

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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
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1a Name of plan <u>SOFT DRINK AND BREWERY WORKERS UNION LOCAL 812 RETIREMENT FUND</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES SOFT DRINK AND BREWERY WORKERS</u> <u>UNION LOCAL 812 RETIREMENT FUND</u> <u>445 NORTHERN BOULEVARD STE. 30</u> <u>GREAT NECK, NY 11021-4804</u>	1c Effective date of plan <u>08/25/1957</u> 2b Employer Identification Number (EIN) <u>13-5660090</u> 2c Plan Sponsor's telephone number <u>516-303-1455</u> 2d Business code (see instructions) <u>312110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/28/2026	JOSEPH VITTA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/28/2026	ROD BRAYMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	8124
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2113
	6a(2)	1656
	6b	3001
	6c	2321
	6d	6978
	6e	696
	6f	7674
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	29

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

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

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

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

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached _____
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **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.

A Name of plan <u>SOFT DRINK AND BREWERY WORKERS UNION LOCAL 812 RETIREMENT FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES SOFT DRINK AND BREWERY WORKERS</u>	D Employer Identification Number (EIN) <u>13-5660090</u>	

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

1a Enter the valuation date: Month 07 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	<u>932759201</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>902904990</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>839512693</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>839512693</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>1272626675</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>57413936</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>59913936</u>

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

SIGN HERE		<u>01/21/2026</u>
	Signature of actuary	Date
	<u>JOSHUA KAPLAN, FSA, FCA, MAAA</u>	<u>23-05487</u>
	Type or print name of actuary	Most recent enrollment number
	<u>SEGAL</u>	<u>212-251-5000</u>
	Firm name	Telephone number (including area code)
	<u>66 HUDSON BLVD E NEW YORK, NY 10001</u>	
	Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	933187519
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3609	640905854
(2) For terminated vested participants	2401	309413454
(3) For active participants:		
(a) Non-vested benefits		3142176
(b) Vested benefits		319165191
(c) Total active	1860	322307367
(4) Total	7870	1272626675
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
08/15/2024	2870100					
01/15/2025	841641					
			Totals ▶	3(b)	3711741	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					3(d)	476983

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	107.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.69 %
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
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.0 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	2410494
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-6829099	-700746
4	5023604	515481

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	2410494

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	339586370	53562789
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		3918130
e Total charges. Add lines 9a through 9d.....	9e		59891413
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		325957403
g Employer contributions. Total from column (b) of line 3.....	9g		3711741
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	77021264	12338616
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		23883517
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	283523892	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	230984362	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		365891277
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		305999864
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan SOFT DRINK AND BREWERY WORKERS UNION LOCAL 812 RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SOFT DRINK AND BREWERY WORKERS	D Employer Identification Number (EIN) 13-5660090	

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

HIGHBRIDGE CAPITAL MANAGEMENT LLC

20-1901985

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

HARBOURVEST PARTNERS LP

74-3130888

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

ENTRUST PARTNERS LLC

13-4021839

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

FIERA CAPITAL INC.

13-2726734

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

NEUBERGER BERMAN TRUST CO. N.A.

27-2510082

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

COLLER INVESTMENT MANAGEMENT LTD.

98-1219985

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

ENTRUST GLOBAL PARTNERS, LLC

46-4544969

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

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

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

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

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

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

INTERCONTINENTAL REAL ESTATE CORP

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	486664	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)

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	425694	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)

SUSETTE STONE

13-5660090

(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	306877	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)

CLARKSTON CAPITAL PARTNERS LLC

83-0473650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	305761	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51	NONE	295365	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	234448	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)

AQR CAPITAL MANAGEMENT LLC

13-3987414

(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	168058	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)

CARY KANE LLP

88-1989795

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	141320	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)

QUAN-VEST CONSULTANTS INC

11-2559669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	136992	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)

JAMES L. GREEN, P.C.

20-0844028

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	136409	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)

SDBWU LOCAL 812 UNION

13-5045803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	AFFILIATED LOCAL UNION	114976	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)

CHARMETTA THOMPSON

13-5660090

(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	101808	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)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	101000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	90000	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)

YAHAIRA PEREZ

13-5660090

(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	81410	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)

JESSICA WRIGHT

13-5660090

(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	62730	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)

VERSATILE COMPUTER SOLUTIONS,LLC

04-0257794

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 50	NONE	60000	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)

RIVERSTONE ENERGY PARTNERS VI, L.P.

37-1760347

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	57341	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

DEBBIE MITCHELL

13-5660090

(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	53857	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)

INTEGRATED CONNECTIONS, INC.

20-2197728

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	45324	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)

SEGAL SELECT INSURANCE SERVICES

46-0619194

(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 53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	35021	Yes <input type="checkbox"/> No <input checked="" 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)

THE BANK OF NEW YORK MELLON

25-6078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	32956	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CRESCENT CAPITAL GROUP LP

27-2698206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	31377	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PERFECT PRINTING SOLUTIONS, INC.

46-1378840

(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?
99 50	NONE	30332	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)

WITHUM, SMITH & BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	15550	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)

ANDRE' A. GONZALES

59-3671236

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14341	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22 53	18404
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CHUBB 13-1963496	INSURANCE BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22 53	10365
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUCLID SPECIALTY 45-3957469	INSURANCE BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22 53	2953
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RLI 37-0915434	INSURANCE BROKER COMMISSIONS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22 53	3299
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRAVELERS 06-0566090	INSURANCE BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CRESCENT CAPITAL GROUP LP	28 52	525
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CRESCENT MEZZANINE PTN VIB 80-0790681	MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CRESCENT CAPITAL GROUP LP	28 52	30852
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CRESCENT MEZZANINE PTN VIIB 47-3358654	MANAGEMENT FEES	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>SOFT DRINK AND BREWERY WORKERS UNION LOCAL 812 RETIREMENT FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES SOFT DRINK AND BREWERY WORKERS</u>	D Employer Identification Number (EIN) <u>13-5660090</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NHIT STRATEGIC ALPHA TRUST</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY LLC</u>		
c EIN-PN <u>20-8080381-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>131030242</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LARGE CAP 500 INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>13-4920330-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>457416744</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB EMERGING MKTS DEBT OPPORTUNISTIC</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-286</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5407</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM DB SL ACWI EX-US FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-193</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>61332282</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW CORE BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>13-4920330-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>87106592</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INSTITUTIONAL CREDIT FUND, L.P.</u>		
b Name of sponsor of entity listed in (a): <u>HPS INVESTMENT PARTNERS LLC</u>		
c EIN-PN <u>20-8774276-002</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31951025</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GLOBAL EQUITY LONG - ONLY FUND LP</u>		
b Name of sponsor of entity listed in (a): <u>FIERA CAPITAL INC.</u>		
c EIN-PN <u>90-0947943-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan SOFT DRINK AND BREWERY WORKERS UNION LOCAL 812 RETIREMENT FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SOFT DRINK AND BREWERY WORKERS	D Employer Identification Number (EIN) 13-5660090

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	55040	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3893030	2550358
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	63853396	23827374
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	34694427	33393308
(5) Partnership/joint venture interests	1c(5)	98938638	95889866
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	616681643	736891267
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	67551450	31951025
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	47856543	49175652

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	195235	153010
f Total assets (add all amounts in lines 1a through 1e).....	1f	933719402	973831860
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	436084	477847
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	95799	84152
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	531883	561999
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	933187519	973269861

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	3234758	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	2420590	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5655348
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2152915	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	2811258	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4964173
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	392422	
(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)		392422
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	10196483	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	10254121	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-57638
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1014057	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	85399851
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	2787100
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	1337
d Total income. Add all income amounts in column (b) and enter total.....	2d	100156650

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	55859676
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	55859676
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	711361
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	53341
(4) IQPA audit fees	2i(4)	62000
(5) Investment advisory and investment management fees	2i(5)	1449251
(6) Bank or trust company trustee/custodial fees	2i(6)	295365
(7) Actuarial fees	2i(7)	90000
(8) Legal fees	2i(8)	527727
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	1025587
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	4214632
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	60074308

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	40082342
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		99424774
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 566965.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan SOFT DRINK AND BREWERY WORKERS UNION LOCAL 812 RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SOFT DRINK AND BREWERY WORKERS	D Employer Identification Number (EIN) 13-5660090	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **OAK BEVERAGES**

b EIN **13-3019271** **c** Dollar amount contributed by employer **950400**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

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

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

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): **LUMP SUM CONTRIBUTION**

a Name of contributing employer **BOENING BROTHERS**

b EIN **11-2042790** **c** Dollar amount contributed by employer **296187**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

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

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

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): **LUMP SUM CONTRIBUTION**

a Name of contributing employer **ANHEUSER BUSCH**

b EIN **43-1510617** **c** Dollar amount contributed by employer **1756779**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

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

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

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): **LUMP SUM CONTRIBUTION**

a Name of contributing employer **AMERICAN COMPRESSED GASES INC**

b EIN **13-2599538** **c** Dollar amount contributed by employer **88607**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2024**

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 **BETT-A-WAY BEVERAGE DISTRIBUTOR INC**

b EIN **11-2616774** **c** Dollar amount contributed by employer **199285**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2024**

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 **MIDWOOD BEVERAGES, INC.**

b EIN **11-3466555** **c** Dollar amount contributed by employer **126712**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2027**

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer DITMARS DISTRIBUTORS, INC.

b EIN 11-2158667 **c** Dollar amount contributed by employer 92500

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 01 Day 01 Year 2018

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): WITHDRAWAL LIABILITY

a Name of contributing employer MANHATTAN BEER DISTRIBUTORS

b EIN 13-3992843 **c** Dollar amount contributed by employer 72191

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2027

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

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

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

a Name of contributing employer BAILEY DISTRIBUTORS, INC.

b EIN 27-1449135 **c** Dollar amount contributed by employer 30000

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 09 Day 20 Year 2023

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): WITHDRAWAL LIABILITY

a Name of contributing employer K.J.L. DISTRIBUTORS, INC.

b EIN 13-5660090 **c** Dollar amount contributed by employer 26119

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

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

(1) Contribution rate (in dollars and cents) 7.50

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	63
	b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	56
	c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	62
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.01
	b The corresponding number for the second preceding plan year.....	15b	1.00
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year.....	16a	7
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	3371425
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.....		<input type="checkbox"/>

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.....	<input type="checkbox"/>
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: <u>58.0</u> % Private Equity: <u>0.0</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>20.0</u> % High-Yield Debt: <u>3.0</u> % Real Assets: <u>8.0</u> % Cash or Cash Equivalents: <u>1.0</u> % Other: <u>10.0</u> %	
b	Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: <input checked="" type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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). <input type="checkbox"/> Design-based safe harbor method <input type="checkbox"/> "Prior year" ADP test <input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> 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 _____.

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

FINANCIAL STATEMENTS

JUNE 30, 2025

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

JUNE 30, 2025 AND 2024

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Soft Drink and Brewery Workers Union
Local 812 Retirement Fund

Opinion

We have audited the financial statements of the Soft Drink and Brewery Workers Union Local 812 Retirement Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 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 the Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Plan’s management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Novak Francella LLC

New York, New York
January 21, 2026

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2025 AND 2024

ASSETS	2025	2024
INVESTMENTS		
Common stocks	\$ 33,393,308	\$ 34,694,427
Common collective trusts	736,891,267	616,681,643
Limited partnerships and joint ventures	95,889,866	150,704,085
Hedge fund of funds	31,951,025	15,786,003
Private commingled funds	45,640,744	42,971,025
Private equity secondary funds	3,534,908	4,885,518
Short-term investments	23,827,374	63,853,396
Total investments	971,128,492	929,576,097
RECEIVABLES		
Employer contributions	-	55,040
Withdrawal liability	2,371,925	428,318
Securities sold and not settled	-	3,167,653
Due from related party	5,245	5,782
Interest and dividends	82,585	182,875
Total receivables	2,459,755	3,839,668
OTHER ASSETS		
Property and equipment - net	153,010	195,235
Prepaid expenses	82,492	100,291
Security deposit	8,111	8,111
Total other assets	243,613	303,637
Total assets	973,831,860	933,719,402
LIABILITIES AND NET ASSETS		
LIABILITIES		
Cash overdraft	45,898	59,613
Due to related party	38,254	36,186
Accounts payable and accrued expenses	477,847	436,084
Total liabilities	561,999	531,883
NET ASSETS AVAILABLE FOR BENEFITS	\$ 973,269,861	\$ 933,187,519

See accompanying notes to financial statements.

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 89,143,370	\$ 105,365,566
Interest and dividends	5,356,595	6,499,850
	94,499,965	111,865,416
Less investment expenses	(1,744,616)	(1,565,855)
Net investment income	92,755,349	110,299,561
 Fund rehabilitation plan	 2,870,100	 2,870,100
 Employer contributions	 364,658	 1,182,813
Withdrawal liabilities	2,420,590	175,935
Other income	1,337	26,931
	98,412,034	114,555,340
 DEDUCTIONS		
Retirement benefits	55,859,676	56,956,123
Administrative expenses	2,470,016	2,482,822
	58,329,692	59,438,945
 Total deductions	 58,329,692	 59,438,945
 NET INCREASE	 40,082,342	 55,116,395
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	933,187,519	878,071,124
End of year	\$ 973,269,861	\$ 933,187,519

See accompanying notes to financial statements.

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Soft Drink and Brewery Workers Union Local 812 Retirement Fund (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

The Plan is a multi-employer defined benefit pension plan established under the provisions of an Agreement and Declaration of Trust between Soft Drinks, Brewery Workers and Delivery Employees, Industrial Employees, Warehousemen, Helpers and Miscellaneous Workers, Greater New York and Vicinity, Local Union No. 812 International Brotherhood of Teamsters (the Union) and the various employers having collective bargaining agreements with the Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees is responsible for the oversight of the Plan, including determining the appropriateness of the Plan's investments in coordination with their investment advisors.

Effective August 27, 2022, the Plan has been frozen. No participant will earn any additional benefits or pension credits based on services performed on or after this date.

Benefits

The Plan provides normal, early and other types of retirement benefits, to participants on whose behalf the employers contributed into the Plan. The participants must meet the eligibility and vesting requirements, as stated in the Plan Document.

Contributions

The Plan is financed by employer contributions. The employer contribution rates have been established under collective bargaining agreements entered into between the Union and various employers, inclusive of the rehabilitation plan. Employer contributions are accounted for as exchange transactions.

The employer contribution rates ranged from \$7.50 to \$9.50 per hour during the years ended June 30, 2025 and 2024. As of June 30, 2025, no employers are making contributions under a collective bargaining agreement.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investments and Income Recognition - Investments in common stocks are carried at fair value which generally represents quoted market prices or the net asset value of the fund as of the last business day of the fiscal year as provided by the custodian. Common collective trusts, limited partnerships and joint ventures, hedge fund of funds, private commingled funds, and private equity secondary funds are valued at net asset value (NAV) of units held or at estimated fair value as determined by the investment managers. The NAV is used as a practical expedient to estimate fair value. The NAV is used on the fair value of the underlying investments held by the funds less liabilities. Short-term investments are carried at costs which approximate fair value.

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

Employer Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. 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 expenses currently. Depreciation is computed using the straight-line method over the respective estimated useful lives. Depreciation expense totaled \$42,225 and \$39,727 for the years ended June 30, 2025 and 2024, respectively.

Securities Purchased or Sold and Not Settled - This represents the amounts due to or from the brokers for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

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

Withdrawal Liability Income - Income is recognized when the withdrawal liability payments are received from the employer due to the uncertainty that the assessments will be paid in full.

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

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

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. In order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants and their beneficiaries. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as pre-described by ERISA and its related regulation. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plans 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 limitation, 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 obtained its latest favorable determination letter on March 1, 2016 in which the Internal Revenue Service stated that the Plan continues to comply with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE 5. RELATED PARTY TRANSACTIONS

Identification of Related Organizations

The Plan has the following related entities with which it has transactions:

- Soft Drink and Brewery Workers Union Teamsters Local 812 (Union)
- Local 812 Health Fund (Health Fund)
- Local 812 Annuity Fund (Annuity Fund)

All of the above entities qualify as tax-exempt organizations. The entities listed above share common Trustees or officers with this Plan.

NOTE 5. RELATED PARTY TRANSACTIONS (continued)

Certain plan investments are managed by Amalgamated Bank. Amalgamated Bank is a custodian of records and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental Schedules of Assets Held at End of Year and Reportable Transactions.

Administrative Expenses

The Plan shares office space with related organizations, which is leased by the Union on a month-to-month basis. Leasehold improvements and common expenses are allocated based on cost sharing agreements between the Plan and related organizations. The Plan reimbursed the Union in the amounts of \$282,564 and \$253,266 for the years ended June 30, 2025 and 2024, respectively. Rent expense was \$167,588 and \$162,260 for the years ended June 30, 2025 and 2024, respectively.

The Plan allocates to the Local 812 Annuity Fund for its portion of certain shared administrative expenses, which includes salaries, employee benefits, payroll taxes. The shared administrative expenses are allocated on a cost sharing agreement between the Plans. The allocated amounts for the years ended June 30, 2025 and 2024 were \$22,052 and \$41,743, respectively.

Benefits

Employees of the Plan, the Union and the Health Fund, a multiemployer welfare plan under ERISA, participate in the Plan, the Annuity Fund, and the Health Fund.

Contributions made to the Plan on behalf of all employee groups were \$93,425 for the year ended June 30, 2024. Contributions made to the Health Fund on behalf of all employee groups were \$96,868 and \$83,226 for the years ended June 2025 and 2024, respectively. Contributions made to the Annuity Fund on behalf of all employee groups were \$20,369 and \$22,361 for the years ended June 30, 2025 and 2024, respectively.

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

NOTE 6. PROPERTY AND EQUIPMENT

The following is a summary of property and equipment as of June 30, 2025 and 2024.

	2025	2024
Computer equipment	\$ 664,313	\$ 664,313
Leasehold improvements	339,223	339,223
Furniture and fixtures	65,834	65,834
	1,069,370	1,069,370
Less: accumulated depreciation	(916,360)	(874,135)
Property and equipment - net	<u>\$ 153,010</u>	<u>\$ 195,235</u>

NOTE 7. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

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

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

For the years ended June 30, 2025 and 2024, there were no transfers in or out of levels 1, 2, or 3.

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level within the fair value hierarchy, the major categories of the Plan's assets measured at fair value at June 30, 2025 and 2024:

	Fair Value Measurements at June 30, 2025			
	Total	Level 1	Level 2	Level 3
Common stocks	\$ 33,393,308	\$ 33,393,308	\$ -	\$ -
Common collective trusts	675,553,580	-	675,553,580	-
Short-term investments	23,827,374	23,827,374	-	-
Total assets in the fair value hierarchy	732,774,262	<u>\$ 57,220,682</u>	<u>\$ 675,553,580</u>	<u>\$ -</u>
Investments measured at NAV *	238,354,230			
Total investments	<u>\$ 971,128,492</u>			

	Fair Value Measurements at June 30, 2024			
	Total	Level 1	Level 2	Level 3
Common stocks	\$ 34,694,427	\$ 34,694,427	\$ -	\$ -
Common collective trusts	564,739,724	-	564,739,724	-
Short-term investments	63,853,396	63,853,396	-	-
Total assets in the fair value hierarchy	663,287,547	<u>\$ 98,547,823</u>	<u>\$ 564,739,724</u>	<u>\$ -</u>
Investments measured at NAV *	266,288,550			
Total investments	<u>\$ 929,576,097</u>			

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

The following tables summarize investments for which fair values are measured using the net asset value per share as practical expedient at June 30, 2025 and 2024:

June 30, 2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hedge funds:				
HPS Institutional Credit Fund, LP	\$ 31,951,025	\$ -	Quarterly	90 days
Private Commingled Funds:				
AQR GRP EL Offshore Fund Ltd.	45,640,744	-	(a)	(a)
Partnerships and joint ventures:				
Boyd Watterson GSA Fund, L.P.	10,788,120	-	(b)	(b)
Crescent Mezzanine Partners, VIB, LP	447,727	741,409	(c)	(c)
Crescent Mezzanine Partners, VIIB, LP	4,521,240	2,963,889	(c)	(c)
EnTrust Global Local 812 LP	16,524,557	-	(d)	(d)
Riverstone Global Energy & Power Fund VI, LP	1,967,802	1,431,794	(f)	(f)
U.S. Real Estate Investment Fund LLC	61,640,420	-	(g)	(g)

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

June 30, 2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common Collective Trusts:				
BNY Mellon DB SL ACWI ex-U.S. Fund	\$ 61,332,282	\$ -	(k)	(k)
EB Emerging Markets Debt Opportunistic Fund	5,405	-	(h)	(h)
Private Equity Secondary Funds:				
Coller International Partners VII Feeder Fund, LP	1,429,180	1,528,487	(i)	(i)
Dover Street IX Cayman Fund LP	2,105,728	450,000	(j)	(j)
	<u>\$ 238,354,230</u>	<u>\$ 7,115,579</u>		
June 30, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hedge funds:				
HPS Institutional Credit Fund, LP	\$ 15,786,003	\$ -	Quarterly	90 days
Private Commingled Funds:				
AQR GRP EL Offshore Fund Ltd.	42,971,025	-	(a)	(a)
Partnerships and joint ventures:				
Boyd Watterson GSA Fund, L.P.	10,918,505	-	(b)	(b)
Crescent Mezzanine Partners, VIB, LP	1,166,720	741,409	(c)	(c)
Crescent Mezzanine Partners, VIIB, LP	5,569,280	3,102,019	(c)	(c)
EnTrust Global Local 812 LP	16,214,209	-	(d)	(d)
Global Equity Long-Only Fund LP	51,765,447	-	(e)	(e)
Riverstone Global Energy & Power Fund VI, LP	2,541,150	1,431,794	(f)	(f)
U.S. Real Estate Investment Fund LLC	62,528,774	-	(g)	(g)
Common Collective Trusts:				
BNY Mellon DB SL ACWI ex-U.S. Fund	51,936,514	-	(k)	(k)
EB Emerging Markets Debt Opportunistic Fund	5,405	-	(h)	(h)
Private Equity Secondary Funds:				
Coller International Partners VII Feeder Fund, LP	1,939,820	1,528,487	(i)	(i)
Dover Street IX Cayman Fund LP	2,945,698	500,000	(j)	(j)
	<u>\$ 266,288,550</u>	<u>\$ 7,303,709</u>		

(a) AQR GRP EL Offshore Fund Ltd. - A fund that invests substantially all of its net assets in a master-feeder arrangement where the master's objective is to efficiently deliver diversified exposure to a broadly diversified set of global risk premier covering equities, government bonds and commodities. Shares of the Fund may be redeemed at the net asset value as of the last calendar day of each calendar month, each Tuesday, or at such other dates as the Directors shall determine with the consent of the investment manager, by giving a written notice of redemption of at least 4 business days prior to the proposed redemption date.

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

- (b) Boyd Watterson GSA Fund, LP and Subsidiary - The Fund's investment objective is wealth preservation and generating consistent current income, using risk parameters and portfolio management strategies established by the General Partner. The Fund invests predominantly in real estate leased to the U.S. federal government through either the General Services Administration or other federal government agencies. Fund partners may request that the Fund redeem all or a portion of their units by delivering written notice to the Fund stating the number of units to be redeemed. Unless waived by the General Partner, partial redemptions of units are only permitted in increments of \$250,000. The Fund intends to redeem units on a quarterly basis at the NAV per units of the last day of the applicable calendar quarter less any applicable redemption fees. Redemption requests (and the request to resend a prior redemption request) shall be made no later than 60 days prior to and will be effective as of the last day of a calendar quarter.
- (c) Crescent Mezzanine Partners VIB and VIIB LP - The limited partnership's objective is to provide current income and long-term capital appreciation by investing in a diversified portfolio of mezzanine securities. The Fund will continue to reinvest until the tenth anniversary off effective date unless terminated earlier. Partners may not withdraw from the Fund prior to termination. Contributed capital returned to the Partners from disposition proceeds received by the Fund within twenty-four months of the related investment are recallable.
- (d) EnTrust Global Local 812 Partners LP - A limited partnership with the investment objective to constitute a portfolio which will be comprised of diversified hedge fund investments and opportunistic co-investments. The portfolio will target an annualized return, net of fees and expenses. Withdrawals may be requested as of March 31, June 30, September 30 or December 31 by providing at least ninety days' prior written notice to the Partnership, but only twelve months after the initial capital contribution. The partnership is in liquidation and has decided to cease operations on December 29, 2021, the date the liquidation became imminent.
- (e) Global Equity Long-Only Fund LP - A limited partnership with the investment objective of investing primarily in long-only portfolio of global equities. A limited partner may withdraw all or a portion of its interest(s) effective as of the close of any business day. A limited partner must provide the General Partner with a written withdrawal request at least three days prior to withdrawal date. The withdrawal must be made for a minimum of \$250,000 and a partial withdrawal will not be permitted if such withdrawal will cause the NAV of the limited partner to fall below the required minimum initial investment.
- (f) Riverstone Global Energy & Power Fund VI LP - A limited partnership with the investment objective to generate long-term capital appreciation through privately negotiated equity and equity-related investments. Partners may not withdraw from the fund prior to termination but in the event cash or securities distributed by a portfolio company to the Partnerships constitute a return of capital invested by the Partnerships, the Partnerships will in turn, make a distribution to the Partners as a return of capital contributed with respect to such investment.

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

- (g) U.S. Real Estate Investment Fund LLC - The Fund's investment objectives are to: (i) preserve and protect investors' capital; (ii) provide potential for capital appreciation; (iii) generate current income on invested capital in the range of 6% to 8% per annum; and (iv) provide an average annual total return of approximately 10% per annum. The Fund will seek to invest directly and indirectly in real estate and real estate-related assets. At any time after the later of (i) the first anniversary of the Initial Closing and (ii) the date upon which the Net Asset Value first exceeds \$200 million, a Member may elect to have the Company redeem some or all of its interests by providing the Manager with written notice to such effect in a form acceptable to the Manager at least 90 days prior to a calendar quarter end. Redemption requests will be effective as of the first calendar quarter end upon or after the expiration of the 90-day notice period.
- (h) EB Emerging Markets Debt Opportunistic Fund - A common collective trust that has been closed and has been liquidating all investments. The Fund is no longer accepting redemption requests from current participants. The Fund will distribute available sales proceeds pro-rata to Fund investors.
- (i) Collier International Partners VII Feeder Fund - The Fund invests substantially all of its net assets in a master-feeder arrangement where the master's objective is the achievement of long-term capital appreciation through investing primarily, either directly or indirectly through other entities, in privately negotiated investments acquired in the secondary market. The Fund's policy is to treat all distribution as a permanent return of capital until all capital contributed has been returned. Thereafter distributions are treated as realized gains. The Fund is a closed ended fund, does not issue shares or units, is no longer open to new investors and redemptions are not possible.
- (j) Dover Street IX Cayman Fund LP - The Fund invests substantially all of its net assets in a master-feeder arrangement where the master will invest in aggregating partnership that invests primarily in secondary partnerships. The aggregating partnership may invest up to 10% in primary partnerships and 5% in secondary partnerships which have as their principal investment objective investing in power, energy, oil and gas, natural resources, real estate, debt or infrastructure assets. The Fund's policy is to treat all distribution as a permanent return of capital until all capital contributed has been returned and redemptions are not allowed.
- (k) BNY Mellon DB SL ACWI ex-U.S. Fund - The Fund's investment objective is to track the performance of the MSCI All Country World Index (ACWI) ex-U.S. ("the Index"). The Fund is constructed to mirror the Index to provide long-term capital growth. Participants may purchase or redeem units of the Fund for cash or securities based on the unit value determined as of the valuation date.

HPS Institutional Credit Fund portfolio is expected to be invested in corporate debt instruments and may also invest in other instruments. The portfolio may be hedged to reduce volatility and protect against systemic risk. A Limited Partner may, upon at least 90 days' prior written notice, withdraw all or any portion of its Capital Account as of any calendar quarter-end.

NOTE 8. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by the consulting actuary as of July 1, 2024. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	\$ 485,011,299
Other vested benefits	<u>353,170,863</u>
	838,182,162
Nonvested benefits	<u>1,330,531</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 839,512,693</u></u>

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended June 30, 2024 were as follows:

Actuarial present value of accumulated plan benefits as of July 1, 2023	<u>\$ 837,042,990</u>
Increase (decrease) during the year attributable:	
Benefits accumulated, net experience gain or loss, changes in data	(2,031,201)
Changes in actuarial assumptions	5,023,604
Interest	56,433,423
Benefits paid	<u>(56,956,123)</u>
Net increase	<u>2,469,703</u>
Actuarial present value of accumulated plan benefits as of June 30, 2024	<u><u>\$ 839,512,693</u></u>

The actuarial cost method used in the valuations is the Projected Unit Credit Actuarial Cost Method. Some of the more significant actuarial assumptions used in the July 1, 2024 valuation were:

- Mortality rates:

Healthy annuitant:	Pri-2012 Blue Collar Annuitant Amount-Weighted Mortality Table (sex-specific), projected generationally using Scale-MP 2021.
Non-annuitants:	Pri-2012 Blue Collar Employee Amount-Weighted Mortality Table (sex-specific), projected generationally using Scale-MP 2021.

NOTE 8. ACTUARIAL INFORMATION (continued)

Contingent Survivor: Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table (sex-specific), projected generationally using Scale-MP 2021.

- Retirement age assumptions

The Plan was valued assuming participants will retire according to the following rates:

Actives		Inactives Vested	
Age	Probability	Age	Probability
55-59	3%	55	30%
60	40%	56-59	10%
61-64	30%	60	35%
65-72	40%	61-69	15%
73+	100%	70-72	30%
		73	100%

The preceding rates are approximately equivalent to a retirement age of 62 based on all the active participants.

Inactive terminated vested participants were previously assumed to retire at age 60.

- Net investment rate of return - 7.00%
- Administrative expenses - \$2,500,000

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present net assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since the information on the actuarial present value of accumulated plan benefits as of June 30, 2025 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of June 30, 2025 and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended June 30, 2025. The complete financial status is presented as of June 30, 2024.

As of July 1, 2024, the Plan was classified as neither in endangered status nor in critical Status (Green Zone). This certification result is due to the fact that the Plan's funded percentage for the 2024 plan year is at least 80%, and the Plan has no projected deficiency in its funding standard account for the current or next six Plan Years. This projection was based on the Trustees' industry activity assumption that the active population will remain level and, on average, contributions will be made for 2,000 hours per year for each active participant.

NOTE 9. DERIVATIVES

The Plan is invested in derivative financial instruments through hedge funds, limited partnerships and other investments as allowed under the Plan's investment policy. According to management, its use of derivative financial instruments seeks to lessen market risk by investing in a diverse group of securities and strategies that are not correlated with the traditional public equity and fixed income markets.

Risks associated with derivatives vary widely, but generally may be categorized as market risk and credit risk. Market risk is defined as that risk associated with fluctuations in market price. Credit risk is defined as that risk associated with an entity not paying.

To monitor the Plan's investment portfolio, reports are reviewed, and investments are monitored by the investment consultant. Specific reports related to accounts with derivative transactions are prepared by the investment manager in which market values, sector and strategy allocations and gains and losses, are presented to the investment consultant for review.

The investment managers may use options, futures and swaps. An option is a contract that grants the right, but not the obligation, to exercise a specific purchase or sales transaction at a stated exercise price. A futures contract is a standardized agreement between two parties to buy and sell an asset at a set price on a future date. The Plan invests in hedge fund of funds whose underlying investment managers may invest in financial futures contracts for the purpose of gaining exposure to a specific segment of the investment market without having to purchase individual securities that comprise that market. If a hedge fund of funds underlying investment manager enters into a financial futures contract, the investment manager is required to pledge to the broker an amount in cash, U.S. Government securities or other assets equal to a certain percentage of the contract amounts (initial margin deposit).

Subsequent payments, known as "variation margin," are made or received by the hedge fund of funds underlying investment managers each day, depending on the daily fluctuations in the fair value of the underlying security. The underlying investment manager recognizes a gain or loss equal to the daily variation margin. Should market conditions move unexpectedly, the underlying investment manager may not achieve the anticipated benefits of the financial futures contracts and may realize a loss. The use of futures transactions involves the risk of imperfect correlation in movements in the price of futures contracts, interest rates and the underlying hedged assets.

The hedge fund of funds underlying investment manager may sell a security it does not own in anticipation of a decline in the fair value of that security. When the underlying investment manager sells a security short, it must borrow the security sold short and deliver it to the broker-dealer through which the short sale was made. A gain, limited to the price which the underlying investment manager sold the security short, or a loss, unlimited in size, will be recognized upon termination of the short sale.

In addition, the hedge fund of funds underlying investment manager has entered into interest rate swap agreements. Through such transactions, parties agree to pay on specific dates either a fixed or floating rate of interest on the contract amount. Risks in these transactions involve both the risk of counterparty nonperformance under the terms of the contract and the risk associated with changes in the market value of the swaps.

NOTE 10. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as interest rate, market, sector, and credit risks.

Due to the level of risk associated with certain investments it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

NOTE 11. WITHDRAWAL LIABILITY

As of the year ended June 30, 2021, two participating employers are paying withdrawal liability to the Plan. The original estimated withdrawal liability for these employers was determined by the Plan's actuary to total \$431,355 at present value. One employer is required to make sixty-six quarterly payments of \$3,684, which includes interest calculated at 7.5% and one final payment of \$2,421. The other employer required to make seventy-five quarterly payments of \$5,200, which includes interest calculated at 7.5% and one final payment of \$1,936. The Plan received withdrawal liability payments of \$35,600 and \$31,900 during the years ended June 30, 2025 and 2024, respectively. The withdrawal liability receivable at estimated present value for these two employers was \$288,423 and \$302,892 as of June 30, 2025 and 2024, respectively.

During the year ended June 30, 2025, one participating employer withdrew from the Plan and a withdrawal liability agreement for \$15,000. The employer is required to make a one-time \$1,000 then thirty-six payments of \$445, which includes interest calculated at 9%. The Plan received withdrawal liability payments of \$4,445 during the year ended June 30, 2025. The withdrawal liability receivable at estimated present value was \$11,229 as of June 30, 2025.

Additionally, other employers withdrew from the Plan during the year ended June 30, 2025. Three employers fully settled and the Plan received withdrawal liability settlement payments totaling \$114,920 during the year ended June 30, 2025. Two employers also withdrew in 2025 and made a settlement payment of \$2,238,364 in the subsequent year. The amount of \$2,072,273 is included as a withdrawal liability receivable as of June 30, 2025.

Additionally, other employers withdrew from the Plan during the year ended June 30, 2024. Two employers fully settled and the Plan received withdrawal liability settlement payments totaling \$38,765 during the year ended June 30, 2024. Three employers also withdrew in 2024 and made settlement payments of \$125,426 in the subsequent year. The amount is included as withdrawal liability receivable as of June 30, 2024.

NOTE 12. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through January 21, 2026, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
Payroll	\$ 594,124	\$ 565,769
Legal fees	527,727	474,982
PBGC insurance	300,588	279,160
Insurance	228,433	238,481
Rent	167,588	162,260
Employee benefits	117,237	199,012
Computer consulting	107,218	105,224
Accounting and auditing	101,000	101,000
Actuary fees	90,000	93,958
Printing, stationary and office	80,458	97,460
Depreciation	42,225	39,727
Payroll taxes	39,031	37,213
Repairs and maintenance	27,194	29,844
Payroll audits	14,341	18,264
Telephone	12,509	10,667
Conferences and meetings	11,733	3,130
Dues and subscriptions	6,350	6,006
Utilities	2,260	3,852
Employee benefits - withdrawal liability	-	11,413
Arbitration	-	5,400
	-	5,400
Total administrative expenses	\$ 2,470,016	\$ 2,482,822

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

SCHEDULE OF ASSETS HELD AT END OF YEAR

JUNE 30, 2025

Form 5500, Schedule H, Item 4i

E.I.N. 13-5660090
Plan No. 001

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Rate of Interest, Collateral, Par or Maturity					
Identity of Issuer, Borrower, Lessor or Similar Party		Par / Maturity					
		Type	Maturity Date	Rate of Interest	Value or Shares	Cost	Current Value
<u>Item 1c(1) Short-term investments:</u>							
* Amalgamated Bank Money Market		MMA	Demand	0.283 %	5,989,664	\$ 5,989,664	\$ 5,989,664
Dreyfus Government Cash Management		MMA	Demand	Var	13,117,168	13,117,168	13,117,168
JP Morgan 100% US Treasury Money Market		MMA	Demand	Var	4,720,542	4,720,542	4,720,542
Total short-term investments						23,827,374	23,827,374
<u>Item 1c(4)b Common stocks:</u>							
Affiliated Managers Group Inc.		Stock			14,500	1,784,665	2,853,165
Avantor Inc		Stock			129,000	2,173,621	1,736,340
Brown & Brown Inc.		Stock			8,000	359,478	886,960
C.H. Robinson Worldwide Inc.		Stock			12,000	1,074,516	1,151,400
CCC Intelligent Solutions		Stock			95,600	850,621	899,596
Clarvita PLC		Stock			582,009	5,297,673	2,502,639
Energizer Holdings New Com		Stock			67,000	1,920,904	1,350,720
Envista Holdings Corp		Stock			63,900	1,270,284	1,248,606
GFL Environmental Inc Sub		Stock			30,100	896,036	1,518,846
Henry Schein Inc.		Stock			17,100	1,218,075	1,249,155
Hillenbrand Inc		Stock			45,000	1,647,180	903,150
Lamb Weston Holding Inc.		Stock			29,300	1,930,645	1,519,205
Landstar Systems		Stock			2,800	390,345	389,256
Leslies Inc Com		Stock			240,000	1,833,946	100,776
LKQ Corp		Stock			27,443	1,025,948	1,015,665
LPL Financial Holdings Inc.		Stock			6,400	761,956	2,399,808
Medpace Hldgs		Stock			1,625	456,074	510,023
Middleby Corp		Stock			6,948	972,908	1,000,512
Molson Coors Brewing Corp		Stock			29,000	1,409,412	1,394,610
Neogen Corp		Stock			180,000	1,428,621	860,400
Post Holdings Inc.		Stock			26,500	2,031,761	2,889,295
Sysco Corp.		Stock			12,000	696,992	908,880
US Foods Holdings		Stock			25,600	754,095	1,971,456
Wiley John & Sons Inc		Stock			26,500	1,050,566	1,182,695
Willis Towers Watson		Stock			3,100	577,080	950,150
Total common stocks						33,813,402	33,393,308
<u>Item 1c(5) Partnerships and joint ventures:</u>							
Boyd Watterson GSA Fund, LP						10,000,000	10,788,120
Crescent Mezzanine Partners VIB, LP						8,483,835	447,727
Crescent Mezzanine Partners VIIB, LP						4,296,543	4,521,240
EnTrust Global Local 812 Partners LP						16,843,389	16,524,557
Riverstone Global Energy and Power Fund VI, LP						2,282,120	1,967,802
U.S. Real Estate Investment Fund, LLC						57,176,666	61,640,420
Total partnerships and joint ventures						99,082,553	95,889,866

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Rate of Interest, Collateral, Par or Maturity					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>Item 1c(9) Common collective trusts:</u>						
	BNY Mellon DB SL ACWI ex-U.S. Fund					\$ 40,642,490	\$ 61,332,282
	EB Emerging Market Debt Opportunistic Fund					664	5,405
	* LongView Core Bond Fund					79,888,292	87,106,592
	* LongView LargeCap 500 Index Fund					240,487,516	457,416,745
	NHIT: Strategic Alpha Trust					105,763,586	131,030,243
	Total common collective trusts					<u>466,782,548</u>	<u>736,891,267</u>
	<u>Item 1c(15) Other investments:</u>						
	AQR GRP EL Offshore Fund Ltd.					33,515,183	45,640,744
	Coller International Partners VII Feeder Fund, LP					3,471,513	1,429,180
	Dover Street IX Cayman Fund LP					4,550,000	2,105,728
	HPS Institutional Credit Fund LP					25,000,000	31,951,025
	Total other investments					<u>66,536,696</u>	<u>81,126,677</u>
	Total investments					<u>\$ 690,042,573</u>	<u>\$ 971,128,492</u>

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

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2025

Form 5500, Schedule H, Item 4j

E.I.N. 13-5660090
Plan No. 001

(a)	(b)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Collateral	(i) Net Gain or (Loss)
	Dreyfus Government Cash Management	\$ 64,541,920	N/A	\$ 64,541,920	\$ 64,541,920	N/A
	Dreyfus Government Cash Management	N/A	\$107,871,532	107,871,532	107,871,532	\$ -
	Fiera Global Equity Long- Only Fund LP	-	53,387,524	30,000,000	53,387,524	23,387,524

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of plan provisions

(Schedule MB, Line 6)

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

Plan year

July 1 through June 30

Pension credit year

January 1 through December 31

Plan status

Benefit accruals frozen

Regular pension

- **Age Requirement:** 60
- **Service Requirement:** 5 years
- **Amount:** Accrual rate for each pension credit according to schedule below:

Hourly Contribution Rate ¹	Accrual Rate
\$1.00	\$34.00
2.00 or greater	100.00

¹ Not including contribution rate increases called for in Rehabilitation Plan.

- Effective August 27, 2022, all benefit accruals were frozen.

Section 3: Certificate of Actuarial Valuation

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 10 years of vesting or pension credit
- **Amount:** Normal pension accrued, reduced by $\frac{1}{2}$ of 1% for each month of age less than 60

Vesting

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting credit
- **Amount:** Normal or early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** The later of age 60 or fifth anniversary of participation

Severance

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting credit and hired prior to January 1, 1989
- **Amount:** Varies based on past and future service combinations.

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting credit
- **Amount:** 50% of the benefit participant would have received had they retired the day before death and elected the joint and survivor option. If the participant died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the earliest date the participant would have been eligible for a benefit.

Section 3: Certificate of Actuarial Valuation

Pre-retirement lump-sum death benefit

- **Age Requirement:** None
- **Service Requirement:** 5 pension credits and active at time of death and hired prior to January 1, 1989
- **Amount:** Varies based on past and future service combination.

Post-retirement death benefit

Joint and Survivor: 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 without reduction, or in any other available optional form elected by the participant in an actuarially equivalent amount.

Optional forms of benefits

Single life annuity; 50% Joint and Survivor option; 75% Joint and Survivor option; Ten-year certain option; Social Security Level Income Option

Pension credit

No pension credit for benefit accrual is granted after August 27, 2022.

Vesting credit

One year of vesting service for each credit year during the contribution period in which the participant works 750 hours.

Contribution rate

\$7.50 per hour for the year beginning July 1, 2024. Select employers entered a Contribution Agreement in lieu of ongoing obligated contributions to the Fund. The remaining employers who did not enter the contribution agreement will continue to contribute to the Fund at their negotiated contribution rates.

Changes in plan provisions

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

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023. Table shows count and average accrued monthly benefit payable at normal retirement age.

Pension Credits

Age	Total	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	40	25	15	—	—	—	—	—	—	—	—
	\$91	\$34	—	—	—	—	—	—	—	—	—
25 - 29	95	42	32	21	—	—	—	—	—	—	—
	\$231	\$22	\$264	\$596	—	—	—	—	—	—	—
30 - 34	160	33	70	45	12	—	—	—	—	—	—
	\$424	\$39	\$285	\$732	—	—	—	—	—	—	—
35 - 39	192	29	57	65	31	10	—	—	—	—	—
	\$614	\$30	\$279	\$715	\$1,235	—	—	—	—	—	—
40 - 44	227	27	38	42	40	54	26	—	—	—	—
	\$1,068	\$32	\$302	\$724	\$1,258	\$1,732	\$2,146	—	—	—	—
45 - 49	288	27	28	29	35	59	90	20	—	—	—
	\$1,517	\$39	\$297	\$710	\$1,326	\$1,798	\$2,246	\$2,618	—	—	—
50 - 54	354	19	21	39	42	53	99	68	12	1	—
	\$1,781	—	\$306	\$750	\$1,314	\$1,741	\$2,237	\$2,695	—	—	—
55 - 59	329	22	22	27	19	41	75	72	33	18	—
	\$2,017	\$50	\$271	\$730	—	\$1,817	\$2,282	\$2,710	\$3,233	—	—
60 - 64	147	17	9	14	18	17	29	23	13	7	—
	\$1,783	—	—	—	—	—	\$2,230	\$2,712	—	—	—
65 - 69	21	2	—	2	—	1	8	4	1	1	2
	\$2,322	—	—	—	—	—	—	—	—	—	—
70 & over	—	—	—	—	—	—	—	—	—	—	—
Unknown	7	6	1	—	—	—	—	—	—	—	—
Totals	1,860	249	293	284	197	235	327	187	59	27	2
	\$1,342	\$36	\$282	\$719	\$1,272	\$1,763	\$2,243	\$2,695	\$3,223	\$3,640	—

Note: Excludes 253 participants with less than one eligibility credit.

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
07/02/2024	\$0.00	\$11,654.00	\$11,654.00
07/10/2024	\$3,700.00	\$0.00	\$3,700.00
07/18/2024	\$0.00	\$113,772.00	\$113,772.00
07/23/2024	\$5,200.00	\$0.00	\$5,200.00
10/09/2024	\$5,200.00	\$0.00	\$5,200.00
10/11/2024	\$0.00	\$30,000.00	\$30,000.00
11/19/2024	\$1,445.20	\$0.00	\$1,445.20
11/20/2024	\$3,700.00	\$0.00	\$3,700.00
12/03/2024	\$500.00	\$0.00	\$500.00
01/02/2025	\$500.00	\$0.00	\$500.00
01/10/2025	\$0.00	\$10.00	\$10.00
01/23/2025	\$88,246.25	\$0.00	\$88,246.25

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
02/04/2025	\$500.00	\$0.00	\$500.00
02/13/2025	\$3,700.00	\$0.00	\$3,700.00
03/05/2025	\$500.00	\$0.00	\$500.00
04/01/2025	\$500.00	\$0.00	\$500.00
04/04/2025	\$83,046.25	\$0.00	\$83,046.25
04/21/2025	\$5,200.00	\$0.00	\$5,200.00
04/29/2025	\$0.00	\$22,910.00	\$22,910.00
04/30/2025	\$3,700.00	\$0.00	\$3,700.00
06/03/2025	\$500.00	\$0.00	\$500.00
06/13/2025	\$0.00	\$92,500.00	\$92,500.00
Total	\$206,137.70	\$270,846.00	\$476,983.70

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	07/01/1996	\$353,644	2	\$182,801
Plan amendment	07/01/1997	1,245,722	3	443,630
Plan amendment	07/01/1998	1,544,746	4	426,217
Assumption change	07/01/1998	5,753,167	4	1,587,380
Plan amendment	01/01/1999	9,705,001	4.5	2,418,864
Plan amendment	07/01/1999	28,900	5	6,587
Plan amendment	09/01/1999	10,644,134	5.17	2,359,152
Plan amendment	07/01/2000	9,254,308	6	1,814,500
Plan amendment	01/01/2001	10,194,607	6.5	1,874,352
Plan amendment	07/01/2001	1,283,410	7	222,562
Plan amendment	07/01/2002	1,134,997	8	177,641
Plan amendment	07/01/2003	3,988	9	572
Assumption change	07/01/2006	2,688,569	12	316,352
Assumption change	07/01/2007	2,998,961	13	335,353
Investment loss subject to relief	07/01/2009	70,612,600	14	7,545,975
Assumption change	07/01/2010	2,311,078	1	2,311,078
Actuarial loss	07/01/2012	12,332,642	3	4,391,938
Investment loss subject to relief	07/01/2013	9,666,851	14	1,033,043
Investment loss subject to relief	07/01/2014	15,893,148	14	1,698,412
Assumption change	07/01/2015	7,451,743	6	1,461,070
Actuarial loss	07/01/2015	11,198,838	6	2,195,766
Actuarial loss	07/01/2016	22,447,251	7	3,892,673
Actuarial loss	07/01/2017	18,195,060	8	2,847,744
Actuarial loss	07/01/2018	20,314,784	9	2,914,060

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	07/01/2019	15,567,159	10	2,071,414
Actuarial loss	07/01/2020	11,220,847	11	1,398,484
Assumption change	07/01/2020	34,686,493	11	4,323,069
Actuarial loss	07/01/2022	7,320,045	13	818,551
Actuarial loss	07/01/2023	2,110,890	14	225,579
Plan amendment	07/01/2023	2,718,720	14	290,534
Assumption change	07/01/2023	13,680,463	14	1,461,955
Assumption change	07/01/2024	5,023,604	15	515,481
Total		\$339,586,370		\$53,562,789

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial gain	07/01/2010	\$464,091	1	\$464,091
Investment loss subject to relief	07/01/2010	1,970,318	14	210,557
Assumption change	07/01/2011	67,210	2	34,741
Plan amendment	07/01/2011	251,278	2	129,888
Investment loss subject to relief	07/01/2011	1,124,403	14	120,159
Actuarial gain	07/01/2011	5,708,824	2	2,950,938
Investment loss subject to relief	07/01/2012	1,028,307	14	109,889
Actuarial gain	07/01/2013	2,634,513	4	726,899
Actuarial gain	07/01/2014	6,117,753	5	1,394,451
Actuarial gain	07/01/2021	6,001,587	12	706,179
Plan amendment	07/01/2023	44,823,881	14	4,790,078
Actuarial gain	07/01/2024	6,829,099	15	700,746
Total		\$77,021,264		\$12,338,616

Section 3: Certificate of Actuarial Valuation

Current liability assumptions

- **Interest:** 3.69%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): Pri-2012 employee and annuitant mortality tables, projected generationally from 2012 using the 2024 adjusted scale MP-2021 (previously, RP-2006 employee and annuitant mortality tables, projected generationally from 2006 using scale MP-2021).

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 7.5%, for the Plan Year ending June 30, 2024
- **On current (market) value of assets (Schedule MB, line 6h):** 13.0%, for the Plan Year ending June 30, 2024

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 15 contribution date. For employers that make yearly annual installments per the Contribution Agreement, interest credited will be based on the actual date of the payments.

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 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.

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

- For purposes of determining current liability, the current liability interest rate was changed from 2.85% to 3.69% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, effective of July 1, 2024, the inactive vested retirement rate assumption was changed from the prior assumption of 100% at age 60.

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

Non-annuitant: Pri-2012 Blue Collar Employee Amount-Weighted Mortality Table (sex-specific), projected generationally using Scale-MP 2021.

Healthy annuitant: Pri-2012 Blue Collar Annuitant Amount-Weighted Mortality Table (sex-specific), projected generationally using Scale-MP 2021.

Contingent survivor: Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table (sex-specific), projected generationally using Scale-MP 2021.

The underlying tables with generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection 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 years' assumption over the past several years.

Annuitant mortality rates (%)

Age	Healthy Male ¹	Healthy Female ¹
55	0.64	0.49
60	0.93	0.71
65	1.27	1.08
70	2.05	1.64

¹ Mortality rates shown for base table

Section 3: Certificate of Actuarial Valuation

Age	Healthy Male ¹	Healthy Female ¹
75	3.33	2.62
80	5.72	4.35
85	9.78	7.49
90	16.54	13.05

Termination rates (%)

Age	Mortality Male ¹	Mortality Female ¹	Withdrawal Less than 2 Years of Service ²	Withdrawal 2-4 Years of Service ²	Withdrawal 5-9 Years of Service ²	Withdrawal 10 or More Years of Service ²
20	0.07	0.02	17.99	14.19	--	--
25	0.07	0.03	21.74	17.14	15.55	--
30	0.07	0.03	18.61	13.58	10.07	5.81
35	0.07	0.04	16.78	11.02	8.58	6.02
40	0.09	0.06	15.91	10.35	7.21	4.98
45	0.12	0.09	15.48	9.47	6.98	4.48
50	0.18	0.13	15.60	8.90	6.38	4.19
55	0.28	0.20	13.52	7.82	3.11	1.06

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

¹ Mortality rates shown for base table.

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

Section 3: Certificate of Actuarial Valuation

Retirement rates for active participants

Age	Annual Retirement Rates
55 – 59	3%
60	40%
61 – 64	30%
65 – 72	40%
73 and above	100%

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

Description of weighted average retirement age

Age 62, 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 July 1, 2024 actuarial valuation.

Retirement rates for inactive vested participants

Age	Annual Retirement Rates
55	30%
56 – 59	10%
60	35%
61 – 69	15%
70 – 72	30%
73 and above	100%

Section 3: Certificate of Actuarial Valuation

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

Future benefit accruals

One pension credit per year.

Unknown data for participants

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

Definition of active participants

Active participants are defined as those with at least 400 hours in the most recent credit year and who have accumulated at least one pension credit for eligibility purposes, excluding those who have retired as of the valuation date.

Percent married

50% for males and 50% for females

Age of spouse

Spouses of male participants are three years younger, and spouses of female participants are three years older, if actual age is unknown.

Benefit election

40% of participants are assumed to elect a 50% Joint and Survivor annuity. 60% of participants are assumed to elect a Single Life annuity.

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

Section 3: Certificate of Actuarial Valuation

Delayed retirement factors

Active participants assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases, but not beyond age 75.

Net investment return

7.00%

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, as well as the Plan's target asset allocation.

Annual administrative expenses

\$2,500,000 for the year beginning July 1, 2024 (equivalent to \$2,410,494 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 market value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus the greater of pension credits or vesting credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.

Benefits valued

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

Section 3: Certificate of Actuarial Valuation

Current liability assumptions

- **Interest:** 3.69%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): Pri-2012 employee and annuitant mortality tables, projected generationally from 2012 using the 2024 adjusted scale MP-2021 (previously, RP-2006 employee and annuitant mortality tables, projected generationally from 2006 using scale MP-2021).

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 7.5%, for the Plan Year ending June 30, 2024
- **On current (market) value of assets (Schedule MB, line 6h):** 13.0%, for the Plan Year ending June 30, 2024

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 15 contribution date. For employers that make yearly annual installments per the Contribution Agreement, interest credited will be based on the actual date of the payments.

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 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.

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

- For purposes of determining current liability, the current liability interest rate was changed from 2.85% to 3.69% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, effective of July 1, 2024, the inactive vested retirement rate assumption was changed from the prior assumption of 100% at age 60.

Section 2: Actuarial Valuation Results

Schedule MB line 6f(1) - Description of Withdrawal Liability Interest Rate

- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.
- 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.
- Reductions in accrued benefits or contribution surcharges for a plan that was formerly in critical status (Red Zone) are disregarded in determining an employer's allocation of the UVB. The Trustees have adopted a method for calculating the UVB effective for withdrawals that occur on and after June 30, 2011. The method is described in PBGC Reg. §4211.16(d), using the fraction described in paragraph (2), subparagraphs (i) and (ii).

Assumption	Description
Interest	For liabilities up to market value of assets, 5.50% for 20 years and 4.83% beyond (5.38% for 20 years and 5.09% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding for the plan year ending June 30, 2024 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of June 30, 2024 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of June 30, 2024 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

- The assumption changes made for funding purposes as of the beginning of the current year will be reflected in the end of the current year's unfunded present value of vested benefits for purposes of withdrawal liability.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$1,660,997	\$1,556,603	\$54,139,805	\$57,357,405
2025	3,386,186	2,842,869	52,702,621	58,931,676
2026	4,944,298	4,161,998	51,195,826	60,302,122
2027	6,527,266	5,587,288	49,572,860	61,687,414
2028	8,061,663	6,860,140	47,916,118	62,837,921
2029	9,512,461	8,130,512	46,226,969	63,869,942
2030	10,913,229	9,294,168	44,446,601	64,653,998
2031	12,303,299	10,493,073	42,614,327	65,410,699
2032	13,664,665	11,703,479	40,767,883	66,136,027
2033	14,841,252	12,787,893	38,902,003	66,531,148
2034	15,899,458	13,835,989	37,005,134	66,740,581
2035	16,768,025	14,854,271	35,138,659	66,760,955
2036	17,601,055	15,824,432	33,264,426	66,689,913
2037	18,369,028	16,770,148	31,388,104	66,527,280
2038	18,940,502	17,608,938	29,514,977	66,064,417
2039	19,418,063	18,347,306	27,650,098	65,415,467
2040	19,803,799	18,991,925	25,798,602	64,594,326
2041	20,066,931	19,507,172	23,965,890	63,539,993

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2042	\$20,268,542	\$19,947,927	\$22,157,808	\$62,374,277
2043	20,391,003	20,264,200	20,380,712	61,035,915
2044	20,446,947	20,514,467	18,641,525	59,602,939
2045	20,427,387	20,695,238	16,947,703	58,070,328
2046	20,303,956	20,748,266	15,307,183	56,359,405
2047	20,118,790	20,746,477	13,728,241	54,593,508
2048	19,864,250	20,661,845	12,219,237	52,745,332
2049	19,553,212	20,494,193	10,788,404	50,835,809
2050	19,180,061	20,236,239	9,443,499	48,859,799
2051	18,718,281	19,878,490	8,191,358	46,788,129
2052	18,208,975	19,454,664	7,037,528	44,701,167
2053	17,646,460	18,957,490	5,985,970	42,589,920
2054	17,025,269	18,376,995	5,038,861	40,441,125
2055	16,366,947	17,735,406	4,196,433	38,298,786
2056	15,657,118	17,041,620	3,456,831	36,155,569
2057	14,914,067	16,306,557	2,816,183	34,036,807
2058	14,142,568	15,534,366	2,268,849	31,945,783
2059	13,348,377	14,734,866	1,807,701	29,890,944

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2060	\$12,541,597	\$13,911,854	\$1,424,591	\$27,878,042
2061	11,732,059	13,072,240	1,110,740	25,915,039
2062	10,925,955	12,224,773	857,171	24,007,899
2063	10,129,255	11,373,937	655,109	22,158,301
2064	9,346,460	10,528,837	496,252	20,371,549
2065	8,589,946	9,707,299	372,985	18,670,230
2066	7,860,679	8,904,625	278,526	17,043,830
2067	7,161,782	8,129,698	206,968	15,498,448
2068	6,500,112	7,390,635	153,316	14,044,063
2069	5,872,975	6,689,410	113,438	12,675,823
2070	5,286,360	6,029,674	83,991	11,400,025
2071	4,739,301	5,409,017	62,340	10,210,658
2072	4,232,485	4,829,252	46,449	9,108,186
2073	3,764,969	4,290,821	34,770	8,090,560

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$3,020,100	\$47,189	\$3,067,289
2025	\$3,020,100	\$35,535	\$3,055,635
2026	\$3,020,100	\$35,535	\$3,055,635
2027	\$3,020,100	\$35,535	\$3,055,635
2028	\$150,000	\$35,535	\$185,535
2029	\$150,000	\$35,535	\$185,535
2030	\$150,000	\$35,535	\$185,535
2031	\$150,000	\$35,535	\$185,535
2032	\$150,000	\$35,535	\$185,535
2033	\$150,000	\$35,535	\$185,535

NAME OF PLAN: SOFT DRINK & BREWERY WORKERS UNION, LOCAL 812 RETIREMENT FUND

NAME OF PLAN SPONSOR: BD OF TRUSTEES SDBWU L812 RET. FUND

EIN: 13-5660090

PLAN NUMBER: 001

ATTACHMENT TO 2024

FORM 5500

SCHEDULE R, LINE 13e – INFORMATION ON CONTRIBUTION RATES AND BASE UNITS

COMPANY	EIN	HOURLY RATE	CBA EXPIRING DATE
Anheuser Busch	43-1510617	*See below	5/31/2027
Oak Beverages	13-3019271	*See below	5/31/2027
Boening Brothers	11-2042790	*See below	5/31/2027

* Pursuant to a Contribution Agreement between the Union and various contributing employers, the above employers agreed that in lieu of the contributions that they are obligated to contribute to the Fund under any present or future collective bargaining agreement with the Union and any applicable Fund Rehabilitation Plan, a lump sum contribution would be made to the Fund in August 2022 and the employers would remain obligated to contribute to the Fund in amounts necessary to maintain a certain level of funding for the next 20 years as required by the Contribution Agreement.

COMPANY	EIN	HOURLY RATE	CONTRIBUTION PERIOD	Notes
Bett-A-Way Beverage Distributor Inc	11-2616774	\$9.00	6/1/2024-6/30/24	Contributions and withdrawal liability
Midwood Beverages, Inc.		\$5.00	1/1/2016-5/31/2016	2016-2018 Audit and withdrawal liability
		\$5.50	6/1/2016-5/31/2017	
		\$6.00	6/1/2017-5/31/2018	
		\$6.50	6/1/2018-12/31/2018	
Ditmars Distributors, Inc	11-2158667	-----	-----	Withdrawal Liability
American Compressed Gases Inc	13-2599538	\$8.00	1/1/2022-5/31/2022	2022-2024 Audit
		\$8.50	6/1/2022-5/31/2023	
		\$9.00	6/1/2023-4/30/2024	
Manhattan Beer Distributors	13-5660090	\$6.90	1/1/2021-2/28/2021	2021 Audit
		\$6.40	3/1/2021-12/31/2021	
Bailey Dist., Inc		-----	-----	Withdrawal Liability
K.J.L Distributors, Inc.		\$7.50	6/1/2021-7/31/2024	Contributions

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- ▶ **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.

A Name of plan SOFT DRINK AND BREWERY WORKERS UNION LOCAL 812 RETIREMENT FUND	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES SOFT DRINK AND BREWERY WORKERS	D Employer Identification Number (EIN) 13-5660090	

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

1a Enter the valuation date: Month 07 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	932,759,201
(2) Actuarial value of assets for funding standard account.....	1b(2)	902,904,990
c (1) Accrued liability for plan using immediate gain methods	1c(1)	839,512,693
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	839,512,693
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	1,272,626,675
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	0
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	57,413,936
(3) Expected plan disbursements for the plan year	1d(3)	59,913,936

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

SIGN HERE	JOSHUA KAPLAN JK Signature of actuary JOSHUA KAPLAN, FSA, FCA, MAAA Type or print name of actuary SEGAL Firm name 66 HUDSON BLVD E NEW YORK NY 10001 Address of the firm	<u>01/21/2026</u> Date 2305487 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability

	Pre-retirement			Post-retirement		
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:						
(1) Males	6c(1)	9P		9P		9P
(2) Females	6c(2)	9FP		9FP		9FP
d Valuation liability interest rate	6d	7.00 %		7.00 %		7.00 %
e Salary scale	6e	%	<input checked="" type="checkbox"/> N/A			
f Withdrawal liability interest rate:						
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)					%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g					7.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h					13.0 %
i Expense load included in normal cost reported in line 9b	6i					<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)					%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)					2,410,494
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)					<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-6,829,099	-700,746
4	5,023,604	515,481

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		8e	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		9a	0
b Employer's normal cost for plan year as of valuation date		9b	2,410,494
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	339,586,370	53,562,789
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c		9d	3,918,130
e Total charges. Add lines 9a through 9d		9e	59,891,413
Credits to funding standard account:			
f Prior year credit balance, if any		9f	325,957,403
g Employer contributions. Total from column (b) of line 3		9g	3,711,741
h Amortization credits as of valuation date		Outstanding balance	
	9h	77,021,264	12,338,616
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	23,883,517
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	283,523,892	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	230,984,362	
(3) FFL credit	9j(3)		0
k(1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l	365,891,277
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	305,999,864
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No