

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan TRUCK DRIVERS & HELPERS LOCAL UNION NO. 355 RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1959
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) JOINT BOARD OF TRUSTEES OF THE DRIVERS AND HELPERS LOCAL NO. 355 UNION NO.355 RETIREMENT PLAN 1030 S. DUKELAND STREET BALTIMORE, MD 21223-3303
2b Employer Identification Number (EIN) 52-6043608
2c Plan Sponsor's telephone number 443-573-3632
2d Business code (see instructions) 484110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for DAVID WHITE and DAVID GRANEK.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4738
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)	1905
	6a(2)	1785
	6b	1845
	6c	688
	6d	4318
	6e	0
	6f	4318
	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	20

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>TRUCK DRIVERS & HELPERS LOCAL UNION NO. 355 RETIREMENT PLAN</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>JOINT BOARD OF TRUSTEES OF THE DRIVERS AND HELPERS LOCAL NO. 355</u>	D Employer Identification Number (EIN) <u>52-6043608</u>

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

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

b Assets		
(1) Current value of assets	1b(1)	<u>665354779</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>708933008</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>606523322</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>606523322</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>950208021</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>27886773</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>37600073</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>38330942</u>

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

SIGN HERE	
Signature of actuary	<u>02/24/2026</u>
<u>JAMES RITCHIE, ASA, EA, FCA, MAAA</u>	Date
Type or print name of actuary	<u>23-56430</u>
<u>BOLTON PARTNERS, INC.</u>	Most recent enrollment number
Firm name	<u>410-547-0500</u>
<u>1 W. PENNSYLVANIA AVENUE</u> <u>SUITE 600</u> <u>TOWSON, MD 21204</u>	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	665354779
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1783	532453574
(2) For terminated vested participants	909	108651489
(3) For active participants:		
(a) Non-vested benefits		26190436
(b) Vested benefits		282912522
(c) Total active	1550	309102958
(4) Total	4242	950208021
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/01/2024	33952049					
			Totals ▶	3(b)	33952049	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					3(d)	112261

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	116.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	6.75 % 6.75 %
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	6.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.2 %
i Expense load included in normal cost reported in line 9b	6i	<input checked="" 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)	730869
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input checked="" type="checkbox"/> Yes <input 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 checked="" 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)	5
(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 checked="" 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	11870665

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	13993311

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)	190494158	31047772
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		3040273
e Total charges. Add lines 9a through 9d.....	9e		48081356
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		180724761
g Employer contributions. Total from column (b) of line 3.....	9g		33952049
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	78499050	19022028
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		14628790
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	145058961	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	157713259	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		248327628
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		200246272
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

A Name of plan TRUCK DRIVERS & HELPERS LOCAL UNION NO. 355 RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF THE DRIVERS AND HELPERS LOCAL NO. 355	D Employer Identification Number (EIN) 52-6043608	

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

LEGG MASON INVESTOR SERVICES	100 INTERNATIONAL DRIVE BALTIMORE, MD 21202
52-2099459	

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

SEI TRUST COMPANY	1 FREEDOM VALLEY DRIVE OAKS, PA 19456
06-1271230	

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

GROSVENOR CAPITAL MANAGEMENT, L.P.	900 NORTH MICHIGAN AVENUE CHICAGO, IL 60611
36-3795985	

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

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

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

GREAT GRAY TRUST COMPANY (AFL-CIO)

6725 VIA AUSTI PARKWAY
LAS VEGAS, NV 89119

92-1941236

(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?
52 28 21	INVESTMENT MANAGER	261324	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AMERICAN REALTY ADVISORS

801 N. BRAND BLVD, 800
GLENDALE, CA 91203

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	INVESTMENT MANAGER	239165	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOLTON PARTNERS, INC.

36 SOUTH CHARLES STREET
410-547-0500
BALTIMORE, MD 21201

(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	ACTUARY	88343	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)

SIGULER GUFF ADVISERS, LLC

825 THIRD AVENUE, 10TH FL
NEW YORK, NY 10022

(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?
52	INVESTMENT MANAGER	15962	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ABATO, RUBENSTEIN & ABATO

809 GLEN EAGLES COURT
TOWSON, MD 21286

52-0904713

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	PLAN COUNSEL	32607	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)

JANUS CAPITAL GROUP

151 DETROIT STREET
DENVER, CO 80206

75-3019302

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	INVESTMENT MANAGER	241684	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)

GREAT LAKES ADVISORS, LLC

231 S. LASALLE ST.
CHICAGO, IL 60604

(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?
68 51 28	INVESTMENT MANAGER	261324	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

STATE STREET

ONE LINCOLN STREET
BOSTON, MA 02011

04-1867445

(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?
68 52 51 19	INVESTMENT MANAGER	27681	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WEDGE CAPITAL MANAGEMENT

301 S. COLLEGE STREET
CHARLOTTE, NC 28202

56-1557450

(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?
68 51 28	INVESTMENT MANAGER	259848	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" 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)

MARCO CONSULTING GROUP

500 W. WASHINGTON BLVD.
CHICAGO, IL 60661

36-3555078

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 27	INVESTMENT ADVISOR	135000	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)

HCFL

1954 GREENSPRING DRIVE
TIMONIUM, MD 21093

52-1399339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10	AUDITOR	53515	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)

BENEFITS ADMINISTRATION, LLC

8600 LASALLE RD SUITE 605
TOWSON, MD 21286

52-1139156

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 14	PLAN ADMINISTRATOR	149472	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)

PNC BANK, NATIONAL ASSOCIATION

HOPKINS PLAZA
BALTIMORE, MD 21201

22-1146430

(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?
72 64 62 50 19	CUSTODIAL	83154	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)

AQR CAPITAL MANAGEMENT, LLC

TWO GREENWICH PLAZA
GREENWICH, CT 06830

(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?
52 28	INVESTMENT MANAGER	137561	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HAMILTON LANE ADVISORS, LLC

ONE PRESIDENTIAL BLVD.
BALA CYNWYD, PA 19004

23-2962336

(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?
52	INVESTMENT MANAGER	132626	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" 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)

SEGALL BRYANT & HAMILL

540 WEST MADISON STREET
CHICAGO, IL 60661

(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	INVESTMENT MANAGER	139274	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)

BNY MELLON - IR&M

82-1731865

(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?
52	INVESTMENT MANAGER	61191	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HARBOURVEST PARTNERS, LLC

ONE FINANCIAL CENTER
BOSTON, MA 02111

(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?
52	INVESTMENT MANAGER	87229	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" 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)

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	INVESTMENT MANAGER	106057	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	INVESTMENT MANAGER	150305	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" 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?
51 28	INVESTMENT MANAGER	6512	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)

BENESYS, INC

700 TOWER DRIVE, SUITE 300
TROY, MI 48098-2808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 14	PLAN ADMINISTRATOR	203756	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>TRUCK DRIVERS & HELPERS LOCAL UNION NO. 355 RETIREMENT PLAN</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>JOINT BOARD OF TRUSTEES OF THE DRIVERS AND HELPERS LOCAL NO. 355</u>	D Employer Identification Number (EIN) <u>52-6043608</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: AFL-CIO BUILDING INVESTMENT TRUST

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16574907</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 FLAGSHIP SECURITIES LENDING

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN <u>04-0025081-002</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>58796767</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTECH U.S. LARGE CAP GROWTH FUND L

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

c EIN-PN <u>20-0055624-001</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>56424137</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL ADVANTAGE STRATEGY COL

b Name of sponsor of entity listed in (a): PIMCO COLLECTIVE INVESTMENT TRUST

c EIN-PN <u>27-2097285-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21070739</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST PARTNERS INTERNATIONAL FUND

b Name of sponsor of entity listed in (a): EARNEST PARTNERS MULTIPLE INVESTMENT TRUST

c EIN-PN <u>26-4101643-002</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>55916228</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW SMALLCAP 600 INDEX FUND

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

c EIN-PN <u>13-4920330-004</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>21973371</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW MIDCAP 400 INDEX FUND

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

c EIN-PN <u>13-4920330-011</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>42399897</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: CTF OPP FIXED INCOME ALLOCATION

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 90-6110062-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28952157
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a Name of MTIA, CCT, PSA, or 103-12 IE: IR&M CORE PLUS BOND

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

c EIN-PN 82-1731865-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50059608
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TRUCK DRIVERS & HELPERS LOCAL UNION NO. 355 RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF THE DRIVERS AND HELPERS LOCAL NO. 355	D Employer Identification Number (EIN) 52-6043608

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	9816993	8338334
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3640678	2664281
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	523634	1938030
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8908172	11251363
(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)	127490330	129875560
(5) Partnership/joint venture interests	1c(5)	65845537	67485868
(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)	257087091	295743674
(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)	45277713	56424137
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	87733771	97759239
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	59498766	60494047

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	665822685	731974533
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	334824	343713
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	128371	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	463195	343713
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	665359490	731630820

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)	33952049	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		33952049
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	535216	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		535216
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	4418827	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2292783	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6711610
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	156720042	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	136761306	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		19958736
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	6654740	
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		6654740

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		24329224
(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)		16215735
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-4250220
c Other income	2c		4643188
d Total income. Add all income amounts in column (b) and enter total.....	2d		108750278

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	39584855	
(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)		39584855
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	353228	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2076138	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	88343	
(8) Legal fees	2i(8)	32607	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	343777	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2894093
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		42478948

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		66271330
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: **HCFL**

(2) EIN: **52-1399339**

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		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 563111.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>TRUCK DRIVERS & HELPERS LOCAL UNION NO. 355 RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOINT BOARD OF TRUSTEES OF THE DRIVERS AND HELPERS LOCAL NO. 355</u>	D Employer Identification Number (EIN) <u>52-6043608</u>	

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	
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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
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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.
----------------	---

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 **UNITED PARCEL SERVICE**

b EIN **36-2407381**

c Dollar amount contributed by employer **28360888**

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 **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) **18.20**

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

a Name of contributing employer **SYSCO WASHINGTON-BALTIMORE**

b EIN **74-3066318**

c Dollar amount contributed by employer **3094603**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **01** Year **2022**

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) **5.00**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	470
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	469
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	503

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	1.00
b The corresponding number for the second preceding plan year	15b	0.93

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 62.8 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 17.8 %
 High-Yield Debt: _____ % Real Assets: 3.6 % Cash or Cash Equivalents: _____ % Other: 15.8 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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



**HANDWERGER, CARDEGNA,
FUNKHOUSER & LURMAN, P.A.**

To the Trustees
Truck Drivers and Helpers Local Union No. 355 Pension Plan
Baltimore, Maryland

INDEPENDENT AUDITOR'S REPORT

Opinion

We have audited the accompanying financial statements of Truck Drivers and Helpers Local Union No. 355 Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits as of December 31, 2023 and 2022, and the related statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023 and 2022, and the changes in its accumulated plan benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

To the Trustees
Truck Drivers and Helpers Local Union No. 355 Pension Plan
Baltimore, Maryland

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.

Supplemental Schedules Required by ERISA

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

To the Trustees
Truck Drivers and Helpers Local Union No. 355 Pension Plan
Baltimore, Maryland

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

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

Handwerger, Cardegna, Funkhouser & Lurman, P.A.

Handwerger, Cardegna, Funkhouser & Lurman, P.A.
Timonium, Maryland
February 25, 2026

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Plan ID: 52-6043608
Plan Number: 001
Form 5500, Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
*	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares		
Money Market Funds:				
	Federated Hermes	Govt. Money Market Funds #07	1,492,178	\$ 1,492,178
	Federated Hermes	Govt. Money Market Funds #07	1,015,810	\$ 1,015,810
	Federated Hermes	Govt. Money Market Funds #07	5,003,094	5,003,094
	Federated Hermes	Govt. Money Market Funds #07	2,359,054	2,359,054
	Federated Hermes	Govt. Money Market Funds #07	1,224,016	1,224,016
	Federated Hermes	Govt. Money Market Funds #07	11,222	11,222
	Federated Hermes	Govt. Money Market Funds #07	145,989	145,989
	Subtotal Money Market Funds:		11,251,363	11,251,363
Common Stock:				
	3M Company	Equities	1,100	141,999
	Aar Corp	Equities	2,642	161,902
	Abbott Laboratories Inc	Equities	5,426	613,735
	Abbvie Inc	Equities	4,642	824,883
	Abbvie Inc	Equities	1,735	308,310
	Abercrombie & Fitch Co	Equities	4,185	625,532
	Acuity Inc	Equities	417	121,818
	Adapthealth Corp	Equities	45,821	436,216
	Adobe Inc	Equities	1,104	490,927
	Advanced Auto Parts	Equities	7,245	342,616
	Aercap Holdings	Equities	4,374	418,592
	Agco Corp	Equities	1,309	122,365
	Alamos Gold Inc	Equities	15,029	277,135
	Allete Inc	Equities	3,618	234,446
	Allison Transmission Holding	Equities	1,200	129,672
	Ally Financial Inc	Equities	11,996	431,976
	Alphabet Inc	Equities	3,985	754,361
	Alphabet Inc	Equities	15,921	3,013,845
	Amazon Com Inc	Equities	13,722	3,010,470
	Amcor Plc	Equities	7,586	71,384
	Amdocs Limited	Equities	9,074	772,560
	American Tower Corp	Equities	3,264	598,650
	Ameriprise Financial Inc	Equities	876	466,409
	Ameris Bancorp	Equities	4,186	261,918
	Amphenol Corp	Equities	9,886	686,583
	Angiodynamics Inc	Equities	15,981	146,386
	Apogee Enterprises Inc	Equities	5,759	411,250
	Apple Inc	Equities	18,476	4,626,760
	Apple Inc	Equities	3,038	760,776
	Arcbest Corp	Equities	2,411	224,995
	Arista Networks Inc	Equities	6,832	755,141
	Astec Industries Inc	Equities	4,190	140,784
	Atkore Inc	Equities	1,449	120,919
	Autoliv Inc	Equities	1,349	126,523
	Avantor Inc	Equities	17,245	363,352
	Azz Inc	Equities	5,963	488,489
	Baker Hughes Company	Equities	5,294	217,160
	Becton Dickinson & Co	Equities	2,233	506,601
	Belden Inc	Equities	3,854	433,999
	Berry Global Group Inc	Equities	1,165	75,341
	Bio Rad Laboratories Inc	Equities	1,008	331,138
	Biocryst Pharmaceuticals Inc	Equities	17,206	129,389
	Biogen Inc	Equities	1,998	305,534
	Blackrock Funding Inc	Equities	780	799,586

**TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355
PENSION PLAN**

Plan ID: 52-6043608
Plan Number: 001
Form 5500, Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
*	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares		
	Common Stock (continued):			
	Block H & R Inc	Equities	9,814	633,370
	Boise Cascade Co	Equities	954	102,183
	Booz Allen Hamilton Holding	Equities	5,857	698,448
	Borg Warner Inc.	Equities	3,829	129,157
	Boston Scientific Corp	Equities	8,516	308,924
	Bp Plc	Equities	7,933	275,039
	Brinker International Inc	Equities	4,511	556,842
	Bristol Myers Squibb Co	Equities	5,627	269,388
	Broadcom Inc	Equities	8,390	444,531
	Builders Firstsource Inc	Equities	462	46,069
	Cadence Bank	Equities	10,186	255,512
	Cadence Design Systems Inc	Equities	2,331	313,628
	Capri Hldgs Ltd	Equities	11,440	235,819
	Cardinal Health Inc	Equities	2,741	307,253
	Caretrust Reit Inc	Equities	5,457	153,645
	Carlisle Companies Inc	Equities	321	48,449
	Carnival Corp	Equities	22,621	562,648
	Caseys General Stores Inc	Equities	1,275	313,521
	Cencora Inc	Equities	2,438	230,769
	Cencora Inc	Equities	1,354	168,942
	Centene Corp	Equities	5,222	404,489
	Cf Industries Holdings Inc	Equities	922	74,881
	Cisco Systems Inc	Equities	12,691	720,565
	Citigroup Inc	Equities	6,590	320,512
	Clearfield Inc	Equities	2,809	85,025
	Columbia Bkg Sys Inc	Equities	14,348	350,224
	Columbus Mckinnon Corp	Equities	4,910	163,550
	Commercial Metals Co	Equities	1,310	56,668
	Community Financial System Inc	Equities	4,936	250,161
	Conocophillips	Equities	6,306	430,973
	Constellation Brands Inc	Equities	2,717	516,000
	Core & Main Inc	Equities	2,425	94,226
	Coty Inc	Equities	15,987	130,862
	Crescent Energy Inc	Equities	31,268	372,520
	Csx Corp	Equities	19,247	623,534
	Csx Corp	Equities	3,839	131,037
	Cummins Inc	Equities	352	41,259
	Davita Inc	Equities	2,042	198,792
	Deckers Outdoor Corp	Equities	2,624	237,928
	Delta Air Lines Inc	Equities	9,350	437,845
	Dick'S Sporting Goods Inc.	Equities	2,752	613,580
	Dick'S Sporting Goods Inc.	Equities	2,541	416,081
	Digitalbridge Group Inc	Equities	13,056	225,760
	Disney Walt Co	Equities	5,571	678,748
	Dominion Energy Inc	Equities	2,517	132,501
	Dover Corp	Equities	677	55,497
	Duke Energy Holding Corp	Equities	7,015	638,713
	Eastman Chem Co	Equities	751	57,251
	Element Solutions Inc	Equities	10,853	202,174
	Eli Lilly & Co	Equities	932	75,690
	Emcor Group Inc	Equities	278	14,235
	Emerson Electric Co	Equities	1,027	64,710
	Empire State Realty Trust In	Equities	9,841	136,290

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Plan ID: 52-6043608

Plan Number: 001

Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
*	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares		
	Common Stock (continued):			
	Enerpac Tool Group Corp	Equities	2,284	60,135
	Energys	Equities	3,412	253,333
	Equitable Holdings Inc	Equities	9,130	418,921
	Evergy Inc	Equities	2,274	137,753
	Expand Energy Corp	Equities	2,257	190,108
	Expand Energy Corp	Equities	5,186	448,950
	F5 Inc	Equities	2,917	630,173
	Fabrinet	Equities	3,291	800,935
	Firstenergy Corp	Equities	3,484	144,434
	Fnf Group	Equities	6,969	301,989
	Foot Locker Inc	Equities	8,036	177,944
	Fortinet Inc	Equities	8,898	499,708
	Fox Corp	Equities	12,086	529,099
	Galapagos	Equities	7,462	284,358
	Garmin Ltd	Equities	2,506	440,421
	Gartner Inc	Equities	1,449	422,003
	General Motors Co	Equities	7,972	321,416
	Gentex Corp	Equities	4,257	98,005
	Gentherm Inc	Equities	4,867	255,592
	Genuine Parts Co	Equities	1,082	141,188
	Geron Corp	Equities	76,136	265,755
	Gilead Sciences Inc	Equities	6,455	591,039
	Gilead Sciences Inc	Equities	3,451	257,287
	Glacier Bancorp Inc	Equities	6,191	217,671
	Godaddy Inc	Equities	4,075	627,663
	Goldman Sachs Group Inc	Equities	803	302,094
	Goldman Sachs Group Inc	Equities	1,507	733,069
	Goodyear Tire & Rubber Co	Equities	36,987	478,559
	Hain Celestial Group Inc	Equities	17,551	393,131
	Halliburton Co	Equities	7,560	285,817
	Hancock Whitney Corp	Equities	4,980	253,771
	Hartford Insurance Group Inc	Equities	3,696	266,118
	Hartford Insurance Group Inc	Equities	5,726	302,072
	HCA Healthcare Inc	Equities	910	252,178
	Helmerich & Payne Inc	Equities	7,447	269,497
	Hologic Inc	Equities	4,155	306,070
	Hub Group Inc	Equities	2,468	110,536
	Ichor Holdings Ltd	Equities	4,578	169,536
	Icu Med Inc	Equities	3,053	524,521
	Ingevity Corp	Equities	11,168	471,740
	Ingredion Inc	Equities	521	51,705
	Innovex International Inc	Equities	4,792	144,382
	Intercontinental Exchange Inc	Equities	4,148	450,639
	Intuit Software	Equities	1,090	490,789
	Jabil Inc	Equities	3,952	493,636
	Jackson Financial Inc	Equities	4,811	406,003
	Jacobs Solutions Inc	Equities	916	62,522
	Jazz Pharmaceuticals	Equities	2,797	314,348
	Johnson Cts Intl	Equities	8,935	578,634
	Jpmorgan Chase & Co	Equities	6,051	469,611
	Kb Home	Equities	7,115	457,019
	Kla Corp	Equities	1,173	564,456
	Knight Swift Transportation Holdings Inc	Equities	2,413	134,347

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Plan ID: 52-6043608

Plan Number: 001

Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b)	(c)	(d)	(e)	
*	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
		Shares			
	Common Stock (continued):				
	Kraft Heinz Co	Equities	13,880	476,028	426,255
	Labcorp Holdings Inc	Equities	1,531	298,619	351,089
	Lakeland Finl Corp	Equities	1,102	36,229	75,774
	Lear Corp	Equities	1,326	164,922	125,572
	Leidos Holdings Inc	Equities	5,149	774,365	741,765
	Lithia Mtrs Inc	Equities	1,485	541,458	530,784
	Littelfuse Inc	Equities	1,303	329,602	307,052
	Lockheed Martin Corp	Equities	1,568	810,271	761,954
	Louisiana Pacific Corp	Equities	678	58,050	70,207
	Lowe's Companies Inc	Equities	2,730	394,393	673,764
	Lululemon Athletica Inc	Equities	1,950	654,181	745,700
	Lyondellbasell Industries N.V.	Equities	890	73,379	66,100
	Madden Steven Ltd	Equities	3,432	117,652	145,929
	Masco Corp	Equities	1,585	60,052	115,023
	Mastercard Inc	Equities	2,620	905,823	1,379,613
	Matador Resources Co	Equities	2,544	138,625	143,125
	Matson Inc	Equities	822	133,451	110,838
	Mckesson Corporation	Equities	534	153,331	304,332
	Merck & Co Inc	Equities	7,917	957,783	787,583
	Mercury Systems Inc	Equities	13,128	546,198	551,376
	Meritage Homes Corporation	Equities	3,111	588,562	478,534
	Meta Platforms Inc	Equities	1,278	647,951	748,282
	Meta Platforms Inc	Equities	3,191	496,189	1,868,362
	Metlife Inc.	Equities	5,602	331,032	458,692
	Microsoft Corp	Equities	1,651	671,678	695,897
	Microsoft Corp	Equities	10,181	744,902	4,291,292
	Molina Healthcare Inc	Equities	1,052	343,555	306,185
	Molson Coors Beverage Company	Equities	5,317	329,249	304,770
	Mp Materials Corp	Equities	13,463	263,932	210,023
	Mueller Industries Inc	Equities	1,543	60,244	122,452
	Murphy Oil Corp	Equities	7,046	264,138	213,212
	Murphy Oil Corp	Equities	11,163	418,171	337,792
	Murphy Usa Inc	Equities	1,064	324,250	533,862
	National Bank Hold	Equities	8,075	213,531	347,710
	Neogenomics Inc Com	Equities	20,907	275,887	344,547
	Netapp Inc	Equities	6,446	601,944	748,252
	Netflix Inc	Equities	1,163	262,416	1,036,605
	New Jersey Resources Corp	Equities	4,500	157,924	209,925
	New Linde	Equities	1,682	270,329	704,203
	Nlight Inc	Equities	5,532	57,392	58,031
	Northrop Grumman Corporation	Equities	1,550	796,781	727,400
	Norwegian Cruise Line Hldgs	Equities	19,445	536,864	500,320
	Nrg Energy Inc.	Equities	1,558	88,600	140,563
	Nucor Corp	Equities	581	61,166	67,809
	Nvidia Corp	Equities	29,500	1,632,223	3,961,555
	Oge Energy Corp	Equities	5,930	219,430	244,613
	Oge Energy Corp	Equities	3,372	120,688	139,095
	O-I Glass Inc	Equities	29,560	372,885	320,430
	On Semiconductor Corporation	Equities	8,421	635,314	530,944
	Oracle Corp	Equities	5,132	435,393	855,196
	Oshkosh Corporation	Equities	1,244	125,670	118,267
	Ovintiv Inc	Equities	5,321	255,781	215,501
	Owens Corning Inc	Equities	379	36,674	64,551

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Plan ID: 52-6043608

Plan Number: 001

Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b)	(c)	(d)	(e)	
*	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
		Shares			
	Common Stock (continued):				
	Pacific Premier Bancorp Inc	Equities	6,058	218,210	150,965
	Packging Corp	Equities	346	40,119	77,895
	Papa John'S Intl Inc	Equities	6,487	343,971	266,421
	Parker Hannifin Corp	Equities	1,102	215,629	700,905
	Parker Hannifin Corp	Equities	201	23,848	127,842
	Parsons Corp	Equities	7,707	712,968	710,971
	Paychex Inc	Equities	5,180	600,202	726,340
	Pediatrix Medical Group Inc	Equities	7,565	125,063	99,253
	Pfizer Inc	Equities	13,496	378,700	358,049
	Pg&E Corp	Equities	6,902	145,386	139,282
	Philip Morris Internat	Equities	2,669	243,546	321,214
	Pinnacle West Capital Corp	Equities	1,586	119,824	134,445
	Post Holdings Inc	Equities	2,798	252,425	320,259
	Ppl Corporation	Equities	4,271	122,646	138,637
	Procter & Gamble Co	Equities	5,432	678,929	910,675
	Progress Software Corp	Equities	5,415	248,765	352,787
	Prologis Inc	Equities	6,017	631,135	635,997
	Prudential Financial Inc.	Equities	3,710	402,425	439,746
	Pvh Corp	Equities	1,989	142,167	210,337
	Quanex Building Products	Equities	9,671	132,739	234,425
	Quanta Svcs Inc	Equities	2,162	176,930	683,300
	Quest Diagnostics Inc	Equities	2,254	320,419	340,038
	Quidelortho Corp	Equities	10,702	443,932	476,774
	Radius Recycling Inc	Equities	7,747	145,379	117,909
	Rambus Inc Del	Equities	1,037	56,020	54,816
	Range Res Corp	Equities	6,641	117,072	238,943
	Regions Financial Corp	Equities	17,566	320,350	413,152
	Reliance Inc	Equities	246	27,358	66,238
	Rev Group Inc	Equities	21,861	242,263	696,710
	Royal Caribbean Cruises Ltd	Equities	2,392	225,851	551,810
	Ryder System Inc	Equities	870	77,657	136,468
	Salesforce Inc	Equities	3,067	477,967	1,025,390
	Schlumberger Ltd	Equities	16,027	545,440	614,475
	Schwab Charles Corp	Equities	9,538	573,377	705,907
	Seacoast Banking Corp	Equities	10,672	205,497	293,800
	Sensient Technologies Corp	Equities	3,801	255,242	270,859
	Shell Plc	Equities	3,628	196,359	227,294
	Silgan Hldgs Inc	Equities	7,292	246,748	379,549
	Sm Energy Company	Equities	5,809	231,837	225,157
	Snap On Inc	Equities	387	80,484	131,379
	Sonoco Products Co	Equities	1,582	87,713	77,281
	Southstate Corporation	Equities	3,249	251,967	323,211
	Stag Industries Inc	Equities	5,354	163,444	181,072
	Starbucks Corp	Equities	6,552	684,791	597,870
	State Str Corp	Equities	4,453	325,547	437,062
	Steel Dynamics Inc	Equities	596	36,831	67,986
	Summit Materials Inc	Equities	8,948	265,441	452,769
	Synchrony Financial	Equities	6,873	225,534	446,745
	Synovus Financial Corp	Equities	7,872	286,454	403,283
	Take Two Interactive Software Cdt	Equities	2,965	464,886	545,797
	Target Corp	Equities	3,784	456,467	511,521
	Taylor Morrison Home Corp	Equities	8,011	457,270	490,353
	Tenet Healthcare Corp	Equities	2,142	195,851	270,385

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Plan ID: 52-6043608

Plan Number: 001

Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
*	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares		
	Common Stock (continued):			
	Terreno Realty Corp	Equities	2,744	154,272
	Tesla Inc	Equities	1,460	195,372
	Texas Cap Bancshares Inc	Equities	4,593	289,033
	Textron Inc	Equities	6,419	572,032
	The Cigna Group	Equities	1,045	266,952
	Thermo Fisher Scientific Inc	Equities	1,040	148,749
	Timken Co	Equities	1,774	138,224
	Tjx Companies Inc	Equities	6,201	353,895
	T-Mobile Us Inc	Equities	613	62,774
	Totalenergies	Equities	3,841	215,019
	Trinet Group Inc	Equities	1,466	156,245
	Txnm Energy Inc	Equities	5,608	237,037
	Ufp Industries Inc	Equities	569	50,974
	Ugi Holding Corp	Equities	5,054	139,671
	United Community Banks	Equities	6,662	172,339
	United Parcel Service	Equities	963	124,404
	United Rentals Inc	Equities	163	42,223
	United Therapeutics Corp	Equities	923	223,957
	Unitedhealth Group Inc	Equities	1,832	291,525
	Unum Group	Equities	6,412	268,031
	Valaris Ltd	Equities	2,638	132,066
	Valmont Industries Inc	Equities	2,056	481,214
	Verizon Communications Inc	Equities	3,437	147,172
	V-F Corp	Equities	39,042	656,517
	Viavi Solutions Inc	Equities	18,151	186,767
	Vistra Corp	Equities	990	44,036
	Vontier Corp	Equities	3,454	108,130
	Wells Fargo & Company	Equities	6,450	244,778
	Wells Fargo & Company	Equities	12,786	508,886
	Wesbanco Inc	Equities	8,557	304,374
	Western Digital Corp	Equities	9,565	589,551
	Western Union Co	Equities	29,326	359,645
	Westlake Corporation	Equities	604	54,181
	Xcel Energy Inc	Equities	2,076	131,640
	Zions Bancorporation N.A.	Equities	8,031	318,288
	Subtotal: Common Stock		92,952,438	129,875,560
	Limited Partnerships:			
	Northern Trust	GCM Grosvenor Multi-Asset Class Fund II, L.P.	10,000,000	14,000,753
	Northern Trust	GCM Grosvenor Multi-Asset Class Fund III, L.P.	5,700,000	7,587,491
	GoldPoint Partners, LLC	GoldPoint Partners Select Manager Fund IV, L.P.	3,991,199	9,281,265
	Hamilton Lane Advisors, LLC	Hamilton Lane Private Equity Offshore Fund VIII, L.P.	7,400,997	4,126,935
	Hamilton Lane Advisors, LLC	Hamilton Lane Secondary Fund IV L.P.	2,797,198	1,691,261
	Hamilton Lane Advisors, LLC	Hamilton Lane Strategic Opportunities Offshore Fund VII L.P.	4,153,499	3,484,055
	Hamilton Lane Advisors, LLC	Hamilton Lane Strategic Opportunities 2017 Offshore Fund L.P.	7,965,339	1,263,974
	Hamilton Lane Advisors, LLC	Hamilton Lane Strategic Opportunities 2019 Offshore Fund L.P.	3,557,525	1,743,829
	HarbourVest Partners, LLC	HarbourVest Partners XI, L.P.	6,044,500	7,853,208
	Landmark Equity Advisors, LLC	Landmark Equity Partners XV, L.P.	8,027,341	1,448,196
	NB Alternatives Advisers LLC	NB Crossroads Fund XXII, L.P.	4,080,000	6,970,485
	NB Alternatives Advisers LLC	NB Crossroads Fund 24 Plan, L.P.	3,075,000	3,408,374
	Siguler Guff Advisers, LLC	Siguler Guff Distressed Opportunities Fund V (P), L.P.	4,685,000	4,626,042
	Subtotal: Limited Partnerships		71,477,598	67,485,868

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Plan ID: 52-6043608
Plan Number: 001
Form 5500, Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
*	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
			<u>Shares</u>	
Common/Collective Trusts:				
	Great Gray Trust Company	AFL-CIO Building Investment Trust	3,031	16,574,907
	SEI Trust Company	PIMCO Global Advantage Strategy Collective Trust	1,494,379	21,070,739
	SEI Trust Company	Earnest Partners International Fund	2,217,138	55,916,228
	State Street Bank and Trust Company	S&P 500 Flagship Securities Lending Fund	36,860	58,796,767
	Amalgamated Bank	LongView SmallCap 600 Index Fund	10,498	21,973,371
	Amalgamated Bank	LongView MidCap 400 Index Fund	12,141	42,399,897
	Wellington Trust Company, NA	CTF Opportunistic Fixed Income Allocation Portfolio	2,390,764	28,952,157
	BNY Mellon	IR&M Core Plus Bond	4,749,804	50,059,608
	Subtotal: Common/Collective Trusts		<u>175,722,734</u>	<u>295,743,674</u>
103-12 Investment Entities:				
	Janus-Intech	Intech U.S. Large Cap Growth Fund, LLC	552,713	56,424,137
Mutual Funds:				
	Franklin Templeton	Western Asset Core Plus Bond Portfolio Institutional Fund	8,613,446	78,123,953
	PIMCO	All Asset Institutional Fund	1,814,721	19,635,286
	Subtotal: Mutual Funds		<u>119,155,336</u>	<u>97,759,239</u>
Hedge Funds:				
	AQR	AQR Global Risk Premium Offshore Fund Ltd. Cl. A/NE Initial	142	34,731,342
	Subtotal: Hedge Funds		<u>21,765,118</u>	<u>34,731,342</u>
Real Estate Funds:				
	American Realty Advisors	Building For America Fund III, LLC	7	534,840
	American Realty Advisors	ARA Core Property Fund, LP	209	25,227,865
	Subtotal: Real Estate Funds		<u>24,359,291</u>	<u>25,762,705</u>
	Total Investments		<u>\$ 516,683,878</u>	<u>\$ 719,033,888</u>

* Denotes a party-in-interest to the Plan.

** Cost cannot be determined for these investments.

*** Excluded from this total are those investments that cost cannot be determined.

**TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355
PENSION PLAN**

Plan ID: 52-6043608

Plan Number: 001

Form 5500, Schedule H, Line 4j

Schedule of Reportable Transactions

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Number of Purchase Transactions	Purchase Price	Number of Sales Transactions	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Federated Hermes	Govt. Oblig Prem Shs #117	345	73,325,577	113	70,982,386	-	-	144,307,963	144,307,963	-

* denotes a party-in-interest to the Plan

**TRUCK DRIVERS AND HELPERS
LOCAL UNION NO. 355
PENSION PLAN**

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

Years Ended December 31, 2024 and 2023

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

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**HANDWERGER, CARDEGNA,
FUNKHOUSER & LURMAN, P.A.**

To the Trustees
Truck Drivers and Helpers Local Union No. 355 Pension Plan
Baltimore, Maryland

INDEPENDENT AUDITOR'S REPORT

Opinion

We have audited the accompanying financial statements of Truck Drivers and Helpers Local Union No. 355 Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits as of December 31, 2023 and 2022, and the related statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023 and 2022, and the changes in its accumulated plan benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

To the Trustees
Truck Drivers and Helpers Local Union No. 355 Pension Plan
Baltimore, Maryland

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.

Supplemental Schedules Required by ERISA

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

To the Trustees
Truck Drivers and Helpers Local Union No. 355 Pension Plan
Baltimore, Maryland

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

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

Handwerger, Cardegna, Funkhouser & Lurman, P.A.

Handwerger, Cardegna, Funkhouser & Lurman, P.A.
Timonium, Maryland
February 25, 2026

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments, at Fair Value	<u>\$ 719,033,888</u>	<u>\$ 651,841,380</u>
Receivables		
Employers' contributions	2,664,281	3,640,678
Accrued interest and dividends	1,024,078	502,220
Due from related parties - withdrawal liability	4,711	4,711
Due from related parties - other	904,602	-
Due from broker for securities sold	2,329	-
Other receivables	<u>2,310</u>	<u>16,703</u>
Total Receivables	<u>4,602,311</u>	<u>4,164,312</u>
Other Assets		
Cash	<u>8,338,334</u>	<u>9,816,993</u>
Total Assets	<u>731,974,533</u>	<u>665,822,685</u>
<u>LIABILITIES</u>		
Liabilities		
Accounts payable	343,713	334,824
Due to related parties	-	122,533
Due to broker for securities purchased	<u>-</u>	<u>5,838</u>
Total Liabilities	<u>343,713</u>	<u>463,195</u>
Net Assets Available for Benefits	<u>\$ 731,630,820</u>	<u>\$ 665,359,490</u>

The accompanying notes are an integral part of these financial statements.

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS		
Investment Income		
Net appreciation in fair value of investments	\$ 60,901,115	\$ 51,512,790
Interest and dividends	9,253,926	8,358,812
Partnership income	3,863,099	2,836,603
Other	<u>770,980</u>	<u>882,197</u>
Total Investment Income	74,789,120	63,590,402
Less: Investment expenses	<u>2,076,138</u>	<u>2,019,373</u>
Net Investment Income	72,712,982	61,571,029
Miscellaneous Income	9,109	3,345
Employers' Contributions	33,839,788	34,683,873
Employers' Withdrawal Liability	<u>112,261</u>	<u>144,259</u>
TOTAL ADDITIONS TO NET ASSETS	<u>106,674,140</u>	<u>96,402,506</u>
DEDUCTIONS FROM NET ASSETS		
Benefits Paid Directly to Participants	39,584,855	37,398,188
Administrative Expenses	<u>817,955</u>	<u>725,702</u>
TOTAL DEDUCTIONS FROM NET ASSETS	<u>40,402,810</u>	<u>38,123,890</u>
Net Increase	<u>66,271,330</u>	<u>58,278,616</u>
Net Assets Available for Benefits - Beginning of Year	<u>665,359,490</u>	<u>607,080,874</u>
Net Assets Available for Benefits - End of Year	<u>\$ 731,630,820</u>	<u>\$ 665,359,490</u>

The accompanying notes are an integral part of these financial statements.

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Statements of Accumulated Plan Benefits
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Participants currently receiving payments	\$ 377,735,301	\$ 372,449,399
Other participants	<u>211,315,763</u>	<u>204,548,233</u>
Total Vested Benefits	589,051,064	576,997,632
Non-Vested Benefits	<u>17,472,258</u>	<u>16,751,898</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 606,523,322</u>	<u>\$ 593,749,530</u>

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Statements of Changes in Accumulated Plan Benefits
Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	<u>\$ 593,749,530</u>	<u>\$ 605,462,103</u>
Increase (Decrease) During the Year Attributable to		
Benefits paid	(37,398,188)	(36,616,054)
Interest	38,815,904	39,632,900
Plan experience	11,356,076	8,021,867
Assumption change	<u>-</u>	<u>(22,751,286)</u>
Net Increase (Decrease)	<u>12,773,792</u>	<u>(11,712,573)</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u>\$ 606,523,322</u>	<u>\$ 593,749,530</u>

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE A - DESCRIPTION OF PLAN

The following description of the Truck Drivers and Helpers Local Union No. 355 Pension Plan (the "Plan"), provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan is a multi-employer, collectively bargained, defined-benefit pension plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan provides retirement benefits to those who, during active employment, were covered employees of participating employers.

Vesting

A participant will become 100 percent vested in his/her account upon attainment of age 65 or the anniversary date following five years of participation in the Plan, regardless of the number of vesting credits accumulated to that date.

Funding Policy

The Plan requires participating employers to make contributions for each employee who is a member of Truck Drivers and Helpers Local Union No. 355. The contribution rate is determined by the Collective Bargaining Agreement between the employer and Truck Drivers and Helpers Local Union No. 355. The contribution rate is set employer-by-employer. Benefit improvements and buy-down factors for unreduced early retirement directly correlate to the increase in the contribution rate. Contributions do not affect retroactive benefits.

Participating employers' contributions exceeded the minimum funding requirements of ERISA for 2024 and 2023.

Although it has not expressed any intention to do so, the Plan Sponsor, with the consent of the participating employers, has the right under the Plan to discontinue its contributions and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

Participants are eligible to receive benefits at normal retirement, which occurs on the first day of the month following the participant's 62nd birthday. The amount payable to the participant shall be equal to his/her accrued benefit at the normal retirement date. This benefit is determined by utilizing factors of benefit credits and benefit accruals, which vary based on the respective Collective Bargaining Agreement. The Plan permits early retirement upon attainment of age 50 to 55 (depending upon the terms of the Collective Bargaining Agreement) and the accumulation of 20 vesting credits, as well as 120 benefit credits. The Plan also provides for deferred retirement benefits wherein a participant continues to work past his/her normal retirement date.

Death and Disability Benefits

If a vested participant who is married, dies after his/her earliest retirement age but before his/her annuity starting date, the participant's surviving spouse will receive the same benefit that would have been payable if the participant had retired with an immediate joint and survivor spouse annuity on the day before his/her death; however, if a vested participant who is married, dies on or before his/her earliest retirement age and before his/her annuity starting date, the participant's surviving spouse will receive a joint and survivor spouse annuity payable at the participant's earliest retirement age.

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Death and Disability Benefits (Continued)

If a participant dies before early, normal, or disability retirement and before earning 10 vesting credits, but during or after a calendar year in which the participant earned four or more future service benefit credits, the participant's surviving spouse shall be eligible for a monthly widow/widower's benefit. This benefit will continue for 10 years or until the earlier of the death or remarriage of the spouse.

Active participants who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age. Disability benefits may be discontinued when the individual recovers from the disability, or the condition no longer qualifies as a disability.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Employers' Contributions Receivable

A receivable is recorded for all unpaid contributions related to employee service performed prior to the end of the Plan year. Plan management establishes an allowance for credit losses based on prior years' experience, the current economic environment, and management's analysis of possible bad debt. As of December 31, 2024 and 2023, management determined that no allowance for doubtful accounts was considered necessary. The Plan does not believe that there is a material risk of loss with respect to this.

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE B - SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Due from Broker for Securities Sold

A receivable is recorded for all securities sold but not yet settled as of the end of the Plan year. The amounts due from broker for securities sold as of December 31, 2024 and 2023, were \$2,329 and \$0, respectively.

Due to Broker for Securities Purchased

A payable is recorded for all securities purchased but not yet settled as of the end of the Plan year. The amounts due to broker for securities purchased as of December 31, 2024 and 2023, were \$0 and \$5,838, respectively.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid for by the Plan, as provided by the Plan Document. Certain expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment-related expenses are included in net investment income in the accompanying Statements of Changes in Net Assets Available For Benefits.

Subsequent Events

The Plan has evaluated subsequent events through February 25, 2026, which is the date the financial statements were available to be issued.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service 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. The accumulated plan benefits for active employees are the sum of the products of benefit accrual factors and benefit credits for specific periods of service with an employer. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The significant actuarial assumptions used in the valuations as of December 31, 2023 and 2022, were:

	2023	2022
Life Expectancy		
Healthy	110% of Pri-2012 Blue Collar Retiree Tables (Sex-Distinct), projected generationally from 2012 using Scale MP-2021	110% of Pri-2012 Blue Collar Retiree Tables (Sex-Distinct), projected generationally from 2012 using Scale MP-2021
Disabled	100% of Pri-2012 Disabled Retiree Tables (Sex-Distinct), projected generationally from 2012 using Scale MP-2021	100% of Pri-2012 Disabled Retiree Tables (Sex-Distinct), projected generationally from 2012 using Scale MP-2021
Retirement Age		
For UPS employees	25% at age 50; 100% by age 64	25% at age 50; 100% by age 64
Employers - with 0% early retirement penalty	15% at age 55; 100% by age 64	15% at age 55; 100% by age 64
Remainder	25% at age 55; 100% by age 65	25% at age 55; 100% by age 65
Investment Return	6.75%	6.75%
Administrative Expenses	Added to normal cost	Added to normal cost

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

NOTE D - PLAN TERMINATION

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

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

1. Annuity benefits that retirees or their beneficiaries have been receiving for at least three years, or benefits that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. government agency, up to the applicable limitations.

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE D - PLAN TERMINATION (CONTINUED)

3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions; however, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. There are three limits that apply to multi-employer pension benefits: (a) the maximum monthly benefit may not exceed the amount of a straight-life annuity payable under the Plan at normal retirement age; (b) the PBGC does not guarantee a participant's pension benefit or benefit increase until it has been part of the Plan for 60 full months. If the multi-employer plan was insolvent or terminated by mass withdrawal in any month, that month does not count towards the 60-month requirement; and (c) the current maximum benefit is: 100 percent of the first \$11 of the monthly benefit rate, plus 75 percent of the next \$33 of the monthly benefit rate. The resulting total is multiplied by the participant's years of credited service.

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

NOTE E - 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:

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.

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

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

Level 1 Fair Value Measurements

The fair values of money market funds, common stock, and mutual funds are based on quoted market prices.

Investments Measured at Net Asset Value or its Equivalent

The Plan invests in limited partnerships, common/collective trusts, 103-12 investment entities, hedge funds, and real estate funds. All are valued based upon a net asset value per share ("NAV") or its equivalent (such as member units, or an ownership interest in partners' capital to which a proportionate share of net assets is attributed). The NAV or its equivalent is used as a practical expedient to estimate fair value. The NAV or its equivalent is based on the fair value of the underlying investments held by each investment, less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV or its equivalent.

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

Fair value of investments measured on a recurring basis as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments in the Fair Value Hierarchy				
Money Market Funds	\$ 11,251,363	\$ -	\$ -	\$ 11,251,363
Common Stock	129,875,560	-	-	129,875,560
Mutual Funds	<u>97,759,239</u>	<u>-</u>	<u>-</u>	<u>97,759,239</u>
Total Investments in the Fair Value Hierarchy	<u>\$ 238,886,162</u>	<u>\$ -</u>	<u>\$ -</u>	<u>238,886,162</u>
Investments Measured at NAV or its Equivalent				
Limited Partnerships				67,485,868
Common/Collective Trusts				295,743,674
103-12 Investment Entities				56,424,137
Hedge Funds				34,731,342
Real Estate Funds				<u>25,762,705</u>
Total Investments Measured at NAV or its Equivalent				<u>480,147,726</u>
Total Investments, at Fair Value				<u>\$ 719,033,888</u>

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

Fair value of investments measured on a recurring basis as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments in the Fair Value Hierarchy				
Money Market Funds	\$ 8,908,172	\$ -	\$ -	\$ 8,908,172
Common Stock	127,490,330	-	-	127,490,330
Mutual Funds	<u>87,733,771</u>	<u>-</u>	<u>-</u>	<u>87,733,771</u>
Total Investments in the Fair Value Hierarchy	<u>\$ 224,132,273</u>	<u>\$ -</u>	<u>\$ -</u>	<u>224,132,273</u>
Investments Measured at NAV or its Equivalent				
Limited Partnerships				65,845,537
Common/Collective Trusts				257,087,091
103-12 Investment Entities				45,277,713
Hedge Funds				33,105,828
Real Estate Funds				<u>26,392,938</u>
Total Investments Measured at NAV or its Equivalent				<u>427,709,107</u>
Total Investments, at Fair Value				<u>\$ 651,841,380</u>

Transfers Between Levels

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. The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and the size of the transfer relative to total net assets available for benefits. There were no transfers between levels in the years ended December 31, 2024 and 2023.

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments that Calculate Net Asset Value

The following tables summarize investments measured at fair value based on net asset value per share or its equivalent as of December 31, 2024 and 2023, respectively.

NAV Measurements Table – 2024

Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hedge Funds:				
AQR Global Risk Premium Offshore Fund Ltd. (1)	\$ 34,731,342	\$ -	Monthly	4 days
Real Estate Funds:				
ARA Core Property Fund, LP (2)	25,227,865	-	Quarterly	10 days
Building for America Fund III, LLC (3)	534,840	-	See (3)	See (3)
Common/Collective Trusts:				
AFL-CIO Building Investment Trust (4)	16,574,907	-	See (4)	See (4)
Earnest Partners International Fund (5)	55,916,228	-	Daily	None
PIMCO Global Advantage Strategy Collective Trust (6)	21,070,739	-	Daily	None
State Street S&P 500 Flagship Securities Lending Fund (7)	58,796,767	-	Daily	None
LongView Small Cap 600 Index Fund (8)	21,973,371	-	Daily	None
LongView MidCap 400 Index Fund (9)	42,399,897	-	Daily	None
Wellington Trust Company, NA CTF Opportunistic Fixed Income Allocation Portfolio (10)	28,952,157	-	Daily	None
Income Research & Management Core Plus Bond Fund (11)	50,059,608	-	Daily	None
103-12 Investment Entities:				
Intech U.S. Large Cap Growth Fund LLC (12)	56,424,137	-	Daily	None

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

NAV Measurements Table - 2024 (Continued)

<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Limited Partnerships:				
Landmark Equity Partners XV, L.P. (13)	1,448,196	1,972,659	See (13)	See (13)
Hamilton Lane Private Equity Offshore Fund VIII, L.P. (14)	4,126,935	2,599,003	See (14)	See (14)
Hamilton Lane Secondary Fund IV LP (15)	1,691,261	2,202,802	See (15)	See (15)
Siguler Guff Distressed Opportunities Fund V (P), LP (16)	4,626,042	315,000	See (16)	See (16)
Hamilton Lane Strategic Opportunities 2017 Offshore Fund LP (17)	1,263,974	2,034,661	See (17)	See (17)
NB Crossroads Fund XXII - Plan Asset Allocation LP (18)	6,970,485	1,920,000	See (18)	See (18)
GCM Grosvenor Multi-Asset Class Fund II, L.P. (19)	14,000,753	-	See (19)	See (19)
GoldPoint Partners Select Manager Fund IV, L.P. (20)	9,281,265	3,008,801	See (20)	See (20)
HarbourVest Partners XI, L.P. (21)	7,853,208	955,500	See (21)	See (21)
Hamilton Lane Strategic Opportunities Offshore Fund V (Series 2019) LP (22)	1,743,829	1,442,475	See (22)	See (22)
GCM Grosvenor Multi-Asset Class Fund III, L.P. (23)	7,587,491	-	See (23)	See (23)
Hamilton Lane Strategic Opportunities Offshore Fund VII LP (24)	3,484,055	846,501	See (24)	See (24)
NB Crossroads Fund 24 Plan LP (25)	<u>3,408,374</u>	<u>4,425,000</u>	See (25)	See (25)
Total - December 31, 2024	<u>\$ 480,147,726</u>	<u>\$ 21,722,402</u>		

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

NAV Measurements Table - 2023

Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hedge Funds:				
AQR Global Risk Premium Offshore Fund Ltd. (1)	\$ 33,105,828	\$ -	Monthly	15 days
Real Estate Funds:				
ARA Core Property Fund, LP (2)	25,780,416	-	Quarterly	10 days
Building for America Fund III, LLC (3)	612,522	-	See (3)	See (3)
Common/Collective Trusts:				
AFL-CIO Building Investment Trust (4)	16,512,058	-	See (4)	See (4)
Earnest Partners International Fund (5)	53,011,777	-	Daily	None
PIMCO Global Advantage Strategy Collective Trust (6)	20,413,213	-	Daily	None
State Street S&P 500 Flagship Securities Lending Fund (7)	54,283,370	-	Daily	None
LongView Small Cap 600 Index Fund (8)	20,235,279	-	Daily	None
LongView MidCap 400 Index Fund (9)	37,252,187	-	Daily	None
Wellington Trust Company, NA CTF Opportunistic Fixed Income Allocation Portfolio (10)	23,154,490	-	Daily	None
Income Research & Management Core Plus Bond Fund (11)	32,224,717	-	Daily	None
103-12 Investment Entities:				
Intech U.S. Large Cap Growth Fund LLC (12)	45,277,713	-	Daily	None

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

NAV Measurements Table - 2023 (Continued)

Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited Partnerships:				
Landmark Equity Partners XV, L.P. (13)	1,991,993	1,972,659	See (13)	See (13)
Hamilton Lane Private Equity Offshore Fund VIII, L.P. (14)	4,866,493	2,685,462	See (14)	See (14)
Hamilton Lane Secondary Fund IV LP (15)	2,172,231	2,202,802	See (15)	See (15)
Siguler Guff Distressed Opportunities Fund V (P), LP (16)	4,966,516	340,000	See (16)	See (16)
Hamilton Lane Strategic Opportunities 2017 Offshore Fund LP (17)	1,864,323	2,038,200	See (17)	See (17)
NB Crossroads Fund XXII - Plan Asset Allocation LP (18)	7,279,706	1,920,000	See (18)	See (18)
GCM Grosvenor Multi-Asset Class Fund II, L.P. (19)	14,315,985	-	See (19)	See (19)
GoldPoint Partners Select Manager Fund IV, L.P. (20)	9,644,369	2,009,829	See (20)	See (20)
HarbourVest Partners XI, L.P. (21)	7,140,880	1,291,500	See (21)	See (21)
Hamilton Lane Strategic Opportunities Offshore Fund V (Series 2019) LP (22)	2,603,929	1,225,355	See (22)	See (22)
GCM Grosvenor Multi-Asset Class Fund III, L.P. (23)	4,890,793	3,375,000	See (23)	See (23)
Hamilton Lane Strategic Opportunities Offshore Fund VII LP (24)	<u>4,108,319</u>	<u>1,207,307</u>	See (24)	See (24)
Total - December 31, 2023	<u>\$ 427,709,107</u>	<u>\$ 20,268,114</u>		

- (1) The investment seeks to deliver diversified exposure to a set of global-risk premiums through an investment in AQR Global Risk Premium Master Account Ltd.
- (2) The investment invests primarily in core stable institutional quality office, retail, industrial, and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence. Redemptions are subject to the availability of cash flow arising from investment transactions, sales, and other operations occurring in the normal course of business. The investment is not required to liquidate or encumber assets or defer investments in order to make redemptions.
- (3) The investment invests primarily in institutional quality office, retail, industrial, multi-family, hotel, and other properties located in the United States. This is a closed-end real estate fund in which funds cannot be withdrawn until after the termination of the fund. The fund is at the state of liquidation, and the remaining assets of the fund will be reduced to cash as promptly as is consistent with obtaining a fair value and distributed to the fund's investors.

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

- (4) The investment invests in commercial real estate developments and acquisitions located throughout the United States of America. In May 2023, all redemptions were restricted pending the implementation of a three-phase strategy to evaluate and reposition the investment's real estate portfolio in light of the current economic, interest rate and liquidity challenges.
- (5) The investment seeks long-term capital appreciation through investment in publicly traded equity securities of foreign companies.
- (6) The investment is a fund within the PIMCO Collective Investment Trust. It is designed to seize opportunities produced by shifts in the global economy.
- (7) The investment seeks to approximate as closely as practicable, before expenses, the performance of the S&P 500 Index over the long term.
- (8) The investment seeks to approximate the Standard & Poor's SmallCap 600 Composite Stock Price Index through the use of passive investment strategies.
- (9) The investment seeks to approximate the Standard & Poor's MidCap 400 Composite Stock Price Index through the use of passive investment strategies.
- (10) The investment objective is an unconstrained, non-benchmark oriented investment approach. The Bloomberg Barclays US Aggregate Bond Index is used as the primary reference benchmark.
- (11) The investment seeks to outperform the Bloomberg Barclays US Aggregate Bond Index by investing primarily in investment-grade fixed-income securities.
- (12) The investment seeks to outperform the S&P 500 Growth Index (the "Index") when evaluated over rolling three and five-year periods. It invests primarily in certain common stocks of companies selected from the universe of the Index.
- (13) The investment was formed to acquire private-equity partnership interests and direct investments primarily through secondary market transactions. The investment will continue until at least the tenth anniversary of the date of the termination of the investment period. The investment period terminated on April 30, 2018. Currently, no redemptions are allowed to be made from the investment.
- (14) The investment invests substantially all of its assets with the Hamilton Lane Private Equity Fund VIII, L.P. ("Main Fund"). The Main Fund was formed for the purpose of making primary partnership investments and secondary transactions. The investment will expire on October 26, 2026, unless extended by the General Partner of the investment. Currently, no redemptions are allowed to be made from the investment.
- (15) The investment invests substantially all of its assets in HLSF IV Holdings, LP ("Holdings"). The investment objective of Holdings is to acquire and hold a diversified portfolio of private equity investment funds. The investment will terminate on June 23, 2027, unless extended by the General Partner of the investment. Currently, no redemptions are allowed to be made from the investment.

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED)

- (16) The investment invests in pooled investment vehicles, and other investments that typically involve securities of companies undergoing financial distress, operating difficulties, and significant restructuring. The investment will continue until October 15, 2027. The term may be extended for up to three additional years. Currently, no redemptions are allowed to be made from the investment.
- (17) The investment seeks to create a portfolio of opportunistically oriented private market investments that generate attractive risk-adjusted returns through a flexible and diversified investment strategy. Currently, no redemptions are allowed to be made from the investment.
- (18) The investment invests substantially all of its assets in NBFOF XXII - Holdings LP ("Holdings"). The investment objective of Holdings is to make investments in venture capital as well as other securities. The investment will terminate on December 31, 2027, unless extended by the General Partner of the investment. Currently, no redemptions are allowed to be made from the investment.
- (19) The investment primarily invests in alternative assets, hedge funds, and private equity funds. Currently, no redemptions are allowed to be made from the investment.
- (20) The investment primarily invests in private equity funds. The investment will terminate on June 8, 2031, unless extended by the General Partner of the investment. Currently, no redemptions are allowed to be made from the investment.
- (21) The investment primarily invests in limited partnerships and other pooled investment vehicles that make investments in private equity funds. The investment will terminate on April 1, 2032, unless extended by the General Partner of the investment. Currently, no redemptions are allowed to be made from the investment.
- (22) The investment seeks to create a portfolio of opportunistically oriented private-market investments that generate attractive risk-adjusted returns through a flexible and diversified investment strategy. The investment will terminate on July 31, 2026, unless extended by the General Partner of the investment. Currently, no redemptions are allowed to be made from the investment.
- (23) The investment seeks to provide attractive risk-adjusted returns through intermediate-term liquidity investment opportunities. Currently, no redemptions are allowed to be made from the investment.
- (24) The investment seeks to create a portfolio of opportunistically oriented private market investments that generate attractive risk-adjusted returns through a flexible and diversified investment strategy. The investment will terminate on September 2, 2027, unless extended by the General Partner of the investment. Currently, no redemptions are allowed to be made.
- (25) The investment invests substantially all of its assets in NBFOF 24 Holdings LP ("Holdings"). The investment objective of Holdings is to make investments in venture capital as well as other securities. The investment will terminate on December 31, 2031, unless extended by the General Partner of the investment. Currently, no redemptions are allowed to be made.

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE F - CONCENTRATIONS/RISKS AND UNCERTAINTIES

One employer made significant contributions to the Plan totaling approximately 82 percent of employer contributions for both the years ended December 31, 2024 and 2023, and 90 percent and 84 percent of employer contributions receivable as of December 31, 2024 and 2023, respectively.

The Plan has deposits in a financial institution in excess of amounts insured by the Federal Deposit Insurance Corporation ("FDIC"). The Plan had \$5,316,674 and \$9,574,653 deposited in excess of FDIC insurance at December 31, 2024 and 2023, respectively.

Investments in money market funds are not insured nor guaranteed by the FDIC or any other governmental agency. Although the money market funds seek to preserve the value of the investment at \$1.00 per share, it is possible they may experience loss of value.

Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption 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 G - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Plan by a letter dated October 1, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC").

GAAP 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 IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan's tax years of 2022 through 2024 remain subject to examination. There are currently no examinations for any tax periods in progress.

NOTE H - DUE FROM RELATED PARTIES – WITHDRAWAL LIABILITY

During the year ended December 31, 2008, Truck Drivers and Helpers Local Union No. 355 Health and Welfare Plan ("355 Health and Welfare"), a related party, withdrew as a participating employer in the Plan. As a result, the actuary calculated a \$79,522 withdrawal liability, representing the unfunded portion of the accrued benefits earned by participants employed by 355 Health and Welfare. The outstanding liability as of December 31, 2024 and 2023, was \$4,711, and is reported as due from related parties - withdrawal liability on the Statements of Net Assets Available for Benefits. 355 Health and Welfare paid the outstanding balance of \$4,711 to the Plan in October 2025.

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE I - DUE FROM RELATED PARTIES – OTHER

355 Health and Welfare receives lockbox deposits on behalf of the Plan. The funds are then transferred to the Plan at the beginning of each subsequent month. As of December 31, 2024, 355 Health and Welfare owed \$326,833 to the Plan.

As of December 31, 2024, 355 Health and Welfare owed \$577,769 to the Plan as a result of erroneous payments made during December 2024 from the Plan instead of 355 Health and Welfare. The error was corrected in January 2025.

NOTE J - DUE TO RELATED PARTIES

During November and December 2023, two of the participating employers of the Plan, which regularly make contributions to both the Plan and 355 Health and Welfare, erroneously paid contributions totaling \$122,533 to the Plan instead of 355 Health and Welfare. Thus, as of December 31, 2023, the Plan owed \$122,533 to 355 Health and Welfare as a result of the employer error, which is reported as due to related parties on the Statements of Net Assets Available for Benefits. In January and February 2024, the Plan made payments totaling \$122,533 to 355 Health and Welfare to correct the employer error.

NOTE K - PARTY-IN-INTEREST TRANSACTIONS

As described in Note B, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

NOTE L - PLAN ADMINISTRATION

The Plan uses a third-party administrator to provide Plan administration and bookkeeping services. Until March 31, 2024, the Plan used Benefits Administration, LLC. Effective April 1, 2024, the Plan stopped services with Benefits Administration, LLC, and started services with BeneSys, Inc.

Future minimum payments related to the administrative service agreement are as follows:

<u>Year Ending December 31,</u>	
2025	\$ 351,744
2026	362,298
2027	<u>91,239</u>
Total	<u>\$ 805,281</u>

Administrative fees for Plan administration were \$353,228 and \$282,943 for the years ended December 31, 2024 and 2023, respectively.

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Notes to Financial Statements

NOTE M – EMPLOYERS’ WITHDRAWAL LIABILITY

Under federal law, employers who partially or completely withdraw from a multi-employer plan are assessed withdrawal liability for their proportionate share of the Plan’s unfunded vested liabilities as of the beginning of the year in which they withdrew. In accordance with Financial Accounting Standards Board Accounting Standards Codification (“FASB ASC”) 960-310-25-3A, it is the policy of the Plan to record an employer withdrawal liability receivable, net of any allowance for amounts deemed uncollectible, when entitlement has been determined. As of December 31, 2024 and 2023, the only withdrawal liability that met this requirement is the \$4,711 that is due from 355 Health and Welfare as discussed in Note H. Additionally, during the years ended December 31, 2024 and 2023, the Plan received \$112,261 and \$144,259 in withdrawal liability payments from various employers that did not meet the requirements of FASB ASC 960-310-25-3A because entitlement has not been determined, and, accordingly, this is shown as income on the Statements of Changes in Net Assets Available for Benefits.

**TRUCK DRIVERS AND HELPERS
LOCAL UNION NO. 355
PENSION PLAN**

SUPPLEMENTARY INFORMATION

Years Ended December 31, 2024 and 2023

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Schedules of Administrative Expenses
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Administrative Expenses		
Actuarial fee	\$ 88,343	\$ 99,863
Administration	353,228	282,943
Audits and accounting services	53,515	36,535
Bank service charges	8,486	21,121
Cyber security	3,947	4,016
Insurance	264,255	251,922
Legal	32,607	27,761
Miscellaneous	903	(4,998)
Penalties	-	477
Postage	3,489	3,825
Supplies/printing	<u>9,182</u>	<u>2,237</u>
Total Administrative Expenses	<u>\$ 817,955</u>	<u>\$ 725,702</u>

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Plan ID: 52-6043608
Plan Number: 001
Form 5500, Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
*	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares		
Money Market Funds:				
	Federated Hermes	Govt. Money Market Funds #07	1,492,178	\$ 1,492,178
	Federated Hermes	Govt. Money Market Funds #07	1,015,810	\$ 1,015,810
	Federated Hermes	Govt. Money Market Funds #07	5,003,094	5,003,094
	Federated Hermes	Govt. Money Market Funds #07	2,359,054	2,359,054
	Federated Hermes	Govt. Money Market Funds #07	1,224,016	1,224,016
	Federated Hermes	Govt. Money Market Funds #07	11,222	11,222
	Federated Hermes	Govt. Money Market Funds #07	145,989	145,989
	Subtotal Money Market Funds:		<u>11,251,363</u>	<u>11,251,363</u>
Common Stock:				
	3M Company	Equities	1,100	141,999
	Aar Corp	Equities	2,642	161,902
	Abbott Laboratories Inc	Equities	5,426	613,735
	Abbvie Inc	Equities	4,642	824,883
	Abbvie Inc	Equities	1,735	308,310
	Abercrombie & Fitch Co	Equities	4,185	625,532
	Acuity Inc	Equities	417	121,818
	Adapthealth Corp	Equities	45,821	436,216
	Adobe Inc	Equities	1,104	490,927
	Advanced Auto Parts	Equities	7,245	342,616
	Aercap Holdings	Equities	4,374	418,592
	Agco Corp	Equities	1,309	122,365
	Alamos Gold Inc	Equities	15,029	277,135
	Allete Inc	Equities	3,618	234,446
	Allison Transmission Holding	Equities	1,200	129,672
	Ally Financial Inc	Equities	11,996	431,976
	Alphabet Inc	Equities	3,985	754,361
	Alphabet Inc	Equities	15,921	3,013,845
	Amazon Com Inc	Equities	13,722	3,010,470
	Amcor Plc	Equities	7,586	71,384
	Amdocs Limited	Equities	9,074	772,560
	American Tower Corp	Equities	3,264	598,650
	Ameriprise Financial Inc	Equities	876	466,409
	Ameris Bancorp	Equities	4,186	261,918
	Amphenol Corp	Equities	9,886	686,583
	Angiodynamics Inc	Equities	15,981	146,386
	Apogee Enterprises Inc	Equities	5,759	411,250
	Apple Inc	Equities	18,476	4,626,760
	Apple Inc	Equities	3,038	760,776
	Arcbest Corp	Equities	2,411	224,995
	Arista Networks Inc	Equities	6,832	755,141
	Astec Industries Inc	Equities	4,190	140,784
	Atkore Inc	Equities	1,449	120,919
	Autoliv Inc	Equities	1,349	126,523
	Avantor Inc	Equities	17,245	363,352
	Azz Inc	Equities	5,963	488,489
	Baker Hughes Company	Equities	5,294	217,160
	Becton Dickinson & Co	Equities	2,233	506,601
	Belden Inc	Equities	3,854	433,999
	Berry Global Group Inc	Equities	1,165	75,341
	Bio Rad Laboratories Inc	Equities	1,008	331,138
	Biocryst Pharmaceuticals Inc	Equities	17,206	129,389
	Biogen Inc	Equities	1,998	305,534
	Blackrock Funding Inc	Equities	780	799,586

**TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355
PENSION PLAN**

Plan ID: 52-6043608
Plan Number: 001
Form 5500, Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
*	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares		
	Common Stock (continued):			
	Block H & R Inc	Equities	9,814	633,370
	Boise Cascade Co	Equities	954	102,183
	Booz Allen Hamilton Holding	Equities	5,857	698,448
	Borg Warner Inc.	Equities	3,829	129,157
	Boston Scientific Corp	Equities	8,516	308,924
	Bp Plc	Equities	7,933	275,039
	Brinker International Inc	Equities	4,511	556,842
	Bristol Myers Squibb Co	Equities	5,627	269,388
	Broadcom Inc	Equities	8,390	444,531
	Builders Firstsource Inc	Equities	462	46,069
	Cadence Bank	Equities	10,186	255,512
	Cadence Design Systems Inc	Equities	2,331	313,628
	Capri Hldgs Ltd	Equities	11,440	235,819
	Cardinal Health Inc	Equities	2,741	307,253
	Caretrust Reit Inc	Equities	5,457	153,645
	Carlisle Companies Inc	Equities	321	48,449
	Carnival Corp	Equities	22,621	562,648
	Caseys General Stores Inc	Equities	1,275	313,521
	Cencora Inc	Equities	2,438	230,769
	Cencora Inc	Equities	1,354	168,942
	Centene Corp	Equities	5,222	404,489
	Cf Industries Holdings Inc	Equities	922	74,881
	Cisco Systems Inc	Equities	12,691	720,565
	Citigroup Inc	Equities	6,590	320,512
	Clearfield Inc	Equities	2,809	85,025
	Columbia Bkg Sys Inc	Equities	14,348	350,224
	Columbus Mckinnon Corp	Equities	4,910	163,550
	Commercial Metals Co	Equities	1,310	56,668
	Community Financial System Inc	Equities	4,936	250,161
	Conocophillips	Equities	6,306	430,973
	Constellation Brands Inc	Equities	2,717	516,000
	Core & Main Inc	Equities	2,425	94,226
	Coty Inc	Equities	15,987	130,862
	Crescent Energy Inc	Equities	31,268	372,520
	Csx Corp	Equities	19,247	623,534
	Csx Corp	Equities	3,839	131,037
	Cummins Inc	Equities	352	41,259
	Davita Inc	Equities	2,042	198,792
	Deckers Outdoor Corp	Equities	2,624	237,928
	Delta Air Lines Inc	Equities	9,350	437,845
	Dick'S Sporting Goods Inc.	Equities	2,752	613,580
	Dick'S Sporting Goods Inc.	Equities	2,541	416,081
	Digitalbridge Group Inc	Equities	13,056	225,760
	Disney Walt Co	Equities	5,571	678,748
	Dominion Energy Inc	Equities	2,517	132,501
	Dover Corp	Equities	677	55,497
	Duke Energy Holding Corp	Equities	7,015	638,713
	Eastman Chem Co	Equities	751	57,251
	Element Solutions Inc	Equities	10,853	202,174
	Eli Lilly & Co	Equities	932	75,690
	Emcor Group Inc	Equities	278	14,235
	Emerson Electric Co	Equities	1,027	64,710
	Empire State Realty Trust In	Equities	9,841	136,290

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Plan ID: 52-6043608

Plan Number: 001

Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
*	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares		
	Common Stock (continued):			
	Energac Tool Group Corp	Equities	2,284	60,135
	Energys	Equities	3,412	253,333
	Equitable Holdings Inc	Equities	9,130	418,921
	Evergy Inc	Equities	2,274	137,753
	Expand Energy Corp	Equities	2,257	190,108
	Expand Energy Corp	Equities	5,186	448,950
	F5 Inc	Equities	2,917	630,173
	Fabrinet	Equities	3,291	800,935
	Firstenergy Corp	Equities	3,484	144,434
	Fnf Group	Equities	6,969	301,989
	Foot Locker Inc	Equities	8,036	177,944
	Fortinet Inc	Equities	8,898	499,708
	Fox Corp	Equities	12,086	529,099
	Galapagos	Equities	7,462	284,358
	Garmin Ltd	Equities	2,506	440,421
	Gartner Inc	Equities	1,449	422,003
	General Motors Co	Equities	7,972	321,416
	Gentex Corp	Equities	4,257	98,005
	Gentherm Inc	Equities	4,867	255,592
	Genuine Parts Co	Equities	1,082	141,188
	Geron Corp	Equities	76,136	265,755
	Gilead Sciences Inc	Equities	6,455	591,039
	Gilead Sciences Inc	Equities	3,451	257,287
	Glacier Bancorp Inc	Equities	6,191	217,671
	Godaddy Inc	Equities	4,075	627,663
	Goldman Sachs Group Inc	Equities	803	302,094
	Goldman Sachs Group Inc	Equities	1,507	733,069
	Goodyear Tire & Rubber Co	Equities	36,987	478,559
	Hain Celestial Group Inc	Equities	17,551	393,131
	Halliburton Co	Equities	7,560	285,817
	Hancock Whitney Corp	Equities	4,980	253,771
	Hartford Insurance Group Inc	Equities	3,696	266,118
	Hartford Insurance Group Inc	Equities	5,726	302,072
	HCA Healthcare Inc	Equities	910	252,178
	Helmerich & Payne Inc	Equities	7,447	269,497
	Hologic Inc	Equities	4,155	306,070
	Hub Group Inc	Equities	2,468	110,536
	Ichor Holdings Ltd	Equities	4,578	169,536
	Icu Med Inc	Equities	3,053	524,521
	Ingevity Corp	Equities	11,168	471,740
	Ingredion Inc	Equities	521	51,705
	Innovex International Inc	Equities	4,792	144,382
	Intercontinental Exchange Inc	Equities	4,148	450,639
	Intuit Software	Equities	1,090	490,789
	Jabil Inc	Equities	3,952	493,636
	Jackson Financial Inc	Equities	4,811	406,003
	Jacobs Solutions Inc	Equities	916	62,522
	Jazz Pharmaceuticals	Equities	2,797	314,348
	Johnson Cts Intl	Equities	8,935	578,634
	Jpmorgan Chase & Co	Equities	6,051	469,611
	Kb Home	Equities	7,115	457,019
	Kla Corp	Equities	1,173	564,456
	Knight Swift Transportation Holdings Inc	Equities	2,413	134,347

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Plan ID: 52-6043608

Plan Number: 001

Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
*	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares		
	Common Stock (continued):			
	Kraft Heinz Co	Equities	13,880	476,028
	Labcorp Holdings Inc	Equities	1,531	298,619
	Lakeland Finl Corp	Equities	1,102	36,229
	Lear Corp	Equities	1,326	164,922
	Leidos Holdings Inc	Equities	5,149	774,365
	Lithia Mtrs Inc	Equities	1,485	541,458
	Littelfuse Inc	Equities	1,303	329,602
	Lockheed Martin Corp	Equities	1,568	810,271
	Louisiana Pacific Corp	Equities	678	58,050
	Lowe's Companies Inc	Equities	2,730	394,393
	Lululemon Athletica Inc	Equities	1,950	654,181
	Lyondellbasell Industries N.V.	Equities	890	73,379
	Madden Steven Ltd	Equities	3,432	117,652
	Masco Corp	Equities	1,585	60,052
	Mastercard Inc	Equities	2,620	905,823
	Matador Resources Co	Equities	2,544	138,625
	Matson Inc	Equities	822	133,451
	Mckesson Corporation	Equities	534	153,331
	Merck & Co Inc	Equities	7,917	957,783
	Mercury Systems Inc	Equities	13,128	546,198
	Meritage Homes Corporation	Equities	3,111	588,562
	Meta Platforms Inc	Equities	1,278	647,951
	Meta Platforms Inc	Equities	3,191	496,189
	Metlife Inc.	Equities	5,602	331,032
	Microsoft Corp	Equities	1,651	671,678
	Microsoft Corp	Equities	10,181	744,902
	Molina Healthcare Inc	Equities	1,052	343,555
	Molson Coors Beverage Company	Equities	5,317	329,249
	Mp Materials Corp	Equities	13,463	263,932
	Mueller Industries Inc	Equities	1,543	60,244
	Murphy Oil Corp	Equities	7,046	264,138
	Murphy Oil Corp	Equities	11,163	418,171
	Murphy Usa Inc	Equities	1,064	324,250
	National Bank Hold	Equities	8,075	213,531
	Neogenomics Inc Com	Equities	20,907	275,887
	Netapp Inc	Equities	6,446	601,944
	Netflix Inc	Equities	1,163	262,416
	New Jersey Resources Corp	Equities	4,500	157,924
	New Linde	Equities	1,682	270,329
	Nlight Inc	Equities	5,532	57,392
	Northrop Grumman Corporation	Equities	1,550	796,781
	Norwegian Cruise Line Hldgs	Equities	19,445	536,864
	Nrg Energy Inc.	Equities	1,558	88,600
	Nucor Corp	Equities	581	61,166
	Nvidia Corp	Equities	29,500	1,632,223
	Oge Energy Corp	Equities	5,930	219,430
	Oge Energy Corp	Equities	3,372	120,688
	O-I Glass Inc	Equities	29,560	372,885
	On Semiconductor Corporation	Equities	8,421	635,314
	Oracle Corp	Equities	5,132	435,393
	Oshkosh Corporation	Equities	1,244	125,670
	Ovintiv Inc	Equities	5,321	255,781
	Owens Corning Inc	Equities	379	36,674

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Plan ID: 52-6043608

Plan Number: 001

Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b)	(c)	(d)	(e)	
*	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
		Shares			
	Common Stock (continued):				
	Pacific Premier Bancorp Inc	Equities	6,058	218,210	150,965
	Packging Corp	Equities	346	40,119	77,895
	Papa John'S Intl Inc	Equities	6,487	343,971	266,421
	Parker Hannifin Corp	Equities	1,102	215,629	700,905
	Parker Hannifin Corp	Equities	201	23,848	127,842
	Parsons Corp	Equities	7,707	712,968	710,971
	Paychex Inc	Equities	5,180	600,202	726,340
	Pediatrix Medical Group Inc	Equities	7,565	125,063	99,253
	Pfizer Inc	Equities	13,496	378,700	358,049
	Pg&E Corp	Equities	6,902	145,386	139,282
	Philip Morris Internat	Equities	2,669	243,546	321,214
	Pinnacle West Capital Corp	Equities	1,586	119,824	134,445
	Post Holdings Inc	Equities	2,798	252,425	320,259
	Ppl Corporation	Equities	4,271	122,646	138,637
	Procter & Gamble Co	Equities	5,432	678,929	910,675
	Progress Software Corp	Equities	5,415	248,765	352,787
	Prologis Inc	Equities	6,017	631,135	635,997
	Prudential Financial Inc.	Equities	3,710	402,425	439,746
	Pvh Corp	Equities	1,989	142,167	210,337
	Quanex Building Products	Equities	9,671	132,739	234,425
	Quanta Svcs Inc	Equities	2,162	176,930	683,300
	Quest Diagnostics Inc	Equities	2,254	320,419	340,038
	Quidelortho Corp	Equities	10,702	443,932	476,774
	Radius Recycling Inc	Equities	7,747	145,379	117,909
	Rambus Inc Del	Equities	1,037	56,020	54,816
	Range Res Corp	Equities	6,641	117,072	238,943
	Regions Financial Corp	Equities	17,566	320,350	413,152
	Reliance Inc	Equities	246	27,358	66,238
	Rev Group Inc	Equities	21,861	242,263	696,710
	Royal Caribbean Cruises Ltd	Equities	2,392	225,851	551,810
	Ryder System Inc	Equities	870	77,657	136,468
	Salesforce Inc	Equities	3,067	477,967	1,025,390
	Schlumberger Ltd	Equities	16,027	545,440	614,475
	Schwab Charles Corp	Equities	9,538	573,377	705,907
	Seacoast Banking Corp	Equities	10,672	205,497	293,800
	Sensient Technologies Corp	Equities	3,801	255,242	270,859
	Shell Plc	Equities	3,628	196,359	227,294
	Silgan Hldgs Inc	Equities	7,292	246,748	379,549
	Sm Energy Company	Equities	5,809	231,837	225,157
	Snap On Inc	Equities	387	80,484	131,379
	Sonoco Products Co	Equities	1,582	87,713	77,281
	Southstate Corporation	Equities	3,249	251,967	323,211
	Stag Industries Inc	Equities	5,354	163,444	181,072
	Starbucks Corp	Equities	6,552	684,791	597,870
	State Str Corp	Equities	4,453	325,547	437,062
	Steel Dynamics Inc	Equities	596	36,831	67,986
	Summit Materials Inc	Equities	8,948	265,441	452,769
	Synchrony Financial	Equities	6,873	225,534	446,745
	Synovus Financial Corp	Equities	7,872	286,454	403,283
	Take Two Interactive Software Cdt	Equities	2,965	464,886	545,797
	Target Corp	Equities	3,784	456,467	511,521
	Taylor Morrison Home Corp	Equities	8,011	457,270	490,353
	Tenet Healthcare Corp	Equities	2,142	195,851	270,385

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Plan ID: 52-6043608

Plan Number: 001

Form 5500, Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
*	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		Shares		
	Common Stock (continued):			
	Terreno Realty Corp	Equities	2,744	154,272
	Tesla Inc	Equities	1,460	195,372
	Texas Cap Bancshares Inc	Equities	4,593	289,033
	Textron Inc	Equities	6,419	572,032
	The Cigna Group	Equities	1,045	266,952
	Thermo Fisher Scientific Inc	Equities	1,040	148,749
	Timken Co	Equities	1,774	138,224
	Tjx Companies Inc	Equities	6,201	353,895
	T-Mobile Us Inc	Equities	613	62,774
	Totalenergies	Equities	3,841	215,019
	Trinet Group Inc	Equities	1,466	156,245
	Txnm Energy Inc	Equities	5,608	237,037
	Ufp Industries Inc	Equities	569	50,974
	Ugi Holding Corp	Equities	5,054	139,671
	United Community Banks	Equities	6,662	172,339
	United Parcel Service	Equities	963	124,404
	United Rentals Inc	Equities	163	42,223
	United Therapeutics Corp	Equities	923	223,957
	Unitedhealth Group Inc	Equities	1,832	291,525
	Unum Group	Equities	6,412	268,031
	Valaris Ltd	Equities	2,638	132,066
	Valmont Industries Inc	Equities	2,056	481,214
	Verizon Communications Inc	Equities	3,437	147,172
	V-F Corp	Equities	39,042	656,517
	Viavi Solutions Inc	Equities	18,151	186,767
	Vistra Corp	Equities	990	44,036
	Vontier Corp	Equities	3,454	108,130
	Wells Fargo & Company	Equities	6,450	244,778
	Wells Fargo & Company	Equities	12,786	508,886
	Wesbanco Inc	Equities	8,557	304,374
	Western Digital Corp	Equities	9,565	589,551
	Western Union Co	Equities	29,326	359,645
	Westlake Corporation	Equities	604	54,181
	Xcel Energy Inc	Equities	2,076	131,640
	Zions Bancorporation N.A.	Equities	8,031	318,288
	Subtotal: Common Stock		92,952,438	129,875,560
	Limited Partnerships:			
	Northern Trust	GCM Grosvenor Multi-Asset Class Fund II, L.P.	10,000,000	14,000,753
	Northern Trust	GCM Grosvenor Multi-Asset Class Fund III, L.P.	5,700,000	7,587,491
	GoldPoint Partners, LLC	GoldPoint Partners Select Manager Fund IV, L.P.	3,991,199	9,281,265
	Hamilton Lane Advisors, LLC	Hamilton Lane Private Equity Offshore Fund VIII, L.P.	7,400,997	4,126,935
	Hamilton Lane Advisors, LLC	Hamilton Lane Secondary Fund IV L.P.	2,797,198	1,691,261
	Hamilton Lane Advisors, LLC	Hamilton Lane Strategic Opportunities Offshore Fund VII L.P.	4,153,499	3,484,055
	Hamilton Lane Advisors, LLC	Hamilton Lane Strategic Opportunities 2017 Offshore Fund L.P.	7,965,339	1,263,974
	Hamilton Lane Advisors, LLC	Hamilton Lane Strategic Opportunities 2019 Offshore Fund L.P.	3,557,525	1,743,829
	HarbourVest Partners, LLC	HarbourVest Partners XI, L.P.	6,044,500	7,853,208
	Landmark Equity Advisors, LLC	Landmark Equity Partners XV, L.P.	8,027,341	1,448,196
	NB Alternatives Advisers LLC	NB Crossroads Fund XXII, L.P.	4,080,000	6,970,485
	NB Alternatives Advisers LLC	NB Crossroads Fund 24 Plan, L.P.	3,075,000	3,408,374
	Siguler Guff Advisers, LLC	Siguler Guff Distressed Opportunities Fund V (P), L.P.	4,685,000	4,626,042
	Subtotal: Limited Partnerships		71,477,598	67,485,868

TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 PENSION PLAN

Plan ID: 52-6043608
Plan Number: 001
Form 5500, Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
*	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
			<u>Shares</u>	
Common/Collective Trusts:				
	Great Gray Trust Company	AFL-CIO Building Investment Trust	3,031	16,574,907
	SEI Trust Company	PIMCO Global Advantage Strategy Collective Trust	1,494,379	21,070,739
	SEI Trust Company	Earnest Partners International Fund	2,217,138	55,916,228
	State Street Bank and Trust Company	S&P 500 Flagship Securities Lending Fund	36,860	58,796,767
	Amalgamated Bank	LongView SmallCap 600 Index Fund	10,498	21,973,371
	Amalgamated Bank	LongView MidCap 400 Index Fund	12,141	42,399,897
	Wellington Trust Company, NA	CTF Opportunistic Fixed Income Allocation Portfolio	2,390,764	28,952,157
	BNY Mellon	IR&M Core Plus Bond	4,749,804	50,059,608
	Subtotal: Common/Collective Trusts		<u>175,722,734</u>	<u>295,743,674</u>
103-12 Investment Entities:				
	Janus-Intech	Intech U.S. Large Cap Growth Fund, LLC	552,713	56,424,137
Mutual Funds:				
	Franklin Templeton	Western Asset Core Plus Bond Portfolio Institutional Fund	8,613,446	78,123,953
	PIMCO	All Asset Institutional Fund	1,814,721	19,635,286
	Subtotal: Mutual Funds		<u>119,155,336</u>	<u>97,759,239</u>
Hedge Funds:				
	AQR	AQR Global Risk Premium Offshore Fund Ltd. Cl. A/NE Initial	142	34,731,342
	Subtotal: Hedge Funds		<u>21,765,118</u>	<u>34,731,342</u>
Real Estate Funds:				
	American Realty Advisors	Building For America Fund III, LLC	7	534,840
	American Realty Advisors	ARA Core Property Fund, LP	209	25,227,865
	Subtotal: Real Estate Funds		<u>24,359,291</u>	<u>25,762,705</u>
	Total Investments		<u>\$ 516,683,878</u>	<u>\$ 719,033,888</u>

* Denotes a party-in-interest to the Plan.

** Cost cannot be determined for these investments.

*** Excluded from this total are those investments that cost cannot be determined.

**TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355
PENSION PLAN**

Plan ID: 52-6043608

Plan Number: 001

Form 5500, Schedule H, Line 4j

Schedule of Reportable Transactions

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Number of Purchase Transactions	Purchase Price	Number of Sales Transactions	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Federated Hermes	Govt. Oblig Prem Shs #117	345	73,325,577	113	70,982,386	-	-	144,307,963	144,307,963	-

* denotes a party-in-interest to the Plan

Truck Drivers & Helpers Local No.355

Retirement Pension Plan

EIN/PN: 52-6043608/001

2024 Form 5500 Attachment to Schedule MB

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

Attained Age	Years of Credited Service									
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19	
	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.
Under 25	26	\$20.25	33	\$220.92	1		0		0	
25 to 29	22	\$39.50	79	\$487.25	28	\$906.00	0		0	
30 to 34	59	\$23.67	76	\$388.00	74	\$993.33	15		0	
35 to 39	26	\$23.92	80	\$427.67	50	\$936.25	32	\$1,077.92	27	\$1,841.50
40 to 44	21	\$29.42	46	\$401.08	46	\$892.58	26	\$1,441.08	58	\$2,026.25
45 to 49	7		28	\$407.67	47	\$971.25	21	\$1,049.08	64	\$1,883.67
50 to 54	2		24	\$229.67	28	\$1,074.58	16		42	\$1,869.42
55 to 59	1		19		19		10		26	\$1,306.92
60 to 64	1		5		9		7		12	
65 to 69	1		2		2		1		5	
70 & up	0		0		0		0		1	

Attained Age	Years of Credited Service									
	20 - 24		25 - 29		30 - 34		35 - 39		40 & Up	
	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.
Under 25	0		0		0		0		0	
25 to 29	0		0		0		0		0	
30 to 34	0		0		0		0		0	
35 to 39	0		0		0		0		0	
40 to 44	12		0		0		0		0	
45 to 49	52	\$3,102.08	3		0		0		0	
50 to 54	55	\$2,878.25	37	\$3,808.58	9		0		0	
55 to 59	19		27	\$3,668.58	27	\$3,933.83	15		0	
60 to 64	16		11		9		10		1	
65 to 69	5		3		2		4		3	
70 & up	1		1		0		1		2	

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Actuarial Funding Method

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

Asset Valuation Method

The actuarial value of assets is a calculated value determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return based on the prior year market value) during each of the last five years at the rate of 20% per year. The actuarial value is subject to a restriction that it cannot be less than 80% or more than 120% of market value.

As of 1/1/2015, the actuarial value of assets was set equal to the market value of assets. This funding method change effectively restarted the five-year smoothing period going forward from 1/1/2015.

Mortality

Valuation and ASC 960:

Healthy Annuitants: 110% of Pri-2012 Blue Collar Retiree Tables (Sex-Distinct), projected generationally from 2012 using Scale MP-2021.

Disabled Retirees: 100% of Pri-2012 Disabled Retiree Tables (Sex-Distinct), projected generationally from 2012 using Scale MP-2021.

The mortality assumption is based on the Plan's 2023 Experience Study.

Current Liability:

2024 IRS Static Mortality Table.

Interest Rate

Valuation:

6.75% compounded annually, net of investment expenses. This assumption is based on the plan's investment policy and the long-term expectation of each investment class, based on the recommendations of the plan's investment advisor.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
 (continued)

Interest Rate (cont.)

Current Liability:

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

Termination & Disability

Termination

10-Year Select & Ultimate rates with the Ultimate table being 100% of Table 6 of the Actuaries' Pension Handbook.

Representative rates are:

Vesting Service	Selected Rate	Age	Ultimate Rate
0	50%	20	7.93%
1	20%	25	7.72%
2	15%	30	7.40%
3	10%	35	6.86%
4	10%	40	6.11%
5	9%	45	5.17%
6	8%	50	3.61%
7	7%	55	1.37%
8	5%		
9	4%		

The withdrawal assumption is based on the Plan's 2023 Experience Study.

Disability

Representative rates are:

Age	Rate
< 30	0.00%
30 – 39	0.025%
40 – 44	0.05%
45 – 49	0.10%
50 – 54	0.25%
55+	0.00%

The disability assumption is based on the Plan's 2023 Experience Study.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
(continued)

Retirement Age

Active:

Representative rates are:

For UPS participants:

Age	Rate
50	25%
51	10%
52	10%
53	10%
54	10%
55	25%
56	10%
57	10%
58	10%
59	10%
60	25%
61	10%
62	35%
63	25%
64	100%

For non-UPS participants with a 0% ERF:

Age	Rate
55	15%
56	10%
57	5%
58	5%
59	10%
60	20%
61	10%
62	35%
63	50%
64	100%

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods
(continued)

Retirement Age (cont.)

Active:

For non-UPS participants with a 6% ERF or Actuarial Equivalent ERF:

Age	Rate
55	20%
56	10%
57	10%
58	5%
59	5%
60	5%
61	20%
62	33%
63	33%
64	33%
65	100%

Terminated Vested:

Terminated Vested participants retire on their Normal Retirement Date, the earlier of 1) age 62 (for those with 120 benefit credits) or 2) age 65.

Assumed retirement rates are based on plan provisions and the Plan's 2023 Experience Study, supplemented with professional judgement.

The weighted average retirement age as of the valuation date is age 58.9. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

Administration Expenses

The prior year's administrative expenses increased by 4% and are assumed to be a mid-year number for the current year. That mid-year number is then discounted to the beginning of the year and included in the normal cost. For projections, administrative expenses are assumed to increase 4% annually.

The expense assumption is based on professional judgement and the thought that plan expenses will likely increase in the future.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

(continued)

Assumed Hours Worked

Each active participant will work 1,900 hours during each year in the future.

The future hours assumption is based on historical and current demographic data, adjusted to reflect the actuary's expectations for future experience.

Percent Married and Age of Spouse

80% of all participants are married. Wives are 2 years younger than husbands.

The percent married and age of spouse assumptions are based on the Plan's 2023 Experience Study.

Form of Payment

50% of participants elect the Single Life Annuity and 50% of participants elect the 50% Joint & Contingent Annuity form of payment, which is the most commonly elected Joint & Contingent annuity selected by married participants.

The form of payment assumption is based on the Plan's 2023 Experience Study.

Other Loads

A 2% load is applied to active and terminated vested liabilities to account for data corrections.

During 2024, there was a change in third-party plan administrator after which BeneSys, Inc. took over plan administration from Zenith American Solutions (formerly Benefits Administration, LLC). Prior to the change, Zenith American Solutions was responsible for providing the 1/1/2024 valuation data and was unable to provide it in a timely manner. Once the valuation data was finally provided, the data received appeared to be of similar quality to what is normally received each year, but Zenith American Solutions did not answer questions regarding the valuation data. Therefore, Bolton had to make a small number of assumptions regarding some updates seen in the 1/1/2024 valuation data after comparing to the 1/1/2023 valuation data. These assumptions affect few participants and result in minor updates. We anticipate the 2% load for data corrections will account for any possible differences resulting from the assumptions made in finalizing the valuation data.

This assumption has been set based on plan experience and the actuary's judgement.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

(continued)

Missing Data for New Hires

A small number of active participants hired since the prior valuation are missing data with date of birth being the most common missing data item. An assumption is made to assume the missing date of birth is the same as the average date of birth for those active participants hired since the prior valuation who were not missing date of birth. This average is 3/5/1990 for the 1/1/2024 valuation data. Of the 192 new hires valued as of 1/1/2024, 19 were missing date of birth and are using an assumed date of birth of 3/5/1990. This assumed date of birth is carried forward in the valuation data until the plan administrator receives the actual date of birth and is able provide it with the raw data sent each year to complete the valuation.

This assumption is based on plan experience and the actuary's expectations for future experience.

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

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

Charges	Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1) Plan Amendment	01/01/90	1	\$254,053	\$254,053
(2) Assumption Change	01/01/90	1	140,348	140,348
(3) Plan Amendment	01/01/91	2	97,597	50,391
(4) Plan Amendment	01/01/92	3	859,456	305,388
(5) Plan Amendment & Assumption Change	01/01/93	4	824,826	226,829
(6) Assumption Change	01/01/94	5	738,187	167,525
(7) Plan Amendment	01/01/95	6	1,753,149	341,891
(8) Plan Amendment	01/01/96	7	3,276,048	564,490
(9) Plan Amendment	01/01/97	8	389,180	60,464
(10) Assumption Change	01/01/97	8	6,950,968	1,079,916
(11) Plan Amendment	01/01/98	9	430,086	61,182
(12) Plan Amendment	01/01/99	10	280,987	37,045
(13) Plan Amendment	01/01/00	11	342,179	42,216
(14) Plan Amendment	01/01/01	12	466,928	54,338
(15) Plan Amendment	01/01/02	13	41,644	4,602
(16) Assumption Change	01/01/02	13	12,327,504	1,362,215
(17) Actuarial Loss	01/01/04	0	0	0
(18) Assumption Change	01/01/04	15	4,928,075	498,889
(19) Actuarial Loss	01/01/05	1	1,236,344	1,236,344
(20) Actuarial Loss	01/01/06	2	1,922,753	992,764
(21) Plan Amendment	01/01/07	18	2,067,612	189,090
(22) Assumption Change	01/01/07	18	14,143,799	1,293,495
(23) Actuarial Loss	01/01/07	3	1,869,960	664,449
(24) Recognized Investment Loss (2008)	01/01/09	14	57,837,479	6,102,689
(25) Actuarial Loss (Net of Investment Loss)	01/01/09	5	2,664,260	604,632
(26) Recognized Investment Loss (2008)	01/01/10	14	6,276,341	662,245
(27) Recognized Investment Loss (2008)	01/01/11	14	6,176,572	651,717
(28) Actuarial Loss (Net of Investment Loss)	01/01/11	2	496,912	256,568
(29) Assumption Change	01/01/11	2	4,763,842	2,459,686
(30) Recognized Investment Loss (2008)	01/01/12	14	20,731,118	2,187,432
(31) Assumption Change	01/01/12	3	1,655,340	588,189
(32) Actuarial Loss	01/01/15	6	3,766,627	734,551
(33) Assumption Change	01/01/15	6	6,288,935	1,226,441
(34) Funding Method Change	01/01/15	1	2,612,006	2,612,006
(35) Actuarial Loss	01/01/16	7	2,020,532	348,155
(36) Actuarial Loss	01/01/17	8	978,519	152,024
(37) Assumption Change	01/01/17	8	14,618,580	2,271,171
(38) Actuarial Loss	01/01/19	10	4,265,412	562,342
Total Charges			\$190,494,158	\$31,047,772

Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases
(continued)

Credits	Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1) Assumption Change	01/01/98	4	\$2,786,277	\$766,230
(2) Assumption Change	01/01/99	5	6,265,582	1,421,922
(3) Plan Amendment	01/01/03	9	12,830,216	1,825,174
(4) Change in Asset Method	01/01/09	15	17,872,528	1,809,308
(5) Actuarial Gain	01/01/10	1	4,480,083	4,480,083
(6) Plan Amendment	01/01/10	1	3,590,003	3,590,003
(7) Actuarial Gain (Net of Investment Loss)	01/01/12	3	4,718,313	1,676,548
(8) Actuarial Gain	01/01/13	4	565,726	155,576
(9) Actuarial Gain	01/01/14	5	21,517	4,883
(10) Assumption Change	01/01/14	5	2,155,697	489,218
(11) Plan Amendment	01/01/16	7	5,695	982
(12) Actuarial Gain	01/01/18	9	2,673,867	380,373
(13) Actuarial Gain	01/01/20	11	4,593,115	566,668
(14) Actuarial Gain	01/01/21	12	15,940,431	1,855,060
Total Credits			\$78,499,050	\$19,022,028

Schedule MB, Line 6 – Summary of Plan Provisions

Effective Date	January 1, 1959.																												
Plan Year	January 1 through December 31																												
Eligibility	An employee of a Participating Employer, for whom the Participating Employer is obligated to make contributions under the Plan, shall become a participant as of his date of hire. Eligible employees may also include employees of the Joint Board of Trustees of Truck Drivers & Helpers Local Union No. 355 Retirement Pension Plan, if the Joint Board of Trustees has elected in writing to cover employees of the Plan.																												
Hour of Service	A participant is credited with one hour of service for each hour for which he is paid for the performance of duties in covered employment. A participant is also credited with one hour of service for each hour for which he is paid for non-work, limited to 501 hours for each non-work period.																												
Benefit Credits	<ul style="list-style-type: none"> • Past Service: Those Benefit Credits earned during the period of employment for each calendar year from a Participant’s Employment Date to his or her Initial Date of Participation with the same Employer providing a Break in Service did not occur, in accordance with the schedule for Future Service Benefit Credits. • Future Service: Those Benefit Credits earned during the period of employment after the Initial Date of Participation. Future Service Benefit Credits are awarded for each Year of Service in accordance with the following schedule: <table border="1" data-bbox="699 1268 1214 1791"> <thead> <tr> <th>Hours of Service</th> <th>Future Service Benefit Credits</th> </tr> </thead> <tbody> <tr><td>1,500 or more</td><td>12</td></tr> <tr><td>1,375 to 1,499</td><td>11</td></tr> <tr><td>1,250 to 1,374</td><td>10</td></tr> <tr><td>1,125 to 1,249</td><td>9</td></tr> <tr><td>1,000 to 1,124</td><td>8</td></tr> <tr><td>875 to 999</td><td>7</td></tr> <tr><td>750 to 874</td><td>6</td></tr> <tr><td>625 to 749</td><td>5</td></tr> <tr><td>500 to 624</td><td>4</td></tr> <tr><td>375 to 499</td><td>3</td></tr> <tr><td>250 to 374</td><td>2</td></tr> <tr><td>125 to 249</td><td>1</td></tr> <tr><td>Less than 125</td><td>0</td></tr> </tbody> </table> • Benefit Credits: The total of Future Service Benefit Credits and Past Service Benefit Credits. Effective March 1, 2008, no additional benefits are being accrued. Effective March 1, 2009, benefits are being accrued again at lower rates than prior accruals. Effective January 1, 2017, benefits are being accrued at higher rates for most employers. 	Hours of Service	Future Service Benefit Credits	1,500 or more	12	1,375 to 1,499	11	1,250 to 1,374	10	1,125 to 1,249	9	1,000 to 1,124	8	875 to 999	7	750 to 874	6	625 to 749	5	500 to 624	4	375 to 499	3	250 to 374	2	125 to 249	1	Less than 125	0
Hours of Service	Future Service Benefit Credits																												
1,500 or more	12																												
1,375 to 1,499	11																												
1,250 to 1,374	10																												
1,125 to 1,249	9																												
1,000 to 1,124	8																												
875 to 999	7																												
750 to 874	6																												
625 to 749	5																												
500 to 624	4																												
375 to 499	3																												
250 to 374	2																												
125 to 249	1																												
Less than 125	0																												

Schedule MB, Line 6 – Summary of Plan Provisions

(continued)

Vesting Credits

- Vesting Credits are awarded for each Year of Service in accordance with the following schedule:

Hours of Service	Vesting Credits
1,000 or more	2
500 to 999	1
Less than 500	0

Credited Service

- Credited Service is the sum of all Benefit Credits. For each plan year, no more than 1.0 units of Credited Service can be earned towards retirement eligibility.

Vesting Service

- Vesting Service is the sum of all Vesting Credits. For each plan year, no more than 1.0 units of Vesting Service can be earned towards retirement eligibility.

Normal Retirement Benefit

Eligibility:

A participant is eligible for a normal retirement benefit if they terminate employment after attaining the earlier of:

- (i) The age requirement specified in the following paragraph, and completion of at least one hundred twenty (120) Benefit Credits;
- or
- (ii) The later of the Participant's attainment of age sixty-five (65), or the fifth anniversary of the Participant's initial participation in the Plan (without regard to Vesting Credits or Benefit Credits). Plan participation prior to January 1, 1990 is disregarded for this purpose.

The age requirement for normal retirement is the attainment of:

- (i) Age sixty-two (62), for any Participant terminating service after December 31, 1989, provided that the participant earned at least one Benefit Credit after December 31, 1989;
- (ii) Age sixty-three (63), if the requirements of subparagraph (i) have not been satisfied, for a Participant terminating service after December 31, 1988, provided that the Participant earned at least one Benefit Credit after December 31, 1988;
- (iii) Age sixty-four (64), if the requirements of subparagraphs (i) and (ii) have not been satisfied, for a Participant terminating service after October 31, 1987, provided that the Participant earned at least one Benefit Credit after October 31, 1987; or
- (iv) Age sixty-five (65), if the Participant terminated service prior to November 1, 1987, or
If the requirements of subparagraphs (i), (ii), or (iii) have not been satisfied.

Schedule MB, Line 6 – Summary of Plan Provisions

(continued)

Normal Retirement Benefit

Amount:

The sum of the products of Benefit Accrual factors and Benefit Credits for specific periods of service with an Employer. Benefit Credits earned during each period of service are multiplied by the Benefit Accrual Factor assigned to that period of service, to determine the increment of Accrued Benefit earned during the period. The Accrued Benefit payable at the Participant's Normal Retirement Date is equal to the sum of the increments of Accrued Benefit computed separately for each period. If a Participant has been employed by more than one participating Employer, his or her total Accrued Benefit shall be the sum of the separate Accrued Benefits earned while employed by each Participating employer.

To qualify for the benefit Accrual Factor for a particular period of service, a Participant must earn at least one (1) Future Service Benefit Credit during that period of service.

The benefit plan designated by each Participating Employer's collective bargaining agreements are illustrated in the following schedule:

Benefit Plan	1/1/2024 Contribution Rate	Ultimate Contribution Rate	Early Retirement Factor	Before 1/1/1985	1/1/1985 to 10/31/1987	11/1/1987 to 12/31/1988
AB CAR RENTAL SERVICE	2.40		6%	7.50	18.75	28.13
BALTIMORE SUN	6.30		6%	32.00	80.00	120.00
BELAIR PRODUCE	3.01		6%	17.00	42.50	63.75
CAPITOL CARBONIC	3.40	3.50	6%	19.00	47.50	71.25
CARISAM-SAMUEL MEISEL (DRIVERS)	4.70	4.90	6%	22.00	55.00	82.50
CARISAM-SAMUEL MEISEL (WAREHOUSE)	4.20	4.40	6%			
DHL	9.60		0%	33.00	82.50	123.75
FINE TRANSPORTATION	0.65		AE ¹	12.00	30.00	45.00
LEONARD PAPER	3.70	3.80	6%	20.00	50.00	75.00
MATHESON TRI-GAS	2.20		6%			
NATIONAL DISTRIBUTING	4.10		6%			
PENSKE TRUCK LEASING (515)	2.70		6%	23.00	57.50	86.25
PENSKE TRUCK LEASING (517)	2.70		6%			
PERISHABLE DELIVERIES	0.60		AE ⁷	12.00	30.00	45.00
SYSCO	4.90	5.00	0%	18.00	45.00	67.50
TEAMSTERS LOCAL 355	8.40		0%	28.00	70.00	105.00
TREUTH BEEF	2.00	2.10	6%	10.25	25.63	38.45
UPS	18.20	18.50	0%	59.00	80.00	120.00
WESTWAY TERMINAL	2.70		6%	16.00	40.00	60.00
CONTANDA LLC (WESTWAY)	2.90		6%			

¹ Employers with an Early Retirement Factor (ERF) of 'AE' use Actuarial Equivalent ERFs as a result of electing the Default Schedule under the prior Rehab Plan.

Schedule MB, Line 6 – Summary of Plan Provisions

(continued)

Normal Retirement Benefit:

Amount:

Effective March 1, 2009, benefit accruals were restarted at the benefit rates listed below. Benefit Rates are tied to Contribution Rates and Early Retirement subsidies.

Benefit Plan	Effective Date	Benefit Rate
AB CAR RENTAL SERVICE	3/1/2009	5.75
	11/1/2009	6.90
	11/1/2012	8.05
	11/1/2013	9.20
	11/1/2015	10.35
	11/1/2016	11.50
	11/1/2017	16.10
	11/1/2018	29.90
	11/1/2019	43.70
	11/1/2020	57.50
BALTIMORE SUN	11/1/2021	71.30
	11/1/2022	75.90
	3/1/2009	28.75
	1/1/2010	31.05
	7/1/2011	34.50
	1/1/2012	37.95
	1/1/2013	41.40
	1/1/2014	44.85
	1/1/2015	48.30
	1/1/2016	51.75
BELAIR PRODUCE	1/1/2017	65.55
	1/1/2018	79.35
	1/1/2019	93.15
	1/1/2020	106.95
	1/1/2021	120.75
	1/1/2022	134.55
	3/1/2009	20.70
	10/1/2009	23.00
	10/1/2010	24.15
	10/1/2011	25.30
CAPITOL CARBONIC	10/1/2012	26.45
	10/1/2013	28.75
	10/1/2014	29.90
	10/1/2015	31.05
	10/1/2016	33.35
	10/1/2021	34.55
	3/1/2009	19.55
	1/1/2010	21.85
	1/1/2011	23.00
	1/1/2012	25.30
1/1/2013	26.45	
1/1/2014	28.75	
1/1/2015	31.05	
1/1/2016	32.20	
1/1/2017	41.40	
1/1/2018	46.00	
1/1/2019	55.20	
1/1/2021	59.80	

Schedule MB, Line 6 – Summary of Plan Provisions

(continued)

Normal Retirement Benefit:

Amount:

Benefit Plan	Effective Date	Benefit Rate
CAPITOL CARBONIC (cont.)	3/1/2024	64.40
	3/1/2025	69.00
CARISAM-SAMUEL MEISEL (DRIVERS)	3/1/2009	24.15
	8/1/2009	26.45
	8/1/2010	27.60
	8/1/2011	29.90
	8/1/2012	31.05
	8/1/2013	34.50
	8/1/2014	36.80
	8/1/2015	39.10
	8/1/2016	41.40
	8/1/2017	50.60
	8/1/2018	59.80
	8/1/2019	69.00
	8/1/2021	73.60
	8/1/2022	82.80
8/1/2023	92.00	
8/1/2024	101.20	
8/1/2025	105.80	
CARISAM-SAMUEL MEISEL (WAREHOUSE)	3/1/2009	19.55
	8/1/2009	21.85
	8/1/2010	23.00
	8/1/2011	24.15
	8/1/2012	25.30
	8/1/2013	28.75
	8/1/2014	31.05
	8/1/2015	33.35
	8/1/2016	35.65
	8/1/2017	44.85
	8/1/2018	54.05
	8/1/2019	63.25
	8/1/2021	67.85
	8/1/2022	77.05
8/1/2023	86.25	
8/1/2024	95.45	
8/1/2025	100.05	
DHL	3/1/2009	31.59
	11/1/2009	35.64
	11/1/2010	39.69
	11/1/2011	45.36
	11/1/2012	50.22
	11/1/2013	55.89
	11/1/2014	61.56
	11/1/2015	65.61
	11/1/2016	69.66
11/1/2017	85.86	
	11/1/2018	102.06
FINE TRANSPORTATION	3/1/2009	6.90
	1/1/2016	1.73

Schedule MB, Line 6 – Summary of Plan Provisions

(continued)

Normal Retirement Benefit:

Amount:

Benefit Plan	Effective Date	Benefit Rate
MATHESON TRI-GAS	6/1/2015	11.50
	6/1/2016	13.80
	6/1/2017	18.40
	6/1/2018	32.20
	6/1/2019	46.00
	6/1/2020	59.80
LEONARD PAPER	3/1/2009	19.55
	10/1/2009	20.70
	11/1/2010	23.00
	11/1/2011	24.15
	11/1/2012	26.45
	11/1/2013	27.60
	11/1/2014	29.90
	11/1/2015	32.20
	11/1/2016	34.50
	11/1/2017	39.10
	11/1/2018	43.70
	11/1/2019	48.30
	11/1/2020	52.90
	11/1/2021	57.50
11/1/2022	62.10	
11/1/2023	66.70	
11/1/2024	71.30	
NATIONAL DISTRIBUTING	3/1/2009	17.25
	5/1/2009	19.55
	5/1/2010	20.70
	5/1/2011	35.65
	5/1/2012	36.80
	5/1/2013	37.95
	5/1/2014	41.40
	5/1/2015	43.70
	5/1/2016	46.00
	4/1/2023	50.60
4/1/2025	55.89	
PENSKE TRUCK LEASING (515)	3/1/2009	17.25
	7/1/2009	18.40
	7/1/2010	19.55
	7/1/2011	20.70
	7/1/2013	23.00
	7/1/2014	25.30
	7/1/2015	26.45
	7/1/2016	28.75
7/1/2017	33.35	

Truck Drivers & Helpers Local No.355
 Retirement Pension Plan
 EIN/PN: 52-6043608/001
 2024 Form 5500 Attachment to Schedule MB

Schedule MB, Line 6 – Summary of Plan Provisions
 (continued)

Normal Retirement Benefit:

Amount:

Benefit Plan	Effective Date	Benefit Rate	
PENSKE TRUCK LEASING (517)	3/1/2009	14.95	
	3/1/2010	16.10	
	9/1/2010	17.25	
	3/1/2011	18.40	
	9/1/2011	19.55	
	3/1/2012	20.70	
	9/1/2012	21.85	
	3/1/2013	23.00	
	3/1/2014	25.30	
	3/1/2015	26.45	
PERISHABLE DELIVERIES	3/1/2016	28.75	
	3/1/2017	33.35	
	3/1/2009	6.90	
	1/1/2016	1.73	
	SYSCO	3/1/2009	23.49
		2/1/2010	24.30
		3/1/2012	26.73
3/1/2013		28.35	
3/1/2014		29.97	
3/1/2015		31.59	
3/1/2016		33.21	
3/1/2017		39.69	
3/1/2018		42.93	
3/1/2019		46.17	
TEAMSTERS LOCAL 355	3/1/2020	49.41	
	3/1/2021	52.65	
	5/1/2022	55.89	
	5/1/2023	59.13	
	5/1/2024	62.37	
	5/1/2025	65.61	
	3/1/2009	26.73	
	1/1/2016	29.16	
	1/1/2017	35.64	
	1/1/2018	45.36	
5/1/2019	51.84		
TREUTH BEEF	1/1/2020	74.52	
	1/1/2021	100.44	
	1/1/2022	132.84	
	1/1/2023	165.24	
	1/1/2024	181.44	
	3/1/2009	9.20	
	4/1/2010	10.35	
	4/1/2011	11.50	
	4/1/2012	12.65	
	4/1/2014	13.80	
4/1/2015	14.95		
4/1/2017	19.55		
4/1/2018	24.15		
4/1/2019	28.75		

Schedule MB, Line 6 – Summary of Plan Provisions
 (continued)

Normal Retirement Benefit:

Amount:

Benefit Plan	Effective Date	Benefit Rate
TREUTH BEEF (cont.)	4/1/2020	33.35
	4/1/2021	37.95
	4/1/2022	42.55
	4/1/2023	47.15
	4/1/2024	51.75
UPS	3/1/2009	61.56
	8/1/2009	67.23
	8/1/2010	72.90
	8/1/2011	78.57
	8/1/2012	84.24
	8/1/2013	89.91
	8/1/2014	94.77
	8/1/2015	102.87
	8/1/2016	108.54
	8/1/2017	140.94
	8/1/2018	157.14
	8/1/2019	173.34
	8/1/2020	202.50
	8/1/2021	231.66
8/1/2022	247.86	
8/1/2023	264.06	
8/1/2024	273.78	
WESTWAY TERMINAL	3/1/2009	14.95
	4/1/2009	16.10
	4/1/2011	18.40
	4/1/2012	19.55
	4/1/2013	20.70
	4/1/2014	21.85
	4/1/2015	23.00
	4/1/2016	24.15
	4/1/2017	28.75
	4/1/2018	33.35
	4/1/2019	37.95
	4/1/2020	42.55
	4/1/2021	47.15
4/1/2022	51.75	
WESTWAY (CONTANDA LLC)	1/1/2013	19.55
	4/1/2013	20.70
	4/1/2014	21.85
	4/1/2015	23.00
	4/1/2016	24.15
	4/1/2017	28.75
	4/1/2018	33.35
	4/1/2019	37.95
	4/1/2020	42.55
	4/1/2021	51.75
4/1/2022	56.31	
4/1/2023	60.91	

Other future changes effective after the end of the current plan year are not reflected in the valuation because of its multiemployer status. The benefit rates above with effective dates of 1/1/2017 and later reflect the 2017 plan amendment.

Note: Fine Transportation and Perishable Deliveries elected the default schedule effective 1/1/2016. These are the only two groups under the default schedule which means lower accruals and actuarial equivalent early retirement factors.

Schedule MB, Line 6 – Summary of Plan Provisions

(continued)

Early Retirement Benefit:

Eligibility:

Age 55 with at least 20 Vesting Credits and 120 Benefit Credits. For UPS participants, age 50 with at least 20 Vesting Credits and 120 Benefit Credits.

If a Participant has been employed by more than one participating Employer, the Participant's total Accrued benefit payable at his or her Normal Retirement Date is the sum of the separate Accrued Benefits earned while employed by each Participating employer. To determine the amount of benefit payable upon Early Retirement, each component of Accrued Benefit attributable to years of service with each Participating Employer shall be reduced separately, taking into account the Participant's Normal Retirement Age under the Plan, the reduction factor for early retirement and the age requirement for early retirement which were applicable under the Collective Bargaining Agreement at the time of termination of employment with each participating Employer. Components of the reduced Accrued Benefit may become payable at different ages, depending upon the age requirement for early retirement attributable to each component.

Amount:

Accrued Benefit based on Credited Service at early retirement, reduced by the early reduction factor listed on the benefit plan schedule that is applicable to the Participant's Participating Employer for each year that payment precedes Normal Retirement Date. For UPS participants, the portion of the Accrued Benefit earned starting 3/1/2009 and later is reduced from Age 55 by a 6% annual early reduction factor for payments preceding Age 55.

Vested Retirement Benefit:

Eligibility:

A participant is eligible for a vested retirement benefit if he or she terminates employment after earning a minimum of ten (10) Vesting Credits. Before 1/1/1999, a participant needed a minimum of twenty (20) Vesting Credits to be eligible for a vested retirement benefit.

Amount:

Vested Accrued Benefit based on Credited Service at date of termination, deferred until Normal Retirement Date. If eligible, the participant can retire on his Early Retirement date with benefit reduced by the factor for his Employer's Benefit Plan. Starting 7/1/2010, the reductions are not the same as the Early Retirement Benefit.

Disability Retirement Benefit:

Eligibility:

- (i) In the event of Disability resulting from illness or disease, the Disability occurs on or after the date the Participant reaches age fifty (50) and completes at least

Schedule MB, Line 6 – Summary of Plan Provisions

(continued)

Disability Retirement Benefit:

Eligibility:

- (i) one hundred twenty (120) Future Service Benefit Credits. If a Participant becomes disabled on or after reaching age forty-seven (47) but before reaching age fifty (50), then the Participant shall be eligible for Disability Benefits on the attainment of age fifty (50) provided that he or she would otherwise be eligible; or
- (ii) In the event of Disability resulting from bodily injury, the Disability occurs before the Participant has reached his or her Normal Retirement Date, and on or after the date the Participant completes at least sixty (60) Future Service Benefit Credits.

Amount:

Accrued Benefit based on Credited Service at date of disability, with no reduction for early payment.

Pre-Retirement Death Benefit

Eligibility:

Unless a Participant's surviving spouse waives the Qualified Preretirement Survivor Annuity, a spouse benefit will be paid to the Participant's spouse to whom he or she was married for at least one year immediately before his or her death if the participant died while eligible for a vested, normal or early retirement benefit. For any Participant who is not survived by a spouse to whom they were married for at least one year immediately before their death, a benefit will be paid to the designated beneficiary if the participant died while eligible for a vested, normal or early retirement benefit.

Amount:

Benefit based on the surviving spouse's portion of the 100% Joint and Survivor Annuity, calculated as if the Participant had retired on the date of his or her death.

Normal Form of Benefit:

Unmarried Participant: Single Life Annuity.

Married Participant: 100% Joint and Survivor annuity (with spouse as beneficiary). Effective 10/1/2003 there is a charge for the 100% Joint and Survivor Annuity; however, the benefit will not be less than the unreduced benefit as of 9/30/2003. Effective 7/1/2010, the 100% Joint and Survivor Annuity will be actuarially reduced without regard to the unreduced benefit as of 9/30/2003.

Benefit Limits:

Effective December 31, 2001, the Plan was amended so that the maximum benefit permitted to be paid for all future years corresponds to limitations in effect per Section 415 of the Internal Revenue Code for 2001.

Truck Drivers & Helpers Local No.355
Retirement Pension Plan
EIN/PN: 52-6043608/001
2024 Form 5500 Attachment to Schedule MB

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

The present value of vested benefits for withdrawal liability determinations for employers withdrawing during the 2024 plan year was based on an interest assumption utilizing the following yield curve:

The Treasury High Quality Market (HQM) Corporate Bond Yield Curve for December 2023, which is a table of monthly average spot rates for maturities from 0.5 years to 100 years. This yield curve is based on data from December 2023 with the Plan using the spot rate at each 0.5 interval of this yield curve for a full 100 years beginning with 2024.

The assumptions and methods used for calculating withdrawal liability for withdrawals during the Plan Year beginning January 1, 2024, were selected by James Ritchie, ASA, EA, FCA, MAAA.

Truck Drivers & Helpers Local No.355
 Retirement Pension Plan
 EIN/PN: 52-6043608/001
 2024 Form 5500 Attachment to Schedule MB

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total*
2024	\$2,803,569	\$959,916	\$37,557,345	\$41,320,830
2025	4,599,540	1,277,553	36,972,055	42,849,147
2026	6,107,508	1,725,883	36,323,576	44,156,967
2027	7,516,718	2,367,446	35,621,888	45,506,052
2028	8,757,156	2,869,212	34,866,462	46,492,830
2029	9,926,882	3,345,667	34,057,037	47,329,586
2030	11,017,432	3,791,409	33,193,743	48,002,584
2031	11,996,467	4,179,269	32,277,211	48,452,947
2032	12,854,681	4,568,167	31,308,744	48,731,592
2033	13,531,520	5,046,006	30,290,358	48,867,884
2034	14,137,152	5,522,671	29,224,855	48,884,678
2035	14,628,572	5,736,789	28,115,769	48,481,130
2036	14,986,093	5,919,101	26,967,251	47,872,446
2037	15,288,848	6,146,972	25,783,881	47,219,702
2038	15,549,360	6,263,646	24,570,438	46,383,445
2039	15,832,099	6,421,241	23,331,835	45,585,175
2040	16,027,860	6,548,633	22,073,234	44,649,727
2041	16,156,695	6,571,523	20,800,020	43,528,238
2042	16,274,359	6,607,443	19,517,771	42,399,573
2043	16,301,886	6,568,241	18,232,319	41,102,446
2044	16,348,454	6,497,109	16,949,818	39,795,382
2045	16,322,710	6,416,335	15,676,863	38,415,909
2046	16,283,188	6,276,564	14,420,572	36,980,324
2047	16,192,937	6,113,139	13,188,591	35,494,667
2048	16,106,439	5,948,033	11,988,891	34,043,363

* The sum of the 3 columns to the left of the Total column may not match due to rounding error

Truck Drivers & Helpers Local No.355
 Retirement Pension Plan
 EIN/PN: 52-6043608/001
 2024 Form 5500 Attachment to Schedule MB

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total*
2049	\$15,900,567	\$5,771,312	\$10,829,426	\$32,501,305
2050	15,600,110	5,539,967	9,717,861	30,857,938
2051	15,329,735	5,289,219	8,661,184	29,280,138
2052	15,003,692	5,033,765	7,665,353	27,702,811
2053	14,687,252	4,781,241	6,735,088	26,203,581
2054	14,354,911	4,532,104	5,873,830	24,760,845
2055	13,919,826	4,253,093	5,083,742	23,256,661
2056	13,458,681	3,995,048	4,365,684	21,819,413
2057	12,950,678	3,706,822	3,719,286	20,376,785
2058	12,388,421	3,416,978	3,143,023	18,948,423
2059	11,832,913	3,144,689	2,634,391	17,611,993
2060	11,262,644	2,891,923	2,190,013	16,344,579
2061	10,661,897	2,636,637	1,805,740	15,104,275
2062	10,027,154	2,381,914	1,476,879	13,885,947
2063	9,390,301	2,143,382	1,198,400	12,732,084
2064	8,761,289	1,918,154	965,085	11,644,529
2065	8,147,306	1,708,076	771,678	10,627,060
2066	7,552,313	1,514,318	613,032	9,679,662
2067	6,979,394	1,336,849	484,233	8,800,476
2068	6,430,630	1,175,372	380,708	7,986,709
2069	5,907,773	1,029,340	298,265	7,235,377
2070	5,411,766	897,982	233,150	6,542,899
2071	4,943,094	780,448	182,098	5,905,641
2072	4,501,811	675,791	142,330	5,319,932
2073	4,087,608	583,002	111,512	4,782,122

* The sum of the 3 columns to the left of the Total column may not match due to rounding error

Truck Drivers & Helpers Local No.355
Retirement Pension Plan
EIN/PN: 52-6043608/001
2024 Form 5500 Attachment to Schedule MB

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

Plan Year	Employer Contributions	Withdrawal Liability Payments*	Total
2024	\$35,726,038	\$132,971	\$35,859,009
2025	35,726,038	128,260	35,854,298
2026	35,726,038	128,260	35,854,298
2027	35,726,038	128,260	35,854,298
2028	35,726,038	128,260	35,854,298
2029	35,726,038	128,260	35,854,298
2030	35,726,038	128,260	35,854,298
2031	35,726,038	128,260	35,854,298
2032	35,726,038	128,260	35,854,298
2033	35,726,038	128,260	35,854,298

* All withdrawal liability payments are assumed to be made in accordance with their payment schedule

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

This attachment details the amount of employer contributions reported on Schedule MB, Line 3(d) that were withdrawal liability payments.

Payment Date*	Periodic Amounts	Lump Sum Amounts	Total Amounts
2/15/2024	16,066	0	16,066
4/15/2024	15,999	0	15,999
5/15/2024	16,066	0	16,066
7/15/2024	15,999	0	15,999
8/15/2024	16,066	0	16,066
10/15/2024	32,065	0	32,065
Total	\$112,261	\$0	\$112,261

* Due to a recent change in plan administrator, the payment date is estimated to be the 15th day of the month during which it is known to have been received.

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

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

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

A Name of plan TRUCK DRIVERS & HELPERS LOCAL UNION NO. 355 RETIREMENT PENSION PLAN	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 JOINT BOARD OF TRUSTEES OF THE TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 RETIREMENT PENSION PLAN	D Employer Identification Number (EIN) 52-6043608

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


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

b Assets

(1) Current value of assets	1b(1)	665,354,779
(2) Actuarial value of assets for funding standard account.....	1b(2)	708,933,008
c (1) Accrued liability for plan using immediate gain methods	1c(1)	606,523,322
(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)	606,523,322
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)	950,208,021
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	27,886,773
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	37,600,073
(3) Expected plan disbursements for the plan year	1d(3)	38,330,942

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.

<p>SIGN HERE</p>		<p><u>2-24-26</u></p>
	<p>Signature of actuary JAMES RITCHIE, ASA, EA, FCA, MAAA</p>	<p>Date 23-5643</p>
	<p>Type or print name of actuary BOLTON PARTNERS, INC.</p>	<p>Most recent enrollment number 410-547-0500</p>
	<p>Firm name 1 W. PENNSYLVANIA AVENUE SUITE 600 TOWSON MD 21204 Address of the firm</p>	<p>Telephone number (including area code)</p>

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

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

Schedule MB (Form 5500) 2024
v. 240311

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

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

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

6 Checklist of certain actuarial assumptions:

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

	Pre-retirement			Post-retirement		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b Rates specified in insurance or annuity contracts						
c Mortality table code for valuation purposes:						
(1) Males.....	6c(1)		A			A
(2) Females	6c(2)		A			A
d Valuation liability interest rate	6d		6.75%			6.75%
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					6.3%
h Estimated investment return on current value of assets for year ending on the valuation date	6h					10.2%
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)					730,869
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)				<input type="checkbox"/>	

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)** 5

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

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

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

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

NOTE: LINE 7, PLAN IS OVER 100% FUNDED AS OF 1/1/2024 WITH NO NEW BASES CREATED

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	11,870,665
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	13,993,311
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)	190,494,158	31,047,772
(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	3,040,273
e Total charges. Add lines 9a through 9d.....		9e	48,081,356
Credits to funding standard account:			
f Prior year credit balance, if any		9f	180,724,761
g Employer contributions. Total from column (b) of line 3.....		9g	33,952,049
h Amortization credits as of valuation date.....		Outstanding balance	
9h		78,499,050	19,022,028
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	14,628,790
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	145,058,961	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	157,713,259	
(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	248,327,628
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	200,246,272
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan TRUCK DRIVERS & HELPERS LOCAL UNION NO. 355 RETIREMENT PLAN</p>	<p>1b Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JOINT BOARD OF TRUSTEES OF THE DRIVERS AND HELPERS LOCAL NO. 355 UNION NO. 355 RETIREMENT PLAN</p> <p>1030 S. DUKELAND STREET</p> <p>BALTIMORE MD 21223-3303</p>	<p>1c Effective date of plan 01/01/1959</p>	<p>2b Employer Identification Number (EIN) 52-6043608</p>
	<p>2c Plan Sponsor's telephone number 443-573-3632</p>	<p>2d Business code (see instructions) 484110</p>

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

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

SIGN HERE	<i>David White</i>	2/25/2026 2:08 PM EST	DAVID WHITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>David Granek</i>	2/25/2026 2:48 PM EST	DAVID GRANEK
	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