07-25-2033 REG CUSIP : 576434FF6	9,064.740	101.88314	9,235.44	8,779.29	0.00	456.15
MASTR ALTERNATIVE LN TRUST SER 2005-1 CL 2-A-1 6.0% 02-25-2035 REG CUSIP : 576434D84	6,590.500	100.51311	6,624.32	6,492.50	0.00	131.82

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## ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<b>Corporate Debt Instruments - Other</b>						
<b>United States - USD</b>						
MERRILL LYNCH MTG FLTG RT 5.26551% DUE 08-25-2035 CUSIP : 59020UKY0	114,716.040	97.52435	111,876.07	110,538.19	0.00	1,337.88
META PLATFORMS INC 4.55% 08-15-2031 CUSIP : 30303M8T2	50,000.000	100.248694	50,124.35	49,944.50	0.00	179.85
MID-STATE CAP CORP 6.106% DUE 01-15-2040 CUSIP : 595481AB8	7,770.430	99.91523	7,763.84	7,652.88	0.00	110.96
MID-STATE TR X 5.82% DUE 02-15-2036 CUSIP : 59549RAG9	14,844.910	99.25931	14,734.96	14,463.21	0.00	271.75
MID-STATE TR XI 4.864% DUE 07-15-2038 CUSIP : 59549WAA1	13,286.260	99.58207	13,230.73	12,996.85	0.00	233.88
NATIONAL BANK OF DUBAI PJSC SER 2004-CB4 CL I-2-A 6.5% DUE 12-25-2034REG CUSIP : 92922FZX9	11,965.380	103.02151	12,326.92	11,929.11	0.00	397.81
NATIONSTAR MTG LN FLTG RT FLTG RT DUE 12-25-2052 CUSIP : 63861HAA6	37,393.330	95.02948	35,534.69	34,355.61	0.00	1,179.08
NEW RESDNTL MTG LN FLTG RT 4.8% DUE 08-25-2055 CUSIP : 64829EAH7	36,511.430	98.87819	36,101.84	34,980.50	0.00	1,121.34
NEW RESDNTL MTG LN FLTG RT 5.42641% DUE 11-26-2035 CUSIP : 64829GAN9	45,318.350	99.7503	45,205.19	43,979.84	0.00	1,225.35
NMI HOLDINGS INC 6.0% 08-15-2029 CUSIP : 629209AC1	50,000.000	101.244517	50,622.26	49,531.35	0.00	1,090.91
NOMURA ASSET ACCEP CORP MTG SER 05-WF1 CL 1A1 VAR RT 03-25-2035 CUSIP : 65535VLB2	9,935.980	100.41515	9,977.23	9,794.37	0.00	182.86
NORDSON CORP SR NT 5.6% 09-15-2028 CUSIP : 655663AA0	65,000.000	103.058236	66,987.85	66,233.89	0.00	753.96
OCCU AUTO RECEIVABLES TR 2022-1 ASSET BACKED NT CLA-3 144A 5.5% 10-15-2027 CUSIP : 67115YAC0	50,559.200	100.21826	50,669.55	50,487.49	0.00	182.06
OCTANE RECEIVABLES TR 2021-2 ASSET BACKED NT CLA 144A 1.21% 09-20-2028 CUSIP : 67578AAA6	2,281.380	99.73113	2,275.25	2,230.27	0.00	44.98
OGE ENERGY CORP 5.45% 05-15-202 CUSIP : 670837AD5	45,000.000	102.320512	46,044.23	45,155.50	0.00	888.73
OLD REPUBLIC INTERNATIONAL CORP 5.75% 03-28-2034 CUSIP : 680223AM6	45,000.000	102.358	46,061.10	44,702.55	0.00	1,358.55
PG&E RECOVERY FDG 5.045% DUE 07-15-2034 CUSIP : 71710TAD0	6,517.430	100.916996	6,577.19	6,661.79	0.00	-84.60
PG&E RECOVERY FDG LLC SR SECD NT CL A-2 2.28% 01-15-2038 CUSIP : 71710TAB4	5,000.000	80.422817	4,021.14	4,165.40	0.00	-144.26

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## ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<b>Corporate Debt Instruments - Other</b>						
<b>United States - USD</b>						
PG&E WILDFIRE RECOVERY FDG LLC 4.022% DUE 06-01-2031 CUSIP : 693342AF4	1,567.370	98.285469	1,540.50	1,514.95	0.00	25.55
PG&E WILDFIRE RECOVERY FDG LLC 4.263% 06-01-2036 CUSIP : 693342AB3	95,000.000	94.466721	89,743.38	89,741.36	0.00	2.02
PG&E WILDFIRE RECOVERY FDG LLC 4.722% 06-01-2037 CUSIP : 693342AG2	40,000.000	97.105969	38,842.39	38,759.59	0.00	82.80
PHYSICIANS RLTY L 3.95% 01-15-2028 CUSIP : 71951QAB8	60,000.000	98.026155	58,815.69	57,276.01	0.00	1,539.68
PNC FINANCIAL SERVICES 5.939% 08-18-2034 CUSIP : 693475BS3	40,000.000	104.107635	41,643.05	41,395.60	0.00	247.45
PNC FINL SVCS GROUP INC 6.615% 10-20-2027 CUSIP : 693475BT1	50,000.000	103.054817	51,527.41	51,593.00	0.00	-65.59
PUBLIC SERVICE CO OF OKLAHOMA 5.25% 01-15-2033 CUSIP : 744533BQ2	40,000.000	100.215439	40,086.18	39,771.84	0.00	314.34
PUBLIC SERVICE ENTERPRISE 5.2% 04-01-2029 CUSIP : 744573AY2	5,000.000	101.898451	5,094.92	5,001.87	0.00	93.05
PUBLIC SVC ENTERPRISE GROUP INC 4.9% 03-15-2030 CUSIP : 744573BA3	55,000.000	100.472797	55,260.04	54,946.40	0.00	313.64
PVTPL CFMT 2021-AL1 TR SR 21-AL1 CL B 1.39% DUE 09-22-2031 BEO CUSIP : 12529UAF7	9,554.130	98.542	9,414.83	9,347.26	0.00	67.57
PVTPL CHASE AUTO OWNER TRUST SER 21-1A CLA3 5.13% 05-25-2029 CUSIP : 16144BAC2	75,000.000	101.16791	75,875.93	75,112.20	0.00	763.73
PVTPL CMO BX TR 2019-OC11 3.012% DUE 12-09-2041 BEO CUSIP : 05606FAA1	45,000.000	92.33261	41,549.67	40,728.99	0.00	820.68
PVTPL CMO J P MORGAN MTG TR 2015-1 CL B-2 FLTG RT 12-25-2044 CUSIP : 46643UDP1	48,039.820	96.46831	46,343.20	45,930.31	0.00	412.89
PVTPL CMO J P MORGAN MTG TR 2016-3 CL B-2 144A VAR RT DUE 10-25-2046 BEO CUSIP : 46647EBB6	26,403.340	95.70254	25,268.67	24,422.97	0.00	845.70
PVTPL CMO NEW RESDNTL MTG LN TR 2016-3 MTG BACKED NT CL A-1 144A VAR 09-25-2056 CUSIP : 64829HAA5	89,451.860	95.79386	85,689.39	83,518.28	0.00	2,171.11
PVTPL CMO NEW RESIDENTIAL MTG LN SER 14-1A CL B2 FRN 144A 01-25-2054 CUSIP : 64828AAF0	40,244.860	98.96266	39,827.38	38,936.97	0.00	890.41
PVTPL CMO NEW RESIDENTIAL MTG LN TR MTG BACKED 07-31-2017 VAR RT 07-25-2056 CUSIP : 64828NAN5	74,145.960	97.19486	72,066.06	71,304.98	0.00	761.08

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## ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<b>Corporate Debt Instruments - Other</b>						
<b>United States - USD</b>						
PVTPL ENTERPRISE FLEET FINANCING LLC SR 24-2 CL A2 5.74% 12-20-2026 CUSIP : 29375RAB2	62,358.450	100.574	62,716.39	62,354.41	0.00	361.98
PVTPL FIRST HELP FINANCIAL LLC SR 24-3A CL A2 4.94% 11-15-2030 CUSIP : 30339EAB4	50,000.000	100.17294	50,086.47	49,992.29	0.00	94.18
PVTPL FREMF MTG TRUST SER 2015-K47 CL C FLTG RT 6-25-2048 CUSIP : 30293AAQ3	115,000.000	99.41985	114,332.83	112,117.49	0.00	2,215.34
PVTPL HYUNDAI CAP AMER 5.25% 01-08-2027 CUSIP : 44891ACT2	100,000.000	100.773049	100,773.05	99,942.39	0.00	830.66
PVTPL J P MORGAN TAXABLE HFA TR SER 2013-1 CL A 3 DUE 11-17-2041 CUSIP : 46639LAA3	19,639.200	92.74412	18,214.20	17,836.12	0.00	378.08
PVTPL JIMMY JOHNS FDG LLC 2017-1 SR SECNT CL A-2-II 144A 4.846 DUE 07-30-2047 CUSIP : 47760QAB9	46,800.000	98.77641	46,227.36	45,007.68	0.00	1,219.68
PVTPL MARS INC 4.8% 03-01-2030 CUSIP : 571676AY1	45,000.000	100.571977	45,257.39	44,951.40	0.00	305.99
PVTPL MID-STATE CAP CORP 2006-1 TR CL A 144A VAR RT DUE 10-15-2040 BEO CUSIP : 59548PAA7	15,568.420	100.20027	15,599.60	15,270.78	0.00	328.82
PVTPL NAVIENT PRIVATE ED LN TR 2018-D CL A2B FLTG 12-15-2059 BEO CUSIP : 63940UAC8	12,829.410	99.76031	12,798.66	12,744.83	0.00	53.83
PVTPL NAVIENT PRIVATE ED LN TR 2020-A NTCL B 144A 3.16% DUE 11-15-2068 BEO CUSIP : 63941FAD8	50,000.000	89.17857	44,589.29	42,668.25	0.00	1,921.04
PVTPL NAVIENT PRIVATE ED LN TR 2020-C NTCL A-2A 144A 2.15% DUE 11-15-2068 BEO CUSIP : 63941KAB1	48,924.200	95.35973	46,653.99	45,490.47	0.00	1,163.52
PVTPL NAVIENT PRIVATE ED REFI LN TR 2021-B SER 21-BA CL A .94% 07-15-2069 CUSIP : 63942LAA0	37,023.230	90.8553	33,637.57	32,371.59	0.00	1,265.98
PVTPL NEW RESIDENTIAL MTG LN TR 2017-1 SER 17-1A CL A1 VAR 02-25-2057 CUSIP : 64829JAA1	78,268.760	96.65478	75,650.50	74,158.58	0.00	1,491.92
PVTPL OCTANE RECEIVABLES TR SR 24-2A CL A2 5.8% 07-20-2032 CUSIP : 67578YAB2	70,029.120	101.10389	70,802.16	70,025.99	0.00	776.17
PVTPL ROLLINS INC 5.25% 02-24-2035 CUSIP : 775711AA2	35,000.000	99.49513	34,823.30	34,729.10	0.00	94.20
PVTPL SMB PRIVATE ED LN TR 2020-B 1.29% 07/15/2053 1.29% DUE 07-15-2053 BEO CUSIP : 78449XAA0	30,697.040	93.84364	28,807.22	27,970.06	0.00	837.16
PVTPL SOFI PROFESSIONAL LN PROGRAM SR 20-A CL A2FX 2.54% 05-15-2046 CUSIP : 83406TAB8	43,503.200	95.9629	41,746.93	40,886.08	0.00	860.85

# DOL 5500 Reporting

31 MAR 25

## ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Corporate Debt Instruments - Other</i>						
<b>United States - USD</b>						
PVTPL TACO BELL FDG LLC 2021-1 SR SECD NT CL A-2-II 2.294% 08-25-2051 CUSIP : 87342RAH7	108,075.000	89.69655	96,939.55	93,915.82	0.00	3,023.73
PVTPL TARGA RES PARTNERS LP 4.875% 08-30-2021 CUSIP : 87612BBS0	50,000.000	97.892523	48,946.26	48,988.50	0.00	-42.24
PVTPL TOWD PT MTG TRSER 19-MH1 CL M1 FRN 11-25-2058 BEO CUSIP : 89177WAC3	24,849.550	99.50029	24,725.37	24,160.06	0.00	565.31
PVTPL TRICON AMERICAN HOMES SRS 20-SFR2 CL B 1.832% 11-17-2039 CUSIP : 89613JAC4	15,000.000	92.85597	13,928.40	13,926.56	0.00	1.84
QUEST DIAGNOSTICS INC 5.0% 12-15-2034 CUSIP : 74834LBG4	35,000.000	98.439134	34,453.70	34,863.15	0.00	-409.45
REALTY INCOME CORP 2.1% 03-15-2028 CUSIP : 756109CA0	60,000.000	93.245899	55,947.54	53,690.18	0.00	2,257.36
REGENCY CTRS L P 3.9% 11-01-2025 CUSIP : 75884RAU7	70,000.000	99.332715	69,532.90	67,856.88	0.00	1,676.02
REGENCY CTRS L P FIXED 3.7% DUE 06-15-2030 CUSIP : 75884RBA0	50,000.000	94.874858	47,437.43	46,659.00	0.00	778.43
REGIONS FINANCIAL CORP 5.722% 06-06-2030 CUSIP : 7591EPAU4	55,000.000	102.406936	56,323.81	55,000.00	0.00	1,323.81
REXFORD INDUSTRIAL REALTY INC 5.0% DUE 06-15-2028 CUSIP : 76169XAC8	45,000.000	100.352482	45,158.62	44,686.01	0.00	472.61
SANTANDER DR AUTO 4.87% DUE 05-15-2031 CUSIP : 80287NAD7	80,000.000	100.31379	80,251.03	79,995.65	0.00	255.38
SANTANDER DR AUTO 5.63% DUE 01-16-2029 CUSIP : 80287LAC3	85,000.000	100.96832	85,823.07	84,991.17	0.00	831.90
SCE RECOVERY FDG .861% DUE 11-15-2031 CUSIP : 78433LAA4	30,244.660	88.625727	26,804.55	26,542.41	0.00	262.14
SCE RECOVERY FDG 1.942% DUE 05-15-2038 CUSIP : 78433LAB2	5,000.000	75.468007	3,773.40	3,763.05	0.00	10.35
SCHWAB CHARLES 1.65% DUE 03-11-2031 CUSIP : 808513BG9	85,000.000	84.295081	71,650.82	68,104.88	0.00	3,545.94
SEQUOIA MTG TR FLTG RT 3.48123% DUE 06-25-2043 CUSIP : 81745EAE9	20,529.230	96.44627	19,799.68	19,417.31	0.00	382.37
SIGECO SECURITIZATION I 5.026% 11-15-2036 CUSIP : 82655KAA9	138,216.990	99.929415	138,119.43	140,418.79	0.00	-2,299.36
STATE STR CORP FLTG RT 4.675% DUE 10-22-2032 CUSIP : 857477CR2	60,000.000	98.897581	59,338.55	59,489.30	0.00	-150.75

# DOL 5500 Reporting

31 MAR 25

## ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Corporate Debt Instruments - Other</i>						
<b>United States - USD</b>						
STATE STR CORP FLTG RT 4.821% DUE 01-26-2034 CUSIP : 857477CA9	20,000.000	98.270673	19,654.13	19,475.88	0.00	178.25
STRUCTURED ASSET SECS CORP 2005-2XS MTG PASSTHRU CTF CL 2-A2 02-25-2035 REG CUSIP : 86359B2J9	10,649.330	111.47441	11,871.28	10,811.53	0.00	1,059.75
T-MOBILE USA INC 3.375% 04-15-2029 CUSIP : 87264ABV6	65,000.000	94.98863	61,742.61	60,022.50	0.00	1,720.11
TRICON RESDNTL 5.9% DUE 06-17-2040 CUSIP : 89616VAC4	100,000.000	99.25193	99,251.93	98,780.01	0.00	471.92
TRUIST FINANCIAL CORPORATION 5.867% 06-08-2034 CUSIP : 89788MAP7	30,000.000	102.879637	30,863.89	29,326.80	0.00	1,537.09
TRUIST FINANCIAL CORPORATION 7.161% 10-30-2029 CUSIP : 89788MAQ5	50,000.000	107.678489	53,839.24	53,362.44	0.00	476.80
UDR INC 2.95% DUE 09-01-2026 CUSIP : 90265EAL4	60,000.000	97.847584	58,708.55	56,731.05	0.00	1,977.50
US AWYS 2013-1 3.95 DUE 05-15-2027 CUSIP : 90346WAA1	39,657.660	99.31689	39,386.75	38,708.37	0.00	678.38
US BANCORP 5.424% 02-12-2036 CUSIP : 91159HJU5	40,000.000	100.600417	40,240.17	40,000.00	0.00	240.17
UTD AIRLS 2014-2 FIXED 3.75% DUE 03-03-2028 CUSIP : 90932QAA4	42,494.040	98.4877	41,851.40	41,173.26	0.00	678.14
VERIZON FIXED 2.55% DUE 03-21-2031 CUSIP : 92343VGJ7	65,000.000	88.113844	57,274.00	55,568.44	0.00	1,705.56
VOLKSWAGEN AUTO LEASE TR SR 24-A CL A3 5.58% 06-21-2027 CUSIP : 92866EAD1	95,000.000	100.97049	95,921.97	95,120.44	0.00	801.53
VOLKSWAGEN AUTO LEASE TRUST SER 23-A CL A3 5.9% DUE 10-20-2026 CUSIP : 92867UAD4	155,000.000	100.5115	155,792.83	156,123.16	0.00	-330.33
WELLS FARGO & CO 2.879% 10-30-2030 CUSIP : 95000U2G7	60,000.000	92.163398	55,298.04	53,051.90	0.00	2,246.14
WELLS FARGO & CO MEDIUM TERM SR NTS 2.188% 04-30-2026 CUSIP : 95000U2N2	60,000.000	99.791243	59,874.75	57,788.05	0.00	2,086.70
WELLS FARGO & COMPANY 5.574% 07-25-2029 CUSIP : 95000U3E1	50,000.000	102.718905	51,359.45	50,606.62	0.00	752.83
WESTLAKE 5.48% DUE 09-15-2027 CUSIP : 96042VAG4	80,000.000	100.60795	80,486.36	79,575.00	0.00	911.36
<b>Total United States - USD</b>			<b>9,446,358.95</b>	<b>9,286,029.54</b>	<b>0.00</b>	<b>160,329.41</b>

# DOL 5500 Reporting

31 MAR 25

## ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<b>Total Corporate Debt Instruments - Other</b>			<b>10,510,087.04</b>	<b>10,337,148.39</b>	<b>0.00</b>	<b>172,938.65</b>
<i>Value of Interest in Common/Collective Trusts</i>						
<b>United States - USD</b>						
CF NIS HIGH YIELD FUND LLC FD CUSIP : 668992142	26.670	45,618.281136	1,216,639.56	1,128,369.68	0.00	88,269.88
MFB NTGI-QM LABOR SELECT COLLECTIVE DAILY RUSSELL 3000 EQTY INDEX FD-LENDING CUSIP : 195990916	90,813.030	84.897	7,709,753.81	7,190,666.54	0.00	519,087.27
NT COLLECTIVE SHORT TERM INVT FD CUSIP : 66586U452	428,133.320	1.00	428,133.32	428,133.32	0.00	0.00
<b>Total United States - USD</b>			<b>9,354,526.69</b>	<b>8,747,169.54</b>	<b>0.00</b>	<b>607,357.15</b>
<b>Total Value of Interest in Common/Collective Trusts</b>			<b>9,354,526.69</b>	<b>8,747,169.54</b>	<b>0.00</b>	<b>607,357.15</b>
<i>Other</i>						
<b>United States - USD</b>						
CALIFORNIA ST 7.3% 10-01-2039 BEO TAXABLE CUSIP : 13063A7D0	60,000.000	116.1465	69,687.90	69,779.70	0.00	-91.80
CALIFORNIA STATE 7.55 MUN BDS DUE 04-01-2039 USD5000 CUSIP : 13063A5G5	25,000.000	120.95886	30,239.72	30,812.20	0.00	-572.48
CHICAGO ILL MET WTR RECLAMATION DIST GTRCHICAGO 5.72% 12-01-2038 BEO TAXABLE CUSIP : 167560PL9	105,000.000	103.27639	108,440.21	111,505.30	0.00	-3,065.09
CHICAGO ILL TRAN AUTH SALES TAX RCPTS REV 6.2% 12-01-2040 BEO TAXABLE CUSIP : 16772PAQ9	5,000.000	104.08268	5,204.13	5,170.35	0.00	33.78
COOK CNTY ILL 6.229% 11-15-2034 BEO TAXABLE CUSIP : 213185DV0	10,000.000	106.20292	10,620.29	10,600.60	0.00	19.69
DALLAS TEX INDPT SCH DIST TAXABLE-SCH BLDG-C-BUILD AMER 6.45 DUE 2-15-2035 CUSIP : 235308RA3	50,000.000	100.73049	50,365.25	50,114.60	0.00	250.65
FLORIDA ST BRD ADMIN FIN CORP REV 2.154%07-01-2030 CUSIP : 341271AF1	25,000.000	88.53893	22,134.73	21,354.75	0.00	779.98
FLORIDA ST BRD ADMIN FIN CORP REV 5.526%07-01-2034 BEO TAXABLE CUSIP : 341271AH7	25,000.000	102.5788	25,644.70	25,079.17	0.00	565.53
IL ST TAXABLE-PENSION 5.1 DUE 06-01-2033BEO TAXABLE SINKING FD 06-01-2026 N/C CUSIP : 452151LF8	9,411.760	99.80734	9,393.63	9,381.27	0.00	12.36
LA LOC GOVT ENVI FACS & TAXABLE-LA UTILS RESTORATION 4.475% DUE 08-01-2039 CUSIP : 54627RAP5	10,000.000	94.95922	9,495.92	9,346.80	0.00	149.12

# DOL 5500 Reporting

31 MAR 25

## ◆ Current Value of Assets and Liabilities

Security Description / Asset ID	Shares/Par Value	Market Price	Market Value	ERISA Cost	Unrealized Gain/Loss on Security Movements	Unrealized Gain/Loss
<i>Other</i>						
<b>United States - USD</b>						
LA LOC GOVT ENVIRONMENTAL FACS 3.35 08-01-2028 CUSIP : 54627RAK6	52,157.900	98.88772	51,577.76	50,964.99	0.00	612.77
LOS ANGELES CALIF DEPT WTR & PWR REV 5.516 07-01-2027 BEO TAXABLE CUSIP : 544495VX9	15,000.000	100.74141	15,111.21	14,888.85	0.00	222.36
LOUISIANA LOC GOVT ENVIRONMENTAL FACS & 3.615% DUE 02-01-2029 REG CUSIP : 54627RAL4	47,878.770	99.16936	47,481.07	46,911.15	0.00	569.92
LOUISIANA LOC GOVT ENVRNMNTL FACS & TAX-LA UTILS RESTRTRN CORP 5.198% 12-01-2039 CUSIP : 54627RAT7	10,000.000	100.70657	10,070.66	10,020.80	0.00	49.86
NEW YORK N Y 5.968% 03-01-2036 BEO TAXABLE CUSIP : 64966HYM6	25,000.000	105.3085	26,327.13	26,315.55	0.00	11.58
NEW YORK ST DORM AUTH ST PERS INCOME TAXREV 5.5% 03-15-2030 BEO TAXABLE CUSIP : 649902T29	46,133.120	101.08563	46,633.95	46,514.46	0.00	119.49
NEW YORK ST URBAN DEV CORP REV 3.9% 03-15-2033 CUSIP : 650036JX5	10,000.000	95.39597	9,539.60	9,608.77	0.00	-69.17
NEW YORK ST URBAN DEV CORP REV 3.9% 03-15-2033 CUSIP : 650036JW7	5,000.000	98.29319	4,914.66	4,985.50	0.00	-70.84
NEW YORK ST URBAN DEV CORP REV 5.77% 03-15-2039 BEO TAXABLE CUSIP : 650035TD0	10,000.000	102.14456	10,214.46	10,238.25	0.00	-23.79
OKLAHOMA DEV FIN AUTH REV 3.877% 05-01-2037 BEO TAXABLE CUSIP : 6789084C5	7,920.100	96.65786	7,655.40	7,607.93	0.00	47.47
PORT MORROW ORE TRANSMISSION FACS REV 2.543% 09-01-2040 BEO TAXABLE CUSIP : 73474TAT7	15,000.000	74.68048	11,202.07	11,103.75	0.00	98.32
TEXAS NAT GAS SECURITIZATION FIN CORP RE0.0% SER 23-1 CLA1 04-01-2035 CUSIP : 88258MAA3	13,903.580	101.34976	14,091.24	14,025.20	0.00	66.04
TEXAS ST 4.631% 04-01-2033 BEO TAXABLE CUSIP : 882722VP3	40,000.000	98.60187	39,440.75	39,136.00	0.00	304.75
<b>Total United States - USD</b>			<b>635,486.44</b>	<b>635,465.94</b>	<b>0.00</b>	<b>20.50</b>
<b>Total Other</b>			<b>635,486.44</b>	<b>635,465.94</b>	<b>0.00</b>	<b>20.50</b>

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

## Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended March 31, 2024.

### Pension Benefit Credits<sup>1</sup>

Age	Total	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29
Under 25	1	1	—	—	—	—	—	—
25 - 29	1	1	—	—	—	—	—	—
30 - 34	7	7	—	—	—	—	—	—
35 - 39	1	1	—	—	—	—	—	—
40 - 44	11	11	—	—	—	—	—	—
45 - 49	8	6	1	1	—	—	—	—
50 - 54	12	7	2	2	1	—	—	—
55 - 59	12	4	2	3	1	—	2	—
60 - 64	14	4	3	3	1	1	—	2
65 - 69	13	1	1	6	2	—	—	3
70 & up	6	1	—	2	—	—	1	2
<b>Total</b>	<b>86</b>	<b>44</b>	<b>9</b>	<b>17</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>7</b>

<sup>1</sup> No pension benefit credits were earned after March 31, 2007



June 28, 2024

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

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 April 1, 2024 for the following plan:

Name of Plan: Chicago Truck Drivers, Helpers and Warehouse Workers Union (Independent) Pension Fund  
Plan number: EIN 36-6598153 / PN 001  
Plan sponsor: Board of Trustees, Chicago Truck Drivers, Helpers and Warehouse Workers Union (Independent) Pension Fund  
Address: 6500 W. 65th St., Suite 203, Chicago, IL 60638  
Phone number: 708.924.0828

As of April 1, 2024, the Plan is in critical and declining status.

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

Under the American Rescue Plan Act of 2021 (ARPA), which was enacted on March 11, 2021, the Plan is eligible for special financial assistance (SFA) from the PBGC that will considerably improve the Plan's ability to remain solvent and continue to pay benefits. The impact of any such special financial assistance, however, is not reflected in this certification.



Internal Revenue Service  
June 28, 2024

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

Segal  
101 North Wacker Drive, Suite 500  
Chicago, IL 60606-1724  
Phone number: 312.984.8500

Sincerely,

A handwritten signature in black ink, appearing to read "DVC", written over a light gray rectangular background.

Daniel V. Ciner, MAAA  
Senior Vice President and Actuary  
Enrolled Actuary No. 23-05773

## Actuarial Status Certification as of April 1, 2024 Under IRC Section 432

June 28, 2024

### Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4b)

This is to certify that Segal has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Chicago Truck Drivers, Helpers and Warehouse Workers Union (Independent) Pension Fund as of April 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; differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the April 1, 2023 actuarial valuation, dated June 20, 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.



Daniel V. Ciner, MAAA

**EA#** 23-05773

**Title** Senior Vice President and Actuary

**Email** [dciner@segalco.com](mailto:dciner@segalco.com)

## Certificate Contents

<b>Exhibit Number</b>	<b>Certification Contents</b>
<b>1</b>	Status Determination as of April 1, 2024
<b>2</b>	Summary of Actuarial Valuation Projections
<b>3</b>	Funding Standard Account Projections
<b>4</b>	Funding Standard Account — Projected Bases Assumed Established After April 1, 2023
<b>5</b>	Solvency Projection
<b>6</b>	Actuarial Assumptions and Methodology

# Actuarial Status Certification Under IRC Section 432

## Exhibit 1: Status Determination as of April 1, 2024

Status/Condition	Component Result	Final Result
<b>Critical status:</b>		
<b>1. Initial critical status tests:</b>		
C1. A funding deficiency is projected in four years?	Yes	Yes
C2. a. A funding deficiency is projected in five years,	Yes	
<b>b. and</b> the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
<b>c. and</b> 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,	Yes	
<b>b. and</b> the funded percentage is less than 65%?	Yes	Yes
C4. a. The funded percentage is less than 65%,	Yes	
<b>b. and</b> 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
<b>2. Emergence test:</b>		
C6. a. Was in critical status for the immediately preceding plan year,	Yes	
<b>b. and either</b> a funding deficiency is projected for the plan year or any of the next nine plan years, without regard to the use of the shortfall method but taking into account any extension of amortization periods under ERISA Section 304(d)(2) or ERISA Section 304 as in effect prior to PPA'06,	Yes	
<b>c. or</b> insolvency is projected for the current year or any of the 30 succeeding plan years?	Yes	Yes
<b>Plan did not emerge?</b>		<b>Yes</b>
<b>3. In critical status? (If C1-C6 is Yes, then Yes)</b>		<b>Yes</b>

Status/Condition	Component Result	Final Result
<b>4. Determination of critical and declining status:</b>		
C7. a. Any of (C1) through (C5) are Yes?	Yes	
b. <b>and</b> insolvency is projected within 15 years?	Yes	
<b>In critical and declining status?</b>		<b>Yes</b>
<b>Endangered status:</b>		
E1. a. Is not in critical status,	No	
b. <b>and</b> the funded percentage is less than 80%?	Yes	<b>No</b>
E2. a. Is not in critical status,	No	
b. <b>and</b> a funding deficiency is projected in seven years?	Yes	<b>No</b>
<b>In endangered status? (Yes when either (E1) or (E2) is Yes)</b>		<b>No</b>
<b>In seriously endangered status? (Yes when BOTH (E1) and (E2) are Yes)</b>		<b>No</b>
<b>Neither critical status nor endangered status:</b>		
<b>Neither critical nor endangered status?</b>		<b>No</b>

The Plan is currently projected to become insolvent in the Plan Year ending March 31, 2029. Since the goal of the Rehabilitation Plan was to remain solvent through March 31, 2017, this certification also notifies the IRS that the Plan has made scheduled progress in meeting the requirements of its Rehabilitation Plan.

## Exhibit 2: Summary of Actuarial Valuation Projections

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

Description	Value
<b>1. Financial information:</b>	
a. Market value of assets	\$33,889,511
b. Actuarial value of assets	32,623,327
c. Reasonably anticipated contributions (including withdrawal liability payments from previously withdrawn employers)	
1) Upcoming year (including \$301,910 in withdrawal liability payments)	930,174
2) Present value for the next five years (including \$1,280,878 in withdrawal liability payments)	3,830,539
3) Present value for the next seven years (including \$1,706,312 in withdrawal liability payments)	4,967,913
d. Projected benefit payments	9,749,766
e. Projected administrative expenses (beginning of year)	808,675
<b>2. Liabilities:</b>	
a. Present value of vested benefits for active participants	\$2,924,536
b. Present value of vested benefits for non-active participants	86,151,802
c. Total unit credit accrued liability	89,076,338
d. Present value of payments in the next five years:	
1) Benefit payments	39,893,550
2) Administrative expenses	3,855,362
3) Total	43,748,912
e. Present value of payments in the next seven years:	
1) Benefit payments	51,058,105
2) Administrative expenses	5,272,054
3) Total	56,330,159
f. Unit credit normal cost plus expenses	808,675
<b>3. Funded percentage (1.b)/(2.c)</b>	<b>36.6%</b>

Description	Value
<b>4. Funding Standard Account:</b>	
1) Credit balance/(funding deficiency) as of the end of prior year	(\$56,325,003)
2) Years to projected funding deficiency	0
b. Years to projected insolvency	5

### Exhibit 3: Funding Standard Account Projections

The table below presents the **Funding Standard Account projections for the plan years beginning April 1.**

Description	2023	2024	2025	2026	2027	2028
1. Credit balance/(funding deficiency) (BOY)	(\$52,346,034)	(\$56,325,003)	(\$59,894,695)	(\$63,962,256)	(\$68,474,884)	(\$73,123,764)
2. Interest on (1)	(2,617,301)	(2,816,250)	(2,994,735)	(3,198,113)	(3,423,744)	(3,656,188)
3. Normal cost	0	0	0	0	0	0
4. Administrative expenses	788,951	808,675	828,892	849,614	870,854	892,625
5. Net amortization charges	1,528,003	816,916	1,056,697	1,238,590	1,104,663	172,284
6. Interest on (3), (4) and (5)	115,848	81,280	94,279	104,410	98,776	53,245
7. Expected contributions <sup>1</sup>	1,045,009	930,174	884,919	856,682	828,446	800,209
8. Interest on (7)	26,125	23,255	22,123	21,417	20,711	20,005
<b>9. Credit balance/(funding deficiency) (EOY): (1) + (2) - (3) - (4) - (5) - (6) + (7) + (8)</b>	<b>(\$56,325,003)</b>	<b>(\$59,894,695)</b>	<b>(\$63,962,256)</b>	<b>(\$68,474,884)</b>	<b>(\$73,123,764)</b>	<b>(\$77,077,892)</b>

Description	2029	2030
1. Credit balance/(funding deficiency) (BOY)	(\$77,077,892)	(\$81,036,526)
2. Interest on (1)	(3,853,894)	(4,051,827)
3. Normal cost	0	0
4. Administrative expenses	914,941	937,815
5. Net amortization charges	(61,597)	(737,614)
6. Interest on (3), (4) and (5)	42,667	10,010
7. Expected contributions <sup>1</sup>	771,972	750,795
8. Interest on (7)	19,299	18,770
<b>9. Credit balance/(funding deficiency) at end of year: (1) + (2) - (3) - (4) - (5) - (6) + (7) + (8)</b>	<b>(\$81,036,526)</b>	<b>(\$84,528,999)</b>

<sup>1</sup> Includes expected withdrawal liability payments

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

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Gain	04/01/2024	(\$850,441)	15	(\$78,032)
Experience Gain	04/01/2025	(1,586,274)	15	(145,548)
Experience Loss	04/01/2026	379,041	15	34,779
Experience Loss	04/01/2027	301,376	15	27,653
Experience Gain	04/01/2028	(437,081)	15	(40,104)

## Exhibit 5: Solvency Projections

The table below presents the **projected market value of assets for the plan years beginning April 1, 2023 through 2028.**

Description	2023	2024	2025	2026	2027	2028
1. Market Value at beginning of year	\$39,340,968	\$33,889,511	\$25,694,796	\$17,425,251	\$9,080,144	\$710,916
2. Contributions	734,061	628,264	600,028	571,791	543,555	515,318
3. Withdrawal liability payments	310,948	301,910	284,891	284,891	284,891	284,891
4. Benefit payments	9,582,393	9,749,766	9,357,063	8,977,925	8,544,385	8,120,925
5. Administrative expenses	730,745	830,250	851,006	872,281	894,088	916,441
6. Interest earnings	<u>3,816,672</u>	<u>1,455,127</u>	<u>1,053,605</u>	<u>648,417</u>	<u>240,799</u>	<u>0</u>
<b>7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)</b>	<b>\$33,889,511</b>	<b>\$25,694,796</b>	<b>\$17,425,251</b>	<b>\$9,080,144</b>	<b>\$710,916</b>	<b>Insolvent</b>

## Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the April 1, 2023 actuarial valuation certificate, dated June 20, 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.

### Contribution rates

As a result of changes in the distribution of active participants among various employers as reported in preliminary data as of March 31, 2024, the average weekly contribution rate changed from \$157.03 to \$156.87. Employers making surcharge contributions are assumed to continue to do so.

### Asset information

The financial information for the year ended March 31, 2024 was based on an unaudited financial statement provided by the Fund Office.

For projections after that date, the assumed administrative expenses were increased by 2.5% per year and the benefit payments were projected based on the April 1, 2023 actuarial valuation. The projected net investment return was assumed to be 5.0% of the average market value of assets for the 2024 - 2030 Plan Years. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.

### Projected industry activity

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 the pattern of changes in those levels and projections in employment levels included in collective bargaining agreements, and professional judgement. Based on this information, the number of active participants was assumed to decrease 5% from 94 as of April 1, 2023 to 89 as of April 1, 2024, and decrease 5% each year thereafter. Contributions will be made for each active for 45 weeks per year. Distribution of active participants among various employers was updated as of April 1, 2024 based on information supplied by the Fund Administrator.

## Withdrawal Liability Payments

In addition to regular contributions directly linked to the level of ongoing employment, nine employers who have outstanding withdrawal liability assessment are assumed to continue to make withdrawal liability payments in accordance with their payment schedules. No new withdrawal liability assessment are assumed.

## Technical issues

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.

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 presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. 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 actuary.

## Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
04/05/2024	\$17,487.00	\$0.00	\$17,487.00
04/05/2024	\$7,303.00	\$0.00	\$7,303.00
04/22/2024	\$26,652.63	\$0.00	\$26,652.63
05/30/2024	\$3,685.00	\$0.00	\$3,685.00
05/30/2024	\$5,673.00	\$0.00	\$5,673.00
05/30/2024	\$4,556.00	\$0.00	\$4,556.00
06/27/2024	\$3,432.00	\$0.00	\$3,432.00
07/01/2024	\$4,087.00	\$0.00	\$4,087.00
07/08/2024	\$7,303.00	\$0.00	\$7,303.00
07/08/2024	\$17,487.00	\$0.00	\$17,487.00
07/22/2024	\$26,652.63	\$0.00	\$26,652.63
07/30/2024	\$4,020.00	\$0.00	\$4,020.00

## Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
08/29/2024	\$3,685.00	\$0.00	\$3,685.00
08/29/2024	\$5,673.00	\$0.00	\$5,673.00
08/29/2024	\$4,556.00	\$0.00	\$4,556.00
09/16/2024	\$4,020.00	\$0.00	\$4,020.00
09/27/2024	\$4,087.00	\$0.00	\$4,087.00
10/04/2024	\$17,487.00	\$0.00	\$17,487.00
10/04/2024	\$7,303.00	\$0.00	\$7,303.00
10/04/2024	\$3,432.00	\$0.00	\$3,432.00
10/22/2024	\$26,652.63	\$0.00	\$26,652.63
12/05/2024	\$4,556.00	\$0.00	\$4,556.00
12/05/2024	\$3,685.00	\$0.00	\$3,685.00
12/17/2024	\$5,673.00	\$0.00	\$5,673.00

## Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
12/17/2024	\$3,432.00	\$0.00	\$3,432.00
12/17/2024	\$4,020.00	\$0.00	\$4,020.00
12/27/2024	\$4,087.00	\$0.00	\$4,087.00
01/09/2025	\$17,487.00	\$0.00	\$17,487.00
01/09/2025	\$7,303.00	\$0.00	\$7,303.00
01/22/2025	\$26,652.63	\$0.00	\$26,652.63
02/27/2025	\$3,685.00	\$0.00	\$3,685.00
02/27/2025	\$4,556.00	\$0.00	\$4,556.00
<b>Total</b>	<b>\$290,370.52</b>	<b>\$0.00</b>	<b>\$290,370.52</b>

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	04/01/1995	\$51,819	1	\$51,819
Plan Amendment	04/01/1996	379,978	2	194,623
Plan Amendment	04/01/1997	200,383	3	70,078
Change in Assumptions	04/01/1998	852,095	4	228,858
Plan Amendment	04/01/1998	1,899,440	4	510,157
Plan Amendment	04/01/1999	1,835,035	5	403,664
Plan Amendment	04/01/2000	1,443,603	6	270,871
Plan Amendment	04/01/2001	394,403	7	64,915
Plan Amendment	04/01/2002	200,410	8	29,531
Plan Amendment	04/01/2004	187,400	10	23,113
Plan Amendment	04/01/2005	234,241	11	26,857
Change in Assumptions	04/01/2010	1,125,084	1	1,125,084
Experience Loss	04/01/2012	783,871	3	274,137
Experience Loss	04/01/2013	628,894	4	168,910
Change in Assumptions	04/01/2014	2,062,311	5	453,659
Change in Assumptions	04/01/2015	3,654,169	6	685,652
Change in Assumptions	04/01/2016	3,330,108	7	548,103
Change in Assumptions	04/01/2017	4,245	8	626
Change in Assumptions	04/01/2018	3,237,628	9	433,812
Experience Loss	04/01/2020	420,160	11	48,174
Change in Assumptions	04/01/2020	7,496,080	11	859,471
Change in Assumptions	04/01/2021	8,481,092	12	911,317
<b>Total</b>		<b>\$38,902,449</b>		<b>\$7,383,431</b>

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions	04/01/2007	\$401,164	13	\$40,673
Plan Amendment	04/01/2010	35,607	1	35,607
Experience Gain	04/01/2010	1,526,625	1	1,526,625
Plan Amendment	04/01/2011	16,552	2	8,478
Experience Gain	04/01/2011	650,647	2	333,258
Plan Amendment	04/01/2012	2,177	3	761
Change in Assumptions	04/01/2012	520,051	3	181,874
Plan Amendment	04/01/2013	2,817	4	757
Change in Assumptions	04/01/2013	55,454	4	14,894
Experience Gain	04/01/2014	2,834,124	5	623,439
Experience Gain	04/01/2015	1,494,971	6	280,510
Experience Gain	04/01/2016	1,585,295	7	260,924
Experience Gain	04/01/2017	4,269,156	8	629,078
Experience Gain	04/01/2018	2,000,570	9	268,057
Change in Assumptions	04/01/2019	1,044,207	10	128,790
Experience Gain	04/01/2019	1,767,020	10	217,940
Experience Gain	04/01/2021	2,225,228	12	239,107
Experience Gain	04/01/2022	2,844,631	13	288,407
Experience Gain	04/01/2023	1,485,654	14	142,940
Change in Assumptions	04/01/2023	13,162,050	14	1,266,364
Experience Gain	04/01/2024	2,059,874	15	189,003
<b>Total</b>		<b>\$39,983,874</b>		<b>\$6,677,486</b>

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

- Based on past experience and future expectations, the following actuarial assumption was changed as of April 1, 2024:
  - Administrative expenses, previously \$810,000

Since this change did not impact the unfunded actuarial accrued liability, no assumption change base was established in the Funding Standard Account.

## Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

### Mortality rates

**Non-Pensioner:** 120% of the Pri-2012 Employee Blue Collar Amount-weighted (sex-specific) Mortality Tables projected generationally with scale MP-2021

**Non-Disabled Pensioner:** 120% of the Pri-2012 Healthy Retiree Blue Collar Amount-weighted (sex-specific) Mortality Tables projected generationally with scale MP-2021

**Disabled Pensioner:** 120% of the Pri-2012 Disabled Retiree Amount-weighted (sex-specific) Mortality Tables projected generationally with scale MP-2021

**Beneficiary:** 120% of the Pri-2012 Contingent Survivor Blue Collar Amount-weighted (sex-specific) Mortality Tables projected generationally with scale MP-2021

The underlying tables, including the applicable 20% load, projected to 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 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 and the projected number based on the prior year's assumption over the most recent five years.

## Withdrawal rates

Age	Withdrawal (%) <sup>1</sup>
20	17.94
25	17.22
30	15.83
35	13.70
40	11.25
45	8.43
50	5.06
55	1.73
60	0.16

The withdrawal 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 withdrawals and the projected number based on the prior year's assumption over the most recent five years.

<sup>1</sup> Withdrawal rates do not apply once participants become eligible for immediate retirement benefit.

## Retirement rates

Age	Annual Retirement Rates for Active Participants (%) <sup>1</sup>	Annual Retirement Rates for Inactive Vested Participants (%) <sup>1</sup>
55 – 59	2	2
60 – 61	5	5
62 – 64	10	15
65 – 66	20	30
67 – 69	20	20
70 – 71	100	20
72 & above	100	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 most recent five years.

## Description of weighted average retirement age

Age 68, 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 April 1, 2024 actuarial valuation.

## Future benefit accruals

None (benefits frozen effective April 1, 2007)

## Unknown data for participants

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

<sup>1</sup> An additional 20% assumed at participant’s Social Security Normal Retirement Age

## Definition of active participants

Worked at least 50 days during the last pension benefit credit year and also had at least one pension benefit credit (assuming pension benefit credits could still be earned after March 31, 2007) by the end of the most recent pension benefit credit year. Participants working for employers who withdrew before the valuation date are not considered active.

## Exclusion of inactive vested participants

Inactive participants over age 85 are assumed to never return and apply for a benefit.

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

85%

## Age and sex of spouse

Spouses are assumed to be 4 years younger than male participants and 4 years older than female participants. If not specified, spouses are assumed to be the opposite sex of the participants.

## Benefit election

Half of the married participants are assumed to elect the 50% joint and survivor annuity (with popup if covered under the Preferred Alternative Schedule), and the other half of the married participants and all non-married participants are assumed to elect the single life annuity (with 60 month guarantee if covered under the Preferred Alternative Schedule).

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 most recent five years.

## **Delayed retirement factors**

Active participants have worked in disqualifying employment before the required benefit distribution date and therefore are not eligible for delayed retirement adjustment until the required benefit distribution date. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.

## **Net investment return**

5.00%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, projected Plan insolvency, as well as the Plan's target asset allocation.

## **Annual administrative expenses**

\$700,000 for the year beginning April 1, 2024 (equivalent to \$681,810 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**

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five – year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

## **Actuarial cost method**

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

## **Benefits valued**

Unless otherwise indicated, includes all benefits summarized in the Summary of Plan Provisions.

## Current liability assumptions

- **Interest:** 3.49%, 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)(1): Pri-2012 employee and annuitant mortality tables, projected generationally using the Adjusted MP-2021 scale as described in the final IRS mortality regulations released in October 2023.

## 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.

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1
DESCRIPTION	BEGINNING	ENDING
WITHDRAWAL LIABILITY ASSESSMENT	3,106,267.	2,921,019.
ACCRUED INTEREST AND DIVIDENDS	162,579.	129,130.
DUE FROM RELATED ORGANIZATION	36,223.	30,328.
PREPAID EXPENSES	64,212.	60,129.
DUE FROM BROKER	3,458.	0.
TOTAL TO SCHEDULE H, LINE 1B(3)	3,372,739.	3,140,606.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 2
DESCRIPTION	BEGINNING	ENDING
MUNICIPAL AND PROVINCIAL BONDS	1,207,147.	635,486.
TOTAL TO SCHEDULE H, LINE 1C(15)	1,207,147.	635,486.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 3
DESCRIPTION	BEGINNING	ENDING
DUE TO RELATED ORGANIZATION	13,622.	33,072.
TOTAL TO SCHEDULE H, LINE 1J	13,622.	33,072.

SCHEDULE H	OTHER INCOME	STATEMENT 4
DESCRIPTION	AMOUNT	
EMPLOYER WITHDRAWAL LIABILITY INCOME (LOSS)	105,123.	
TOTAL TO SCHEDULE H, LINE 2C	105,123.	

## SCHEDULE H

## OTHER ADMINISTRATIVE EXPENSES

## STATEMENT 5

DESCRIPTION	AMOUNT
CLAIM INQUIRY	2,175.
DEPRECIATION	71.
EDUCATIONAL SEMINARS AND CONFERENCES	5,218.
INSURANCE	86,494.
OFFICE EXPENSE	306.
MEETINGS	432.
MISCELLANEOUS	4,534.
PLAN TERMINATION INSURANCE	90,428.
POSTAGE AND PRINTING	7,593.
RENT	22,420.
RENTAL AND MAINTENANCE OF PROPERTY AND EQUIPMENT	6,814.
SUBSCRIPTIONS	2,885.
TELEPHONE	3,727.
JANITORIAL SUPPLIES AND SERVICES	7,443.
LUNCHROOM SUPPLIES AND SERVICES	568.
PRINTING	1,385.
COMPUTER SERVICES	27,529.
MISCELLANEOUS SERVICES	1,018.
REFUNDS	35.
TOTAL TO SCHEDULE H, LINE 2I(11)	271,075.

## **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 an October 1 contribution date.

## Exhibit 1: Status Determination as of April 1, 2025

The Plan is currently projected to become insolvent in the Plan Year ending March 31, 2029. Since the goal of the Rehabilitation Plan was to remain solvent through March 31, 2017, this certification also notifies the IRS that the Plan has made scheduled progress in meeting the requirements of its Rehabilitation Plan.

## Exhibit 5: Solvency Projections

The table below presents the **projected market value of assets for the plan years beginning April 1, 2023 through 2028.**

Description	2023	2024	2025	2026	2027	2028
1. Market Value at beginning of year	\$39,340,968	\$33,889,511	\$25,694,796	\$17,425,251	\$9,080,144	\$710,916
2. Contributions	734,061	628,264	600,028	571,791	543,555	515,318
3. Withdrawal liability payments	310,948	301,910	284,891	284,891	284,891	284,891
4. Benefit payments	9,582,393	9,749,766	9,357,063	8,977,925	8,544,385	8,120,925
5. Administrative expenses	730,745	830,250	851,006	872,281	894,088	916,441
6. Interest earnings	<u>3,816,672</u>	<u>1,455,127</u>	<u>1,053,605</u>	<u>648,417</u>	<u>240,799</u>	<u>0</u>
<b>7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)</b>	<b>\$33,889,511</b>	<b>\$25,694,796</b>	<b>\$17,425,251</b>	<b>\$9,080,144</b>	<b>\$710,916</b>	<b>Insolvent</b>

The above projections are based on the assumptions and methods used in the April 1, 2024 Actuarial Certification of Plan Status under Section 432, dated June 28, 2024.

## Description of Withdrawal Liability Interest Rate (Schedule MB, Line 6f(1))

To the extent the vested benefits are matched by the market value of plan assets on hand: interest assumptions prescribed by the Pension Benefit Guaranty Corporation under 29 C.F.R. Ch. XL, Part 4044, which are in effect for the applicable withdrawal liability valuation date, are used.

- PBGC Interest Rates as of March 31, 2024:
  - First 20 years 5.45%
  - After 20 years 5.22%

To the extent the vested benefits are not matched by plan assets (at market), the interest assumption is the same as used for plan funding: 5.00% for the year ending on the withdrawal liability valuation date.

The portion of the vested benefits that is matched by readily available assets is determined by comparing the total present value of vested benefits plus expenses – at PBGC rates – with the total market value of assets; each vested benefit is treated as covered by assets to the same extent as all other vested benefits.

- The present value of vested benefits is based on a blend of two liability calculations:
  - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
  - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

## Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$151,028	\$437,394	\$9,107,096	\$9,695,518
2025	175,099	557,791	8,539,919	9,272,809
2026	199,684	710,635	7,978,282	8,888,601
2027	228,104	811,549	7,425,532	8,465,185
2028	239,466	938,272	6,884,330	8,062,068
2029	252,027	1,023,296	6,357,248	7,632,571
2030	263,861	1,083,321	5,846,611	7,193,793
2031	269,671	1,124,863	5,354,468	6,749,002
2032	273,680	1,153,618	4,882,529	6,309,827
2033	273,220	1,169,176	4,432,158	5,874,554
2034	272,648	1,180,450	4,004,418	5,457,516
2035	273,010	1,187,896	3,600,109	5,061,015
2036	270,681	1,201,158	3,219,779	4,691,618
2037	262,784	1,201,383	2,863,753	4,327,920
2038	254,526	1,180,591	2,532,154	3,967,271
2039	246,318	1,159,482	2,224,917	3,630,717
2040	234,858	1,126,332	1,941,878	3,303,068
2041	223,464	1,094,343	1,682,749	3,000,556

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

## Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2042	\$212,267	\$1,054,379	\$1,447,062	\$2,713,708
2043	200,503	1,013,285	1,234,212	2,448,000
2044	188,280	966,274	1,043,461	2,198,015
2045	175,414	916,863	873,945	1,966,222
2046	162,919	869,153	724,703	1,756,775
2047	150,518	816,441	594,660	1,561,619
2048	138,027	762,553	482,611	1,383,191
2049	125,955	706,710	387,243	1,219,908
2050	113,963	653,252	307,129	1,074,344
2051	102,435	599,507	240,737	942,679
2052	91,473	548,581	186,486	826,540
2053	81,119	497,603	142,784	721,506
2054	71,422	449,091	108,082	628,595
2055	62,420	402,408	80,920	545,748
2056	54,135	358,522	59,959	472,616
2057	46,585	317,570	44,003	408,158
2058	39,766	279,636	32,016	351,418
2059	33,666	244,755	23,119	301,540

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

## Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2060	\$28,267	\$212,910	\$16,586	\$257,763
2061	23,533	184,048	11,836	219,417
2062	19,429	158,078	8,408	185,915
2063	15,905	134,888	5,949	156,742
2064	12,911	114,334	4,193	131,438
2065	10,393	96,258	2,942	109,593
2066	8,295	80,485	2,053	90,833
2067	6,564	66,824	1,422	74,810
2068	5,146	55,080	977	61,203
2069	3,997	45,056	662	49,715
2070	3,076	36,560	442	40,078
2071	2,342	29,415	290	32,047
2072	1,765	23,454	186	25,405
2073	1,318	18,521	116	19,955

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

## Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$628,264	\$301,910	\$930,174
2025	\$600,028	\$284,891	\$884,919
2026	\$571,791	\$284,891	\$856,682
2027	\$543,555	\$284,891	\$828,446
2028	\$515,318	\$284,891	\$800,209
2029	\$487,081	\$284,891	\$771,972
2030	\$465,904	\$284,891	\$750,795
2031	\$444,726	\$240,939	\$685,665
2032	\$423,549	\$240,939	\$664,488
2033	\$402,372	\$240,939	\$643,311

**Annual Return/Report of Employee Benefit Plan**  
 This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  
**▶ Complete all entries in accordance with the instructions to the Form 5500.**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

**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

<b>1a</b> Name of plan CTDU - PENSION FUND	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> 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) CTDU - PENSION FUND  6500 W. 65TH STREET SUITE 203 CHICAGO IL 60638	<b>1c</b> Effective date of plan 02/02/1955 <b>2b</b> Employer Identification Number (EIN) 36-6598153 <b>2c</b> Plan Sponsor's telephone number 708-924-0828 <b>2d</b> Business code (see instructions) 484110

**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.

<b>SIGN HERE</b>	<i>Bernard Sherlock</i>	12/19/2025	BERNARD SHERLOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<i>Timothy Ryan</i>	12/19/2025	TIMOTHY RYAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2,444
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	87
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	81
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	1,365
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	259
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	1,705
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	600
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	2,305
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	23

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

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

<b>9a</b> 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	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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***DOL 5500 Reporting***

01 APR 24 - 31 MAR 25

Account Name CHICAGO TRUCK DRIVERS PENSION

◆ 5% Report - Part C Summary

Page 1 of 2

*Series of Transactions by Issue in Excess of 5%*

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Value of Asset on Transaction
			Acquisition Price	Disposition Price				
UNITED STATES OF AMER TREAS NOTES 3.5% 04-30-2030 CUSIP: 91282CGZ8	Total acquisitions	13	1,227,117.77			0.00	1,227,117.77	1,227,117.77
	Total dispositions	18		1,058,274.25		0.00	1,051,881.93	1,058,274.25
UNITED STATES TREAS NTS 2.375% 03-31-202 9 CUSIP: 91282CEE7	Total acquisitions	18	974,321.17			0.00	974,321.17	974,321.17
	Total dispositions	27		2,438,830.49		0.00	2,436,302.29	2,438,830.49
UNITED STATES TREAS NTS 4.125% 03-31-203 1 CUSIP: 91282CKF7	Total acquisitions	27	2,940,196.45			0.00	2,940,196.45	2,940,196.45
	Total dispositions	21		1,524,653.77		0.00	1,505,361.80	1,524,653.77
US TREASURY N/B 3.875% 08-15-2034 CUSIP: 91282CLF6	Total acquisitions	13	880,839.59			0.00	880,839.59	880,839.59
	Total dispositions	19		861,395.48		0.00	880,839.59	861,395.48
MFB NTGI-QM LABOR SELECT COLLECTIVE DAILY RUSSELL 3000 EQTY INDEX FD-LENDIN CUSIP: 195990916	Total dispositions	6		3,210,000.00		0.00	1,016,867.15	3,210,000.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	163	7,550,874.07			0.00	7,550,874.07	7,550,874.07
	Total dispositions	87		8,069,712.25		0.00	8,069,712.25	8,069,712.25

NOTE: TRANSACTIONS ARE BASED ON THE 2024-03-31 VALUE (INCLUDING ACCRUALS) OF 32,919,009.58

\*Generated by Northern Trust from periodic data on 05 Nov 25 C0073

***DOL 5500 Reporting***

01 APR 24 - 31 MAR 25

Account Name CHICAGO TRUCK DRIVERS PENSION

◆ 5% Report - Part C Summary

Page 2 of 2

*Series of Transactions by Issue in Excess of 5%*

Security Description / Asset ID	Number of Transactions	Transaction Aggregate Acquisition Price	Transaction Aggregate Disposition Price	Lease Rental	Expenses Incurred	Cost of Asset	Value of Asset on Transaction
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Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report.

**NOTE: TRANSACTIONS ARE BASED ON THE 2024-03-31 VALUE (INCLUDING ACCRUALS) OF 32,919,009.58**

\*Generated by Northern Trust from periodic data on 05 Nov 25 C0073

<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

▶ **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.

<b>A</b> Name of plan CTDU - PENSION FUND	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CTDU - PENSION FUND	<b>D</b> Employer Identification Number (EIN) 36-6598153	

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

**1a** Enter the valuation date:           Month 04   Day 01   Year 2024

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	33,898,476
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	32,644,510
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	87,904,074
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method.....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method.....	<b>1c(3)</b>	87,904,074
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	109,139,225
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	0
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	9,755,454
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	10,455,454

**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.

<b>SIGN HERE</b>	Daniel Reusz <b>DR</b>	01/05/2026
	Signature of actuary	Date
	Daniel Reusz, FSA, MAAA, EA	2309055
	Type or print name of actuary	Most recent enrollment number
SEGal		312-984-8668
	Firm name	Telephone number (including area code)
101 NORTH WACKER DRIVE	SUITE 1800	
CHICAGO IL 60606		
	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:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	37,004,743
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	2,066	84,420,557
<b>(2)</b> For terminated vested participants .....	289	20,214,213
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		0
<b>(b)</b> Vested benefits .....		4,504,455
<b>(c)</b> Total active .....	86	4,504,455
<b>(4)</b> Total .....	2,441	109,139,225
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	33.90 %

**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
10/01/2024	697,656	0			
10/01/2024	290,371	0			
<b>Totals ▶</b>			<b>3(b)</b>	988,027	<b>3(c)</b>
					0

**(d)** Total withdrawal liability amounts included in line 3(b) total ..... **3(d)** 290,371

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	37.1 %
<b>b</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 .....	<b>4b</b>	D
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> 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
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: <ul style="list-style-type: none"> <li>• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;</li> <li>• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input checked="" type="checkbox"/></li> <li>• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999." <input checked="" type="checkbox"/></li> </ul>	<b>4f</b>	2028

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

<b>a</b> <input type="checkbox"/> Attained age normal	<b>b</b> <input type="checkbox"/> Entry age normal	<b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit)	<b>d</b> <input type="checkbox"/> Aggregate
<b>e</b> <input type="checkbox"/> Frozen initial liability	<b>f</b> <input type="checkbox"/> Individual level premium	<b>g</b> <input type="checkbox"/> Individual aggregate	<b>h</b> <input type="checkbox"/> Shortfall
<b>i</b> <input type="checkbox"/> Other (specify):			
<b>j</b> If box h is checked, enter period of use of shortfall method .....			<b>5j</b>

**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:

<b>a</b> Interest rate for "RPA '94" current liability.....		<b>6a</b>	3.49 %
<b>b</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
<b>c</b> Mortality table code for valuation purposes:			
(1) Males.....	<b>6c(1)</b>	A	A
(2) Females.....	<b>6c(2)</b>	A	A
<b>d</b> Valuation liability interest rate.....	<b>6d</b>	5.00 %	5.00 %
<b>e</b> Salary scale.....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A	
<b>f</b> Withdrawal liability interest rate:			
(1) Type of interest rate.....	<b>6f(1)</b>	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate.....	<b>6f(2)</b>		%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....	<b>6g</b>		7.2 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date.....	<b>6h</b>		11.0 %
<b>i</b> Expense load included in normal cost reported in line 9b.....	<b>6i</b>		<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>		681,810
(3) If neither (1) nor (2) describes the expense load, check the box.....	<b>6i(3)</b>		<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	-2,059,874	-189,003

**8** Miscellaneous information:

<b>a</b> 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.....		<b>8a</b>	
<b>b</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	
<b>c</b> 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	
<b>d</b> 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..		<b>8d(2)</b>	
(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)).....		<b>8d(4)</b>	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension.....		<b>8d(5)</b>	
(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	

<b>e</b> 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) .....		<b>8e</b>	
<b>9</b> Funding standard account statement for this plan year:			
<b>Charges to funding standard account:</b>			
<b>a</b> Prior year funding deficiency, if any.....		<b>9a</b>	56,340,989
<b>b</b> Employer's normal cost for plan year as of valuation date .....		<b>9b</b>	681,810
<b>c</b> Amortization charges as of valuation date:		Outstanding balance	
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	38,902,449	7,383,431
<b>(2)</b> Funding waivers .....	<b>9c(2)</b>		
<b>(3)</b> Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>		
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....		<b>9d</b>	3,220,312
<b>e</b> Total charges. Add lines 9a through 9d .....		<b>9e</b>	67,626,542
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any .....		<b>9f</b>	0
<b>g</b> Employer contributions. Total from column (b) of line 3 .....		<b>9g</b>	988,027
<b>h</b> Amortization credits as of valuation date .....		Outstanding balance	
<b>(1)</b> ERISA FFL (accrued liability FFL) .....	<b>9h(1)</b>	39,983,874	6,677,486
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9h(2)</b>		
<b>(3)</b> FFL credit .....	<b>9h(3)</b>		
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....		<b>9i</b>	358,575
<b>j</b> Full funding limitation (FFL) and credits:			
<b>(1)</b> ERISA FFL (accrued liability FFL) .....	<b>9j(1)</b>	58,738,443	
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	69,166,309	
<b>(3)</b> FFL credit .....	<b>9j(3)</b>		0
<b>k</b> (1) Waived funding deficiency .....		<b>9k(1)</b>	
<b>(2)</b> Other credits .....		<b>9k(2)</b>	
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....		<b>9l</b>	8,024,088
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....		<b>9m</b>	
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....		<b>9n</b>	59,602,454
<b>o</b> Current year's accumulated reconciliation account:			
<b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year .....		<b>9o(1)</b>	
<b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
<b>(a)</b> Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		
<b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....	<b>9o(2)(b)</b>		0
<b>(3)</b> Total as of valuation date .....	<b>9o(3)</b>		0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.) .....		<b>10</b>	59,602,454
<b>11</b> 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	