Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1963

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)
WAREHOUSE EMPLOYEES LOCAL NO. 570

1005 NORTH POINT BOULEVARD STE 726
BALTIMORE, MD 21224-3405

2b Employer Identification Number (EIN)
52-6048848

2c Plan Sponsor's telephone number
410-282-0510

2d Business code (see instructions)
493100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2026	SEAN CEDENIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2026	JAVIER SANCHEZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	2942
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	836
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	828
b	Retired or separated participants receiving benefits	**6b**	1077
c	Other retired or separated participants entitled to future benefits	**6c**	643
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2548
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	352
f	Total. Add lines **6d** and **6e**.	**6f**	2900
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	21

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

1A

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WAREHOUSE EMPLOYEES LOCAL NO. 570

D Employer Identification Number (EIN)
52-6048848

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	017094	0	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	3014913
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	35679		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	35679
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	3050592
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	3050592		
	▶ TRANSFER OUT				
	(5) Total deductions			7e(5)	3050592
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WAREHOUSE EMPLOYEES LOCAL NO. 570

D Employer Identification Number (EIN)
52-6048848

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

1a Enter the valuation date: Month 01 Day 01 Year 2025

b	Assets		
(1)	Current value of assets	**1b(1)**	255124322
(2)	Actuarial value of assets for funding standard account	**1b(2)**	243597105
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	192756007
(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)**	192756007
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)**	264137610
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	5741278
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	13447885
(3)	Expected plan disbursements for the plan year	**1d(3)**	14233765

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

09/30/2026
Date

JAMES RITCHIE, ASA, EA, FCA, MAAA
Type or print name of actuary

26-05643
Most recent enrollment number

BOLTON PARTNERS, INC.
Firm name

410-547-0500
Telephone number (including area code)

1 W. PENNSYLVANIA AVE, SUITE 600
TOWSON, MD 21204
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**	255124322
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1451	142869861
(2) For terminated vested participants		661	38388372
(3) For active participants:			
(a) Non-vested benefits			7454108
(b) Vested benefits			75425269
(c) Total active		837	82879377
(4) Total		2949	264137610
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
07/01/2025	4566559				
			Totals ► **3(b)**	4566559	**3(c)**

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	126.4 %
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? ☐ Yes ☐ 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)? ☐ Yes ☐ 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 ☐ • 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? ☐ 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**	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	9P
(2) Females	**6c(2)**	9FP	9FP
d Valuation liability interest rate	**6d**	6.50 %	6.50 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	7.8 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	13.8 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ 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)**	500000	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

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)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:		
a Prior year funding deficiency, if any	**9a**	
b Employer's normal cost for plan year as of valuation date	**9b**	3964911

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)**	35988872		6254742
(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**	664277
e Total charges. Add lines 9a through 9d			**9e**	10883930
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	35253546
g Employer contributions. Total from column (b) of line 3			**9g**	4566559
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	7343348		1682960
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	2549286
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**			
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**			
(3) FFL credit			**9j(3)**	9091578
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**	53143929
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	42259999
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**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☐ Yes ☒ No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WAREHOUSE EMPLOYEES LOCAL NO. 570

D Employer Identification Number (EIN)
52-6048848

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).. . . . . [X] 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

CORRY CAPITAL ADVISORS, LLC

26-0510274

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

INVESCO TRUST COMPANY

58-1707262

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

BOYD WATTERSON ASSET MGMT

34-1922005

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

ENTRUST

90-0644478

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

CRESCENT CAPITAL GROUP

11100 SANTA MONICA BLVD, 2000
LOS ANGELES, CA 90025

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

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

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

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

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

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

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

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

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

ULLICO INVESTMENT ADVISORS INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	273733	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BOLTON PARTNERS, INC

52-1231144

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	152930	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BROWN ADVISORY

26-0680642

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	123579	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

CHARTWELL INVESTMENT PARTNERS

23-2891243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	106056	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RBC GLOBAL ASSET MANAGEMENT

41-1460668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	99676	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERCONTINENTAL REAL ESTATE CORP

11-3786306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	82502	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

WILMINGTON TRUST

16-1486454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62	NONE	72520	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

REYNOLDS CONSULTING SERVICES, LLC

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	52000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	51630	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

BRIDGEWAY BENEFIT TECHNOLOGIES

23-2182079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	40276	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ABATO, RUBENSTEIN & ABATO

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?
29	NONE	15126	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILL MANAGEMENT SERVICES

PO BOX 4835
TIMONIUM, MD 21094

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	14871	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WAREHOUSE EMPLOYEES LOCAL NO. 570

D Employer Identification Number (EIN)
52-6048848

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

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX FUND

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

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)
20-3802168-001	C	122606669

a Name of MTIA, CCT, PSA, or 103-12 IE: CRESCENT CAPITAL TRUST II

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

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)
32-6471303-001	C	2359851

a Name of MTIA, CCT, PSA, or 103-12 IE: RBC GAM INTERNATIONAL FUND

b Name of sponsor of entity listed in (a): RBC GLOBAL ASSET MANAGEMENT

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)
04-3405915-001	E	16002442

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX-EXEMPT FD

b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS

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)
90-0622302-001	E	18828493

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WAREHOUSE EMPLOYEES LOCAL NO. 570

D Employer Identification Number (EIN)
52-6048848

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1114645	1363351
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	392115	257420
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	227498	358012
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1664228	3659308
(2) U.S. Government securities	1c(2)	15276825	25022760
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	11320288	18216975
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	21315950	23303671
(5) Partnership/joint venture interests	1c(5)	45424705	44999002
(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)	125825690	124966520
(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)	29595697	34830935
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3014913	0
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	32807	20105
1f Total assets (add all amounts in lines 1a through 1e)	1f	255205361	276998059
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	46436	56187
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	34603	21407
1k Total liabilities (add all amounts in lines 1g through1j)	1k	81039	77594
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	255124322	276920465

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)	4566559	
(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)		4566559
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	106516	
(B) U.S. Government securities	2b(1)(B)	520793	
(C) Corporate debt instruments	2b(1)(C)	581821	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	21426	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1230556
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	206975	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		206975
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	38248436	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	38802486	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-554050
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	4228376	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		4228376

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		21109211
(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)		5861048
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		950465
d Total income. Add all **income** amounts in column (b) and enter total	2d		37599140
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14405450	
(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)		14405450
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)	97823	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	22410	
(4) IQPA audit fees	2i(4)	29220	
(5) Investment advisory and investment management fees	2i(5)	744939	
(6) Bank or trust company trustee/custodial fees	2i(6)	72520	
(7) Actuarial fees	2i(7)	152930	
(8) Legal fees	2i(8)	15126	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	262579	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1397547
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15802997
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		21796143
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) [X] 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)** [X] 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: CALIBRE CPA GROUP, PLLC. **(2)** EIN: 47-0900880

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 589923.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WAREHOUSE EMPLOYEES LOCAL NO. 570

D Employer Identification Number (EIN)
52-6048848

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 22

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer BIMBO BAKERIES

b EIN 75-2491201 **c** Dollar amount contributed by employer 1230753

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 3.63
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer BREAKTHRU BEVERAGE

b EIN 52-2348529 **c** Dollar amount contributed by employer 489362

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 2027

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 2.52
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer REPUBLIC NATIONAL DIST

b EIN 52-0615639 **c** Dollar amount contributed by employer 258705

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 04 Day 30 Year 2026

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 2.09
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer TOYOTA

b EIN 95-1958272 **c** Dollar amount contributed by employer 1005738

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 04 Day 30 Year 2028

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.65
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer SOUTHERN GLAZERS

b EIN 59-1285786 **c** Dollar amount contributed by employer 341468

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 1.75
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer LINEAGE LOGISTICS

b EIN 83-2072741 **c** Dollar amount contributed by employer 225233

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 03 Day 31 Year 2027

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 2.41
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer LEONARD PAPER COMPANY

b EIN 52-0640253 **c** Dollar amount contributed by employer 219927

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 10 Day 23 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 3.30
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer VESTIS SERVICES LLC

b EIN 95-3082883 **c** Dollar amount contributed by employer 133841

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 01 Day 28 Year 2028

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 2.28
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer P. FLANIGAN & SONS

b EIN 52-0313970 **c** Dollar amount contributed by employer 161584

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 4.35
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer TEAMSTERS LOCAL 570

b EIN 52-0521895 **c** Dollar amount contributed by employer 107298

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 2.76
(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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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**	
b The corresponding number for the second preceding plan year	**15b**	

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: 59.8 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 17.7 %
High-Yield Debt: 0.0 % Real Assets: 18.9 % Cash or Cash Equivalents: 1.3 % Other: 2.3 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Supplemental Information	
Schedules of Administrative Expenses	21
Schedule of Assets (Held at End of Year)	22
Schedule of Reportable Transactions	26

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Warehouse Employees' Local No. 570 Pension Plan

Opinion

We have audited the accompanying financial statements of the Warehouse Employees' Local No. 570 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, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Warehouse Employees' Local No. 570 Pension Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Warehouse Employees' Local No. 570 Pension 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 these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

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

In our opinion, the information in the accompanying schedules are 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.

Other Supplemental Information

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. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Caliber CPA Group, PLLC

Bethesda, MD
September 30, 2026

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Assets		
Investments, at fair value	$ 274,999,171	$ 253,438,296
Receivables		
Employer contributions	257,420	392,115
Interest and dividends	345,981	215,824
Other receivables	1,031	674
Due from administrator's account	11,000	11,000
Total receivables	615,432	619,613
Other assets		
Cash, noninterest-bearing	1,363,351	1,114,645
Operating right-of-use asset	20,105	32,807
	1,383,456	1,147,452
Total assets	276,998,059	255,205,361
Liabilities and Net Assets		
Liabilities		
Accounts payable	52,522	34,090
Due to administrator's account	3,665	12,346
Operating lease liability	21,407	34,603
Total liabilities	77,594	81,039
Net assets available for benefits	$ 276,920,465	$ 255,124,322

See accompanying notes to the financial statements.

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 30,301,691	$ 29,720,370
Interest	1,573,450	700,402
Dividends	1,156,409	1,846,664
	33,031,550	32,267,436
Less: investment expenses	(817,459)	(728,621)
Net investment income	32,214,091	31,538,815
Employer contributions	4,566,559	4,543,229
Other income	1,031	15,552
Total additions	36,781,681	36,097,596
Deductions		
Benefits paid directly to participants	14,405,450	13,464,806
Administrative expenses	580,088	396,825
Total deductions	14,985,538	13,861,631
Net change	21,796,143	22,235,965
Net assets available for benefits		
Beginning of year	255,124,322	232,888,357
End of year	$ 276,920,465	$ 255,124,322

See accompanying notes to the financial statements.

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Warehouse Employees' Local No. 570 Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General - The Plan is a defined benefit pension plan covering union employees of participating employers as described in the collective bargaining agreements (CBA) with the respective employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees (Trustees) oversees governance of the Plan.

Benefits and Vesting - Participants reaching the age of 62 and their fifth anniversary of participation are entitled to pension benefits beginning at normal retirement age. The pension benefit is determined by an actuarial calculation considering credited future service benefits and credited past service benefits. The Plan permits early retirement for participants age 55 with at least 10 years of credited future service, or any age with 25 years of credited service. Participants may elect to receive their benefits in the form of a single life annuity, a joint and survivor annuity, or a 10 year certain and life annuity. If employees terminate prior to rendering five years of service, they forfeit their right to receive the portion of their accumulated plan benefits attributable to their employer's contributions.

Death and Disability Benefits - If a participant is receiving a normal, early service, or disability pension, and dies when at least age 55 and has 10 years of credited service, a $1,000 death benefit is paid to the participant's beneficiary. If a participant dies before retiring and has earned at least five years of future service credits and is unmarried or has been married for less than one year, an ancillary death benefit of $10,000 will be paid to the beneficiary or beneficiaries named by the participant, except that such beneficiary or beneficiaries may only include the participant's spouse or children. Active participants, where age plus the credited future services (minimum of five years) equals or exceeds 50, are eligible to receive a disability benefit based on credited service at the date of disability with no reduction for early payment. Effective January 1, 1992, a supplemental benefit of $300 per month is paid from age 62 to age 65 to permit a retiree to continue his/her health insurance coverage. For those retirees who have not reached 62, they will be given up to $10,800 towards health coverage until age 65. However, only those participants with 15 years of vesting service are eligible.

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Participation - An employee becomes a participant on the first day of the January following the completion of 300 hours of covered employment in a 12 month period.

Funding Policy - The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA and subject to the minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code (IRC). Hourly contribution rates vary by collective bargaining agreement. Contributions by participants are not permitted by the Plan. The Plan Trustees design the benefit structure based on information from actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2025.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting. Under this basis, revenue is recognized when earned and expense are recognized when incurred.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. The fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trustees determine the Plan's valuation policies and procedures and monitors investment performance. See Note 5 for discussion of fair value measurements.

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

Property and Equipment - Property and equipment is carried at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, which range from three to seven years. Expenditures for maintenance and repairs are recorded as an expense in the period incurred. Renewals and betterments that materially extend the life of the asset are capitalized.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Lease Policy - In its statements of net assets available for benefits, the Plan records a right-of-use asset and lease liability, initially measured at the present value of total lease payments using a risk-free rate that approximates the remaining term of the lease. The Plan considers the likelihood of exercising renewal or termination clauses (if any) in measuring its right-of-use assets and lease liabilities. A single lease cost calculated so that the cost of the lease is allocated over the lease term on straight-line basis. Short-term leases (those with an initial term of twelve months or less and no purchase option) are expensed over their terms, with no corresponding right-of-use asset or lease liability recorded. The Plan does not separate non-lease components (if any) from lease components in determining the lease payments for leases of office equipment.

Cash and Cash Equivalents - Cash includes noninterest-bearing deposit accounts used for operating purposes. Cash and cash equivalents, which are held for investments purposes, includes certain investments in highly liquid debt instruments with original maturities of three months or less.

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

Administrative Expenses - Administrative expenses incurred in connection with the general administration of the Plan are reported as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Significant Plan Amendments - For participants who worked at least one hour of service after January 1, 2026, and had not commenced receiving an pension benefit before January 1, 2026, the total amount of their pension benefit earned as of December 31, 2025 will be increased by ten percent.

Effective January 1, 2024, for participants who worked at least one hour of service after January 1, 2024 and had not commenced any pension benefit from the Plan before January 1, 2024, the total amount of pension benefit earned as of December 31, 2023 will be increased by twelve and one-half percent.

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Actuarial present value of 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. Benefits under the Plan are accumulated based on participants' years of credited service. The accumulated plan benefits for active employees will equal the accumulation of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

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

The actuarial present value of accumulated plan benefits on the basis of funding assumptions is shown below as of January 1, 2025:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 113,252,598
Other participants	74,771,526
	188,024,124
Nonvested benefits	4,731,883
Total actuarial present value of accumulated plan benefits	$ 192,756,007

The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

Actuarial present value of accumulated plan benefits	
Beginning of year	$ 187,250,770
Change attributable to	
Interest	11,733,694
Plan experience	2,394,054
Benefits paid	(13,464,806)
Plan amendment	4,842,295
Total actuarial present value of accumulated plan benefits	$ 192,756,007

Significant actuarial assumptions used in the valuation as of January 1, 2025, the latest actuarial valuation, are as follows:

The Traditional Unit Credit (accrued benefit) cost method has been used to develop the funding requirement presented in the actuarial valuation. 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.

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

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 actuarial 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 not be less than 80% nor more than 120% of market value.

Interest Rate:	Valuation - 6.50%, compounded annually. Current liability - 4.01% per year, compounded annually. 3.29% for the prior year.
Mortality:	Healthy lives - Pri-2012 Employee/Annuitant Tables (Sex-Distinct) with Blue Collar Adjustment, projected generationally from 2012 using a custom COVID-adjusted version of Scale MP-2021. Disabled lives - Pri-2012 Disabled Retiree Tables (Sex-Distinct), projected generationally from 2012 using a custom COVID-adjusted version of Scale MP-2021. Current liability - 2025 IRS Generational Mortality Table. Prior year, 2024 IRS Generational Mortality Table.
Administrative Expenses:	$500,000, projected to increase 3% annually. The expense assumption is based on the plan's experience and the actuary's expectations for future expense inflation.
Active Participant:	A member is considered active if he works 300 or more hours during the plan year. For projecting future contributions only, we assume that the number of active participants will remain constant with replacements entering the plan immediately upon pension, death, or disability.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences.

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

NOTE 4. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan, by a letter dated December 21, 2015, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 (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 other significant observable inputs including:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset'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 observable inputs and minimize the use of unobservable inputs.

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2025 and 2024.

Short-term investments: Valued at fair value, which approximates amortized cost.

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. Government notes and bonds: U.S. Treasury notes and bills are valued based on quoted market prices. Government agency bonds are valued based on pricing models maximizing the use of observable inputs for similar securities.

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

Guaranteed investment contract: Valued at fair value by the insurance company by discounting expected future investment cash flows from both investment income and repayment of principal. The interest discount rates assumed in these calculations reflect both the current level of market rates and spreads appropriate to the quality, average life and type of investments being valued. The interest discount rates assumed in these calculations reflect both the current level of market rates and spreads appropriate to the quality, average life and type of investments being valued.

Common collective trusts, 103-12 entities and limited partnerships: Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. 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.

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Total Investments at 12/31/2025	Quoted Market Prices for (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	$ 3,659,308	$ 3,659,308	$ -	$ -
Common stocks	23,303,671	23,303,671	-	-
U.S. Government notes and bonds	25,022,760	-	25,022,760	-
Corporate notes and bonds	18,216,975	-	18,216,975	-
Total assets in the fair value hierarchy	70,202,714	$ 26,962,979	$ 43,239,735	$ -
Investments measured at NAV*				
Common collective trusts	124,966,520			
103-12 entities	34,830,935			
Limited partnerships	44,999,002			
	204,796,457			
Total assets at fair value	$ 274,999,171			

	Total Investments at 12/31/2024	Quoted Market Prices for (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	$ 1,664,228	$ 1,664,228	$ -	$ -
Common stocks	21,315,950	21,315,950	-	-
U.S. Government notes and bonds	15,276,825	-	15,276,825	-
Corporate notes and bonds	11,320,288	-	11,320,288	-
Guaranteed investment contract	3,014,913	-	-	3,014,913
Total assets in the fair value hierarchy	52,592,204	$ 22,980,178	$ 26,597,113	$ 3,014,913
Investments measured at NAV*				
Common collective trusts	125,825,690			
103-12 entities	29,595,697			
Limited partnerships	45,424,705			
	200,846,092			
Total assets at fair value	$ 253,438,296			

*In accordance with Accounting Standards Codification, investments that are measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Changes in Fair Value of Level 3 Assets

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.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. The Fund's summary of certain changes in the fair value of the level 3 assets for the year ended December 31, 2025 were purchases of $21,426, transfers out of $3,050,592, and $-0- issuances.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2025 and 2024, respectively, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value 12/31/2025	Fair Value 12/31/2024	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values
Guaranteed investment contract	$ -	$ 3,014,913	Discounted Cash Flows	Discount Rate	3.05 - 4.15%

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on the NAV per share as of December 31, 2025 and 2024:

Description	Fair Value 2025	Fair Value 2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts					
Blackrock Equity Index, Class R	$ 122,606,669	$ 121,940,792	N/A	Daily	None
Crescent Capital Trust II	2,359,851	3,884,898	$ 796,329	Discretionary	Discretionary
103-12 entities					
RBC International Equity Fund	16,002,442	11,719,530	N/A	Monthly	None
Ullico Infrastructure Tax-Exempt Fund	18,828,493	17,876,167	N/A	Discretionary	45 days
Limited partnerships					
EnTrust Capital Diversified Fund, Class X, Series 12/31/2016	22,654	17,931	N/A	Discretionary	Discretionary
Boyd Watterson GSA Fund	17,986,561	17,543,590	N/A	Quarterly	60 days
U.S. Real Estate Investment Fund, LLC	8,370,242	8,339,706	N/A	Quarterly	90 days
CCA Black, LP	6,436,752	7,126,228	N/A	Discretionary	Discretionary
CCA Longevity Fund VI, LP	542,488	603,620	N/A	Discretionary	Discretionary
Boyd Watterson State Government Fund	6,830,013	6,713,995	N/A	Quarterly	60 days
Crescent Credit Solutions VIII	4,810,292	5,079,635	2,297,491	Discretionary	Discretionary
	$ 204,796,457	$ 200,846,092			

NOTE 5. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following describes the investment objective for NAV investments in the table above which do not report as a direct filing entity (DFE).

EnTrust Capital Diversified Fund, Class X has the objective to seek above-average rates of return and long-term capital growth through investments as a fund of funds in or with a diversified portfolio of private investment entities and/or separately managed accounts managed by the investment managers.

The Boyd Watterson GSA Fund was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest mainly in real estate primarily leased to the U.S. federal government either through the General Services Administration or other federal government agencies.

The U.S. Real Estate Investment Fund, LLC was established as a means for collective investment in real estate assets by qualified employee benefit plans.

The CCA Black, LP primary investments consist of in-force, non-variable universal life insurance policies (the Policies) insuring the lives of individuals of at least seventy years of age who have a life expectancy as of the date of purchase of between three and fifteen years at a price greater than the cash surrender value offered by the life insurance companies but less than the face amount of or the death benefit payable under such policies.

The CCA Longevity Fund VI, LP primarily consist of in-force, non-variable universal life insurance policies.

The Boyd Watterson State Government Fund was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to the state government agencies.

The Crescent Credit Solutions VIII provides junior debt capital to middle-market companies to fund shareholder transitions on behalf of private equity firms.

NOTE 6. PROPERTY AND EQUIPMENT

Property and equipment consist of the following:

	2025	2024
Computers and office equipment	$ 73,645	$ 73,645
Less: accumulated depreciation	(73,645)	(73,645)
	$ -	$ -

Depreciation expense was $-0- for both years ended December 31, 2025 and 2024.

NOTE 7. OPERATING LEASE

The Plan leases its office space. The agreement provides for rent to increase at a rate of 3% per year. The tenant bears a portion of operating costs and is responsible for 2.8% of the increase in such costs. The Plan also shares in the increased cost of real property assessments and other charges. The original lease has been renewed and expires in May 2024.

The Plan also leases a copier at a flat rate of $247.75 per month. The Plan also shares the cost of copier assessments and other charges. The original lease expires in April 2029.

Operating lease expense totaled $14,871 and $14,233 for the years ended December 31, 2025 and 2024, respectively. The Plan had no variable or short-term lease expense in 2025 or 2024 and does not have any finance leases.

Supplemental qualitative information related to operating leases is as follows:

	Year Ended December 31, 2025
Cash paid for amounts included in the measurement of lease liabilities - operating cash flows	$ 75,024
Right-of-use assets obtained in exchange for lease obligations	20,105
Weighted-average remaining lease term (in years)	1.69
Weighted-average discount rate	1.46%

The maturity of the lease liability under the Plan's operating lease as of December 31, 2025 is as follows:

Year ending December 31,	
2026	$ 13,970
2027	6,465
2028	991
2029	330
Undiscounted future cash flows	21,756
Less discount to present value (with a rate of 1.46%)	(349)
Total lease liability	$ 21,407

NOTE 8. RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

The Plan is related to the Warehouse Employees' Local No. 570 Trust Fund (the Trust Fund) through common Board of Trustee membership.

The Joint Board of Trustees of the Warehouse Employees' Local No. 570 Benefit Funds (the Funds) has established an Administration Account to pay for the common expenses of the Funds. Payments made from the Administration Account are for the purpose of covering shared services of the Funds and are therefore exempted as a prohibited transaction as defined in ERISA.

Payments to the Administration Account were provided in accordance with a predetermined rate based on budgeted expenses of the respective Funds. The applicable rate established for the Plan for 2025 and 2024 was 25%. The administration expenses for the years ended December 31, 2025 and 2024 were $171,464 and $166,168, respectively. These administrative expenses have been allocated to their respective functional expense accounts for financial statement purposes. As of December 31, 2025 and 2024, the Plan owed the Administration Account $3,665 and $12,346, respectively, for expenses incurred.

In prior years, the Plan had advanced the Administration Account $11,000 to cover payroll and other expenses. As of December 31, 2025 and 2024, $11,000 was still outstanding from the Administration Account.

As disclosed in Note 2, the Plan pays certain expenses related to plan operations, investment activity to various service providers and affiliated entities. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules under ERISA.

NOTE 9. 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 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, termination shall be carried out pursuant to ERISA section 4041A and other applicable provisions of ERISA Title IV. The net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, to provide benefits among the pensioners, beneficiaries, and participants as described in the Plan Agreement.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. 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.

NOTE 9. PLAN TERMINATION (CONTINUED)

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 Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the Plan's total additions to net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended December 31, 2025 and 2024:

	2025	2024
Total additions to net assets available for benefits per the financial statements	$ 36,781,681	$ 36,097,596
Adjustment for contract value	-	(731,873)
Investment fees	817,459	728,621
Total additions per the Form 5500	$ 37,599,140	$ 36,094,344

The following is a reconciliation of the Plan's total deductions to net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended December 31, 2025 and 2024:

	2025	2024
Total deductions to net assets available for benefits per the financial statements	$ 14,985,538	$ 13,861,631
Investment expenses	817,459	728,621
Total deductions per the Form 5500	$ 15,802,997	$ 14,590,252

NOTE 11. RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with these investments, it is at least reasonably possible that changes in the values of such investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

NOTE 11. RISK AND UNCERTAINTIES (CONTINUED)

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

NOTE 12. CONCENTRATION

Contributions from three employers accounted for 58% of total contributions received by the Plan during the years ended December 31, 2025 and 2024. If contributions from these employers were to cease, it could have a significant impact of the Plan and its net assets available for benefits.

NOTE 13. PARTICIPATION IN MULTIEMPLOYER PLANS

Defined Benefit Pension Plan

The Plan's office employees are covered by a multiemployer defined benefit pension plan. The risks of participating in a multiemployer plan are different than those of a single-employer plan in the following respects: (a) assets contributed to such a plan are pooled and may be used to provide benefits to employees of other participating employers; (b) if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers; and (c) if the Plan chooses to stop participating in the plan, the Plan may be required to pay an amount based on the underfunded status of the multiemployer plan, referred to as a withdrawal liability.

The "EIN/Pension Plan Number" column provides the Employer Identification Number (EIN) and the three-digit plan number. The zone status is based on information that is certified by the Plan's actuary. Among other factors, plans in the red zone are generally less than 65% funded; plans in the yellow zone are less than 80% funded; and plans in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the plan is in the red zone. The "Surcharge Imposed" column indicates whether a surcharge has been imposed on contributions to the plan. There have been no significant changes that affect the comparability of the 2025 and 2024 contributions.

Plan Name	EIN/Pension Plan Number	Pension Protection Act Zone Status 2025	Pension Protection Act Zone Status 2024	FIP/RP Status Pending/ Implemented	Employer Contributions 2025	Employer Contributions 2024	Surchage Imposed
Warehouse Employees' Local No. 570 Pension Plan	52-6048848 Plan 001	Green	Green	N/A	$14,000	$ 9,526	No

NOTE 13. PARTICIPATION IN MULTIEMPLOYER PLANS (CONTINUED)

Contributions are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan was not listed in the plan's previous Form 5500 as providing more than 5% of the total contributions for the plan years ended December 31, 2025 and 2024.

Defined Contribution Retirement Plan

In addition to the preceding plan, office employees are covered by the MARCC Severance & Annuity Fund. Contributions to this plan are made monthly under the terms of a participation agreement. The Plan's contributions to this plan totaled $1,741 and $1,751 for the years ended December 31, 2025 and 2024, respectively.

Welfare Plan that Provides Postretirement Benefits

The Plan's office employees are covered by the Warehouse Employees' Local Union No. 570 Trust Fund, which provides medical benefits to retirees prior to Medicare eligibility and to eligible employees and their dependents. Contributions to this plan totaled $14,970 and $14,940 for the years ended December 31, 2025 and 2024, respectively.

NOTE 14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 30, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

SUPPLEMENTAL INFORMATION

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Actuarial fees	$ 152,930	$ 25,218
Computer software support	40,276	24,377
Conference expense	8,554	4,062
Employee benefits	31,394	26,586
Insurance	131,181	125,049
Maintenance agreements	6,375	4,262
Meetings	709	685
Miscellaneous	5,200	3,710
Office expense	3,957	4,247
Payroll taxes	6,952	6,371
Postage	15,130	13,749
Printing	3,420	8,796
Professional fees	66,756	50,715
Rent	14,871	14,233
Salaries	90,871	83,275
Telephone	1,512	1,490
Total	$ 580,088	$ 396,825

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par/Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Cash equivalents						
	Wilmington Trusts Company	Blackrock Liquidity Treas Tr	N/A	Varies	493,003	$ 493,003	$ 493,003
	Wilmington Trusts Company	US Govt MM Fund	N/A	Varies	3,166,305	3,166,305	3,166,305
	Total cash equivalents					3,659,308	3,659,308
	Common stocks						
	ALIGN TECHNOLOGY INCORPORATED	Equity	N/A	N/A	1,470	293,423	229,541
	ALPHABET INC CL A	Equity	N/A	N/A	3,200	38,774	1,001,600
	ALPHABET INC CL C	Equity	N/A	N/A	2,971	35,591	932,300
	AMAZON.COM INC	Equity	N/A	N/A	4,823	631,167	1,113,245
	AMER SPORTS INC	Equity	N/A	N/A	11,636	195,615	434,605
	AMERICAN INTERNATIONAL GROUP	Equity	N/A	N/A	3,479	241,586	297,628
	ANALOG DEVICES INC	Equity	N/A	N/A	1,498	171,391	406,258
	APPLE INC	Equity	N/A	N/A	1,213	26,323	329,766
	AUTODESK COM	Equity	N/A	N/A	1,100	243,243	325,611
	BANK AMER CORP	Equity	N/A	N/A	8,148	216,860	448,140
	BERKSHIRE HATHAWAY INC DEL CL B	Equity	N/A	N/A	1,693	135,579	850,987
	BOOKING HOLDINGS INC	Equity	N/A	N/A	116	170,091	621,218
	CANADIAN NATIONAL RAILWAY COMPANY	Equity	N/A	N/A	2,291	123,667	226,465
	CARRIER GLOBAL CORP	Equity	N/A	N/A	8,566	394,759	452,627
	DANAHER CORP COM	Equity	N/A	N/A	1,432	328,189	327,813
	EDWARDS LIFESCIENCES CORP COM	Equity	N/A	N/A	5,621	160,275	479,190
	ELEVANCE HEALTH INC	Equity	N/A	N/A	1,126	237,527	394,719
	FERGUSON PLC	Equity	N/A	N/A	1,112	177,728	247,565
	FIRST CITIZENS BANCSHARES INC CL A	Equity	N/A	N/A	213	164,211	457,136
	GE AEROSPACE	Equity	N/A	N/A	1,194	105,669	367,788
	ILLUMINA INC	Equity	N/A	N/A	2,077	258,846	272,419
	INTUIT INC COM	Equity	N/A	N/A	850	288,109	563,057
	KKR & CO INC CL A	Equity	N/A	N/A	7,016	277,852	894,400
	KLA CORPORATION	Equity	N/A	N/A	334	209,144	405,837
	LOWES COMPANIES INC	Equity	N/A	N/A	907	36,295	218,732
	MARVELL TECHNOLOGY INC	Equity	N/A	N/A	2,258	151,478	191,885
	MASTERCARD INC CL A	Equity	N/A	N/A	1,800	31,957	1,027,584
	META PLATFORMS INC-A	Equity	N/A	N/A	1,943	343,199	1,282,555
	MICROSOFT CORP	Equity	N/A	N/A	3,337	156,824	1,613,840
	MONDELEZ INTERNATIONAL INC	Equity	N/A	N/A	5,047	296,442	271,680
	NOMAD FOODS LTD	Equity	N/A	N/A	12,138	218,971	151,846
	OLD DOMINION FREIGHT LINE INC	Equity	N/A	N/A	1,435	223,676	225,008
	PROGRESSIVE CORP COM	Equity	N/A	N/A	1,345	157,136	306,283
	SCHWAB CHARLES CORP NEW COM	Equity	N/A	N/A	5,388	468,320	538,315
	SUNCOR ENERGY INC	Equity	N/A	N/A	11,479	343,085	509,208
	TAIWAN SEMICONDUCTOR SPON ADR	Equity	N/A	N/A	4,357	314,311	1,324,049
	TJX COMPANIES COM	Equity	N/A	N/A	2,255	80,113	346,391
	T-MOBILE US INC	Equity	N/A	N/A	1,232	159,009	250,145
	UBER TECHNOLOGIES INC	Equity	N/A	N/A	3,760	174,611	307,230
	UNITED RENTALS INC COM	Equity	N/A	N/A	647	54,114	523,630
	UNITEDHEALTH GROUP INC	Equity	N/A	N/A	1,973	591,527	651,307
	US FOODS HOLDING CORP	Equity	N/A	N/A	2,972	233,426	223,851
	VISA INC	Equity	N/A	N/A	2,995	111,117	1,050,377
	WORKDAY INC-A	Equity	N/A	N/A	788	245,455	209,840
	Total common stocks					9,516,685	23,303,671

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par/Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	U.S. Government notes and bonds						
	U.S. TREASURY NOTES	Notes	05/15/30	0.625%	1,950,000	$ 1,612,606	$ 1,711,203
	U.S. TREASURY NOTES	Notes	02/15/31	1.125%	1,660,000	1,408,391	1,461,514
	U.S. TREASURY NOTES	Notes	08/31/28	1.125%	1,550,000	1,384,418	1,456,086
	U.S. TREASURY NOTES	Notes	11/15/31	1.375%	2,505,000	2,095,805	2,182,005
	U.S. TREASURY NOTES	Notes	09/30/26	1.625%	2,105,000	2,018,472	2,075,109
	U.S. TREASURY NOTES	Notes	05/15/27	2.375%	1,725,000	1,646,642	1,698,987
	U.S. TREASURY NOTES	Notes	08/15/32	2.750%	1,555,000	1,409,074	1,449,493
	U.S. TREASURY NOTES	Notes	06/30/29	3.250%	1,715,000	1,673,531	1,695,432
	U.S. TREASURY NOTES	Notes	03/31/32	4.125%	145,000	145,617	146,988
	U.S. TREASURY NOTES	Notes	05/15/34	4.375%	400,000	402,788	408,764
	U.S. TREASURY NOTES	Notes	11/15/33	4.500%	1,195,000	1,220,446	1,233,885
	U.S. TREASURY TIPS	Notes	01/15/30	0.125%	499,849	475,157	474,052
	U.S. TREASURY TIPS	Notes	04/15/27	0.125%	242,155	228,680	237,755
	U.S. TREASURY TIPS	Notes	01/15/33	1.125%	1,256,950	1,188,162	1,205,993
	U.S. TREASURY TIPS	Notes	01/15/28	1.750%	613,870	616,902	618,320
	U.S. TREASURY TIPS	Notes	01/15/35	2.125%	469,405	481,734	477,690
	FEDERAL FARM CREDIT BANK	Bonds	05/17/32	4.300%	40,000	40,000	39,885
	FEDERAL HOME LOAN BANK	Bonds	10/26/26	1.150%	65,000	65,000	63,684
	FEDERAL HOME LOAN BANK	Bonds	11/23/26	1.500%	80,000	80,000	78,534
	FEDERAL HOME LOAN BANK	Bonds	04/17/30	4.540%	280,000	280,000	280,120
	FEDERAL HOME LOAN BANK	Bonds	09/24/32	4.700%	420,000	420,000	419,639
	FEDERAL HOME LOAN BANK	Bonds	04/21/32	5.000%	425,000	425,000	426,199
	FEDERAL HOME LOAN BANK	Bonds	05/07/32	5.000%	190,000	190,000	190,171
	FEDERAL HOME LOAN BANK	Bonds	06/17/32	5.200%	445,000	445,000	446,428
	FED HOME LOAN MTGE CORP POOL	Bonds	11/01/44	4.500%	241,118	233,401	241,719
	FED HOME LOAN MTGE CORP POOL	Bonds	05/01/38	4.500%	38,063	37,742	38,132
	FED HOME LOAN MTGE CORP POOL	Bonds	09/01/38	5.500%	32,056	31,881	32,900
	FED HOME LOAN MTGE CORP POOL	Bonds	10/01/52	4.000%	880,583	823,133	842,991
	FED HOME LOAN MTGE CORP POOL	Bonds	09/01/53	6.000%	31,189	30,906	32,101
	FED HOME LOAN MTGE CORP POOL	Bonds	11/01/53	5.000%	651,998	650,877	652,467
	FED HOME LOAN MTGE CORP POOL	Bonds	08/01/54	5.500%	244,333	241,393	247,969
	FED HOME LOAN MTGE CORP POOL	Bonds	11/01/54	5.000%	324,739	316,117	325,584
	FED HOME LOAN MTGE CORP POOL	Bonds	11/01/53	5.500%	266,192	264,382	270,610
	FHLMC SER 5388 CMO	Bonds	07/25/48	6.000%	160,831	160,831	164,205
	FEDL NATL MTGE ASSN POOL	Bonds	06/01/53	5.500%	291,228	285,388	296,024
	FEDL NATL MTGE ASSN POOL	Bonds	12/01/52	4.500%	291,697	279,657	285,805
	FEDL NATL MTGE ASSN POOL	Bonds	05/01/54	5.000%	384,312	378,607	383,359
	FEDL NATL MTGE ASSN POOL	Bonds	05/01/53	5.000%	359,080	349,139	359,212
	FEDL NATL MTGE ASSN POOL	Bonds	07/01/38	4.000%	34,182	33,257	33,750
	FEDL NATL MTGE ASSN POOL	Bonds	03/01/30	7.000%	2,802	2,802	2,942
	FEDL NATL MTGE ASSN POOL	Bonds	04/01/38	5.000%	897	948	923
	GOVT NATL MTGE ASSN	Bonds	05/20/52	5.000%	313,475	308,283	314,171
	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER	Bonds	01/01/38	2.920%	21,059	20,254	19,960
	Total U.S. Government notes and bonds					24,402,423	25,022,760
	Corporate notes and bonds						
	ACCENTURE CAPITAL	Bonds	10/04/27	3.900%	130,000	129,611	130,506
	AMGEN INC	Bonds	03/02/33	5.250%	375,000	380,268	388,185
	ANHEUSER-BUSCH	Bonds	06/01/30	3.500%	160,000	152,908	156,234
	ANTHEM INC	Bonds	12/01/27	3.650%	340,000	331,229	338,375
	ARES CAPITAL CORP	Bonds	01/15/26	3.875%	215,000	209,640	214,983
	BANK OF AMER MTN V-D	Bonds	11/10/28	6.204%	300,000	311,892	311,733
	BLACKROCK FUNDING	Bonds	07/26/27	4.600%	80,000	80,356	81,052
	BLACKROCK FUNDING	Bonds	03/14/29	4.700%	310,000	313,011	316,888
	BRIXMOR OPERATING	Bonds	04/01/32	5.200%	415,000	418,034	425,006

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par/Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	COMCAST CORP	Bonds	10/15/28	4.150%	715,000	$ 708,164	$ 718,854
	COMCAST CORP	Bonds	10/15/30	4.250%	500,000	496,871	500,195
	CVS HEALTH CORP	Bonds	08/15/29	3.250%	530,000	500,595	511,625
	DUKE ENERGY CAR	Bonds	01/15/34	4.850%	665,000	657,713	673,166
	ENERGY TRANSFER LP	Bonds	04/01/30	5.200%	145,000	145,999	149,353
	EXTRA SPACE STORAGE	Bonds	10/15/30	2.200%	375,000	329,033	339,266
	FHLB	Bonds	03/23/26	1.000%	68,250	68,250	67,859
	FYBR CMO	Bonds	08/20/53	6.600%	315,000	319,502	317,885
	GENERAL MOTORS FINL	Bonds	01/17/29	5.650%	235,000	239,136	243,404
	GEORGIA POWER CO	Bonds	02/23/27	5.004%	290,000	291,579	293,747
	GOLDMAN SACHS GP V-Q	Bonds	06/05/28	3.691%	780,000	761,679	775,850
	HA SUST INF CAP	Bonds	01/15/31	6.150%	515,000	518,402	529,374
	HEALTHPEAK PROPERTIE	Bonds	01/15/31	2.875%	55,000	49,655	50,956
	HEWLETT PACKARD ENTE	Bonds	10/15/34	5.000%	310,000	305,590	307,275
	INTERCONTIN EXCHANGE	Bonds	03/15/33	4.600%	220,000	216,625	223,166
	JEFFERIES FIN GROUP	Bonds	07/21/28	5.875%	210,000	215,776	218,177
	JEFFERIES FIN GROUP	Bonds	04/14/34	6.200%	265,000	272,137	279,681
	JP MORGAN CMO V-M	Bonds	04/25/54	6.000%	40,276	39,377	40,722
	JPMORGAN CHASE V-Q	Bonds	12/05/29	4.452%	475,000	474,557	479,892
	JPMORGAN CHASE V-Q	Bonds	04/22/31	5.103%	70,000	70,564	72,274
	LINCOLN NATL CRP	Bonds	01/15/31	3.400%	190,000	174,422	180,606
	MERRILL LYNCH V-Q 4.	Bonds	09/15/26	7.448%	315,000	312,538	315,699
	MORGAN STAN MTN V-D	Bonds	04/18/30	5.656%	320,000	331,260	333,386
	MORGAN STANLEY V-D	Bonds	04/20/28	4.210%	360,000	354,754	360,824
	NUTRIEN LTD	Bonds	03/12/32	5.250%	235,000	237,155	242,151
	OPT DEFENSE PROPERT	Bonds	10/15/30	4.500%	575,000	572,786	572,205
	ORACLE CORP	Bonds	11/09/32	6.250%	305,000	323,631	317,935
	OWL ROCK CAP CORP	Bonds	07/15/26	3.400%	411,000	398,210	408,160
	PHILIP MORRIS INTL	Bonds	02/13/34	5.250%	490,000	489,419	506,469
	PHILIP MORRIS INTL	Bonds	09/07/33	5.625%	295,000	302,127	312,904
	PLAINS ALL AMERN PIP	Bonds	01/15/31	4.700%	360,000	359,832	362,030
	PNC FIN SERV V-D	Bonds	01/21/28	5.300%	360,000	362,402	364,655
	RMCT 2024-J1 CMO V-M	Bonds	11/25/54	6.000%	144,519	143,955	146,996
	ROCKWELL AUTOMATION	Bonds	03/01/29	3.500%	395,000	386,433	388,332
	SAFEHOLD OPERATING	Bonds	06/15/31	2.800%	460,000	408,017	422,777
	SAFEHOLD OPERATING	Bonds	01/15/32	2.850%	410,000	363,629	369,312
	SIMON PPTY GROUP LP	Bonds	09/13/29	2.450%	570,000	521,613	538,821
	SIMON PROP GP INC	Bonds	10/01/30	4.375%	725,000	724,114	730,198
	TRACTOR SUPPLY CO	Bonds	05/15/33	5.250%	230,000	232,053	237,845
	TRUIST BANK	Bonds	03/11/30	2.250%	800,000	704,589	732,824
	VERIZON COMM INC	Bonds	03/21/31	2.550%	475,000	423,167	433,765
	VIRGINIA EL&PWR	Bonds	03/15/27	3.500%	320,000	314,295	318,458
	VIRGINIA ELEC & PWR	Bonds	08/15/34	5.050%	100,000	100,132	101,250
	WALT DISNEY COMPANY	Bonds	11/15/26	3.375%	365,000	363,753	363,690
	Total corporate notes and bonds				(7,270,691)	17,912,439	18,216,975
	Common collective trusts						
	Wilmington Trust Company	Blackrock Equity Index, Class R	N/A	N/A	124,895	48,437,439	122,606,669
	Crescent Capital Trust II	Crescent Capital Trust II	N/A	N/A	-	563,228	2,359,851
	Total common collective trusts					49,000,667	124,966,520

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par/Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	103-12 investment entities						
	RBC Global Asset Management	International Equity Fund	N/A	N/A	145,104	$ 4,297,141	$ 16,002,442
	Ullico Investment Advisors, Inc.	Ullico Infrastructure Tax-Exempt	N/A	N/A	58,025	12,857,836	18,828,493
	Total 103-12 investment entities					17,154,977	34,830,935
	Limited partnerships						
	EnTrust Global	EnTrust Capital Diversified Fund Class X, Series 12/31/2016	N/A	N/A	2,119	354,544	22,654
	Boyd Watterson Asset Management	GSA Fund	N/A	N/A	18,284	21,183,757	17,986,561
	Intercontinental Real Estate Corporation	U.S. Real Estate Investment Fund	N/A	N/A	7,214	7,554,505	8,370,242
	Corry Capital Advisors, LLC	CCA Black, LLP	N/A	N/A	-	6,000,374	6,436,752
	Corry Capital Advisors, LLC	CCA Longevity Fund VI, LP	N/A	N/A	-	374,937	542,488
	Boyd Watterson Asset Management	State Government Fund	N/A	N/A	6,921	7,709,430	6,830,013
	Crescent Capital	Crescent Credit Solutions VIII	N/A	N/A	-	3,613,973	4,810,292
	Total limited partnerships					46,791,520	44,999,002
	Total assets (held at end of year)					$ 168,438,019	$ 274,999,171

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

Form 5500, Schedule H, Line 4j

E.I.N. 52-6048848
Plan No. 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Realized Gain or (Loss)
N/A	US Govt MM Fund	$ 46,713,605	N/A	$ 46,713,605	$ 46,713,605	N/A
N/A	US Govt MM Fund	N/A	$ 46,242,366	46,242,366	46,242,366	$ -
N/A	Blackrock Equity Index, Class R	N/A	19,700,000	17,900,353	17,900,353	1,799,647

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

Schedule MB, Line 6
Summary of Plan Provisions

Effective Date

January 1, 1963. The Plan merged with Teamsters Allied Pension Fund of Maryland ("Teamsters 311") effective January 1, 2021.

Plan Year

January 1 through December 31

Eligibility

An employee engaged in Covered Employment during which he worked at least 300 hours.

Vesting Service

- **Warehouse 570 Participants:** Sum of:

  a. Each year of Credited Future Service prior to January 1, 1976;

  b. For each Plan Year since January 1, 1976, service in accordance with the following table:

Hours	Vesting Service
1,000 or more	1
700 to 999	0.75
500 to 699	0.5
300 to 499	0.25
Less than 300	0

- **Baltimore Beer Distributor Participants:** For the period July 1, 2006 – December 31, 2006, participants will accrue credited and vesting service based on the Warehouse 570 credit tables divided in half. As an example, if a participant works 750 hours during this period, he will earn 0.5 service credit (750 is half of 1500, 1500 hours corresponds to 1.0 credit, half of 1.0 credit is 0.5 credit). Vesting service would be calculated in a similar fashion.

  For the period January 1, 2007 and after, service will be calculated based on the table below:

Hours	Vesting Service
1,000 or more	1
700 to 999	0.75
500 to 699	0.5
300 to 499	0.25
Less than 300	0

- **Teamsters 311 Participants:** One year of service for each Plan Year in which 1,000 hours were worked.

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

Schedule MB, Line 6
Summary of Plan Provisions

Credited Service (Warehouse 570)

- **Prior to 1/1/1963 (Past Service):** Continuous employment with Local No. 570 to January 1, 1963, to a maximum of 10 years. There is no credited past service for Baltimore Beer distribution participants.

- **After 12/31/1962 (Future Service):** For Warehouse 570 participants, the number of hours worked in each Plan Year since January 1, 1963, in accordance with the table below. For Baltimore Beer Distributor participants, the number of hours worked in each plan year since June 30, 2006, in accordance with the table below:

Hours	Credited Future Service
1,500 or more	1
1,400 to 1,499	0.9
1,300 to 1,399	0.8
1,200 to 1,299	0.7
1,100 to 1,199	0.6
1,000 to 1,099	0.5
900 to 999	0.4
800 to 899	0.3
700 to 799	0.2
300 to 699	0.1
Less than 300	0

Pension Credit (Teamsters 311)

- **Prior to 9/1/1976:** One credit for each Plan Year in which 1,200 hours were worked in covered employment.

- **9/1/1976 – 8/31/1982:** One credit for each Plan Year in which 1,000 hours were worked in covered employment.

- **After 8/31/1982:** One credit for each Plan Year in which 1,000 hours were worked in covered employment (1/2 credit if 500 hours or more are worked).

Normal Pension (Warehouse 570)

- **Eligibility Requirement:** Attaining the later of age 62 or fifth anniversary of participation.

B

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

Schedule MB, Line 6
Summary of Plan Provisions

Normal Pension (Warehouse 570 cont.)

- Amount: Sum of:

Credited Future Service	Benefit Rate per $.10 Hourly Contribution
Prior to 1/1/72	$ 7.26 per month
1/1/72 - 12/31/73	6.66 per month
1/1/74 - 12/31/84	6.05 per month
1/1/85 - 12/31/89	5.50 per month
1/1/90 - 12/31/91	5.00 per month
1/1/92 - 12/31/02	4.00 per month
1/1/03 to present	3.00 per month

a) Multiplied by the Credited Service earned while working in Warehouse 570 during the year. For 1500 hours which earns 1.0 credits, this is equivalent to a 2% benefit rate. Contribution increases after 2008 are not used when calculating a participant's accrued benefit after 2018. The contribution limit previously existed for all years after 2008 but has been removed for this valuation for active participants as of January 1, 2019. For former Baltimore Beer Distribution participants, credited service begins on July 1, 2006.

b) Credited Past Service Benefit based upon either:

1) The average of the highest ten of eleven years of Benefit Rates if participant has ten or more years of Credited Future Service as of January 1, 1974.

2) The average Benefit Rate based on actual number of years completed if participant has less than ten years of Credited Future Service as of January 1, 1974, but not less than $6.00.

The trustees have increased the accrued benefit to active participants and the actual benefit of retirees. For active participants as of January 1, 2019, the contribution limit that existed for accrued benefits was removed for benefits accrued from 2008 through 2018. The most recent increase to retirees was 3% as of January 1, 2001.

c) The accrued benefit earned under Baltimore Beer Distributors as of June 30, 2006.

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

Schedule MB, Line 6
Summary of Plan Provisions

Normal Pension (Teamsters 311)

- **Eligibility Requirement:** Attaining the later of age 65 (age 62 for all service earned prior to 9/1/2012) or fifth anniversary of participation.

- **Amount:** Accrued benefit plus the monthly accrued listed below, depending on hourly contribution rate:

Hourly Contribution Rate	Accrual Per Year of Service
$0.10 to $0.20	$5.24
$0.20 to $0.30	$10.48
$0.30 to $0.50	$23.06
$0.50 to $0.60	$26.21
$0.60 to $0.70	$31.45
$0.70 to $0.75	$31.83
Greater than $0.75	Contribution Rate Multiplied by $42.02

Early Pension (Warehouse 570)

- **Eligibility Requirement:** Age 55 with at least 10 years of Credited Future Service. Any age with 25 years of Credited Service if participant entered plan prior to 1/1/2010.

- **Amount:**

  Warehouse 570 benefit (Pre-2009 Participation):

  Accrued Benefit based on Credited Service earned while working for Warehouse 570, at early retirement, reduced by 3% for each year that payment precedes Normal Retirement Date. With 25 years of Credited Service, there is no benefit reduction. If the participant is at least 55 at retirement and has 15 years of service, the supplemental benefit is also provided.

  Warehouse 570 benefit (Post-2009 Participation):

  Accrued Benefit based on Credited Service earned while working for local 570, at early retirement, reduced 6% for each year that payment precedes Normal Retirement Date. With 30 years of Credited Service, there is no benefit reduction. If the participant has 15 years of service, the supplemental benefit is also provided.

  Baltimore Beer Distributors:

  Accrued benefit as of June 30, 2006 at early retirement, reduced actuarially for early payment.

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

Schedule MB, Line 6
Summary of Plan Provisions

Early Pension (Teamsters 311)

- **Eligibility Requirement:** Age 57 with at least 10 Pension Credits.
- **Amount:** Accrued Benefit while working under Teamsters 311 accrual rules, reduced 4.44% for each year that payment precedes Normal Retirement Date.

Disability Pension (Warehouse 570)

- **Eligibility Requirement:** Age plus Credited Future Service (minimum of years) equals or exceeds 50.
- **Amount:** Accrued Benefit based on Credited Service at date of disability, with no reduction for early payment.

Disability Pension (Teamsters 311)

- **Eligibility Requirement:** Any age with 5 Pension Credits.
- **Amount:** Accrued Benefit while working under Teamsters 311 accrual rules, with no reduction for early payment.

Vested Pension (Warehouse 570)

- **Eligibility Requirement:** Age 55 and Participant attained Vesting Status (5 years of Vesting Service)
- **Amount:**

  Warehouse 570 benefit:

  Vested Accrued Benefit based on Credited Service at date of termination, deferred until Normal Retirement Date. With 10 years of service, participants who entered the plan prior to 1/1/2010 can retire on or after age 55 with a 3% per year reduction. The reduction is 6% per year for participants who entered the plan after 12/31/2009.

  Baltimore Beer Distributors benefit:

  Accrued benefit under old plan, reduced actuarially from age 62.

Vested Pension (Teamsters 311)

- **Eligibility Requirement:** Attaining the later of age 65 (age 62 for all service earned prior to 9/1/2012) or fifth anniversary of participation, and Vesting Status (5 years of Vesting Service)
- **Amount:** Same as Normal Pension amount.

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

Schedule MB, Line 6
Summary of Plan Provisions

Supplemental Benefit (Warehouse 570)

A supplemental benefit effective January 1, 1992 of $300 per month payable from age 62 to age 65 to permit an employee to continue his health insurance coverage. The payment will be made over a term certain.

If a participant is over age 62, he will still be entitled to the $300 payable monthly until age 65.

If a participant is not yet age 62, he will be entitled to the full $10,800 payable over the term from retirement to age 65.

In addition, 15 years of vesting service will be required to be eligible for this benefit. Anyone covered by reciprocal service will have the service credited for purposes of eligibility for the benefit but the $300 will be pro-rated based on their years of vesting service earned in the Local 570 fund.

To be eligible for the benefit, the participant must be eligible for COBRA. Therefore, terminated vested employees are excluded. This supplement is not payable if the participant elects to receive an early retirement benefit unless the participant is 55 or older as of the benefit commencement date.

For former participants of the Baltimore Beer Distributors plan, eligibility for this benefit begins on July 1, 2006. No prior service earned under the old plan is taken into account for eligibility.

Pre-Retirement Death Benefit (Warehouse 570)

- **Married Participant:** Upon the death of a married vested participant, his spouse shall receive a monthly benefit, payable for life, equal to the spouse's portion of the Joint and 50% Survivor Annuity. If the participant was eligible to retire, the benefit is payable immediately, otherwise deferred to earliest retirement date.

- **Unmarried Participant:** Upon the death of an unmarried participant or participant who has been married less than one year who has at least 5 years of future service credits, a $10,000 death benefit is payable to the designated beneficiary or beneficiaries. Beneficiaries may only include the surviving spouse and/or children.

Pre-Retirement Death Benefit (Teamsters 311)

- **Married Participant:** Upon the death of a married vested participant, his spouse shall receive a monthly benefit, payable for life, equal to the spouse's portion of the Joint and 50% Survivor Annuity. If the participant was eligible to retire, the benefit is payable immediately, otherwise deferred to earliest retirement date.

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

Schedule MB, Line 6
Summary of Plan Provisions

Pre-Retirement Lump Sum Death Benefit (Teamsters 311)

Upon the death of an Active Employee, a pre-retirement death benefit of $25,000 shall be payable to the designated beneficiary. If the Participant's death is deemed to be an Accidental Death, an additional $20,000 is payable to the designated beneficiary.

An employee is considered to be "Active" if the participant a) has not retired, and b) has earned not less than one Pension Credit in either the Plan Year in which his or her death occurs or the Plan Year immediately preceding the date of death.

Post-Retirement Additional Death Benefit (Warehouse 570)

- Eligibility Requirement: Age 55, and 10 years of Credited Service
- Amount: $1,000

Post-Retirement Additional Death Benefit (Teamsters 311)

- Eligibility Requirement: Last Credited Service prior to Retirement was earned under Teamsters 311 rules.
- Amount: $5,000

Vesting Status

- Age Requirement: none
- Service Requirement: 5 years of Vesting Service

Forms of Benefit (Warehouse 570)

- Normal: Single Life Annuity for unmarried participants; qualified 50% Joint & Survivor Annuity (with spouse as beneficiary) for married participants.
- Optional: 75% Joint & Survivor Annuity, 100% Joint & Survivor Annuity, 10-Year Certain & Life Annuity.

Forms of Benefit (Teamsters 311)

- Normal: Qualified 50% Joint & Survivor Annuity with Pop-Up (with spouse as beneficiary) for married participants.
- Optional: Single Life Annuity, 66 2/3% Joint & Survivor Annuity with Pop-Up, 75% Joint & Survivor Annuity with Pop-Up, 100% Joint & Survivor Annuity with Pop-Up, 5-Year Certain & Life Annuity, 10-Year Certain & Life Annuity, 15-Year Certain & Life Annuity, 20-Year Certain & Life Annuity.

B

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par/Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Cash equivalents						
	Wilmington Trusts Company	Blackrock Liquidity Treas Tr	N/A	Varies	493,003	$ 493,003	$ 493,003
	Wilmington Trusts Company	US Govt MM Fund	N/A	Varies	3,166,305	3,166,305	3,166,305
	Total cash equivalents					3,659,308	3,659,308
	Common stocks						
	ALIGN TECHNOLOGY INCORPORATED	Equity	N/A	N/A	1,470	293,423	229,541
	ALPHABET INC CL A	Equity	N/A	N/A	3,200	38,774	1,001,600
	ALPHABET INC CL C	Equity	N/A	N/A	2,971	35,591	932,300
	AMAZON.COM INC	Equity	N/A	N/A	4,823	631,167	1,113,245
	AMER SPORTS INC	Equity	N/A	N/A	11,636	195,615	434,605
	AMERICAN INTERNATIONAL GROUP	Equity	N/A	N/A	3,479	241,586	297,628
	ANALOG DEVICES INC	Equity	N/A	N/A	1,498	171,391	406,258
	APPLE INC	Equity	N/A	N/A	1,213	26,323	329,766
	AUTODESK COM	Equity	N/A	N/A	1,100	243,243	325,611
	BANK AMER CORP	Equity	N/A	N/A	8,148	216,860	448,140
	BERKSHIRE HATHAWAY INC DEL CL B	Equity	N/A	N/A	1,693	135,579	850,987
	BOOKING HOLDINGS INC	Equity	N/A	N/A	116	170,091	621,218
	CANADIAN NATIONAL RAILWAY COMPANY	Equity	N/A	N/A	2,291	123,667	226,465
	CARRIER GLOBAL CORP	Equity	N/A	N/A	8,566	394,759	452,627
	DANAHER CORP COM	Equity	N/A	N/A	1,432	328,189	327,813
	EDWARDS LIFESCIENCES CORP COM	Equity	N/A	N/A	5,621	160,275	479,190
	ELEVANCE HEALTH INC	Equity	N/A	N/A	1,126	237,527	394,719
	FERGUSON PLC	Equity	N/A	N/A	1,112	177,728	247,565
	FIRST CITIZENS BANCSHARES INC CL A	Equity	N/A	N/A	213	164,211	457,136
	GE AEROSPACE	Equity	N/A	N/A	1,194	105,669	367,788
	ILLUMINA INC	Equity	N/A	N/A	2,077	258,846	272,419
	INTUIT INC COM	Equity	N/A	N/A	850	288,109	563,057
	KKR & CO INC CL A	Equity	N/A	N/A	7,016	277,852	894,400
	KLA CORPORATION	Equity	N/A	N/A	334	209,144	405,837
	LOWES COMPANIES INC	Equity	N/A	N/A	907	36,295	218,732
	MARVELL TECHNOLOGY INC	Equity	N/A	N/A	2,258	151,478	191,885
	MASTERCARD INC CL A	Equity	N/A	N/A	1,800	31,957	1,027,584
	META PLATFORMS INC-A	Equity	N/A	N/A	1,943	343,199	1,282,555
	MICROSOFT CORP	Equity	N/A	N/A	3,337	156,824	1,613,840
	MONDELEZ INTERNATIONAL INC	Equity	N/A	N/A	5,047	296,442	271,680
	NOMAD FOODS LTD	Equity	N/A	N/A	12,138	218,971	151,846
	OLD DOMINION FREIGHT LINE INC	Equity	N/A	N/A	1,435	223,676	225,008
	PROGRESSIVE CORP COM	Equity	N/A	N/A	1,345	157,136	306,283
	SCHWAB CHARLES CORP NEW COM	Equity	N/A	N/A	5,388	468,320	538,315
	SUNCOR ENERGY INC	Equity	N/A	N/A	11,479	343,085	509,208
	TAIWAN SEMICONDUCTOR SPON ADR	Equity	N/A	N/A	4,357	314,311	1,324,049
	TJX COMPANIES COM	Equity	N/A	N/A	2,255	80,113	346,391
	T-MOBILE US INC	Equity	N/A	N/A	1,232	159,009	250,145
	UBER TECHNOLOGIES INC	Equity	N/A	N/A	3,760	174,611	307,230
	UNITED RENTALS INC COM	Equity	N/A	N/A	647	54,114	523,630
	UNITEDHEALTH GROUP INC	Equity	N/A	N/A	1,973	591,527	651,307
	US FOODS HOLDING CORP	Equity	N/A	N/A	2,972	233,426	223,851
	VISA INC	Equity	N/A	N/A	2,995	111,117	1,050,377
	WORKDAY INC-A	Equity	N/A	N/A	788	245,455	209,840
	Total common stocks					9,516,685	23,303,671

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par/Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	U.S. Government notes and bonds						
	U.S. TREASURY NOTES	Notes	05/15/30	0.625%	1,950,000	$ 1,612,606	$ 1,711,203
	U.S. TREASURY NOTES	Notes	02/15/31	1.125%	1,660,000	1,408,391	1,461,514
	U.S. TREASURY NOTES	Notes	08/31/28	1.125%	1,550,000	1,384,418	1,456,086
	U.S. TREASURY NOTES	Notes	11/15/31	1.375%	2,505,000	2,095,805	2,182,005
	U.S. TREASURY NOTES	Notes	09/30/26	1.625%	2,105,000	2,018,472	2,075,109
	U.S. TREASURY NOTES	Notes	05/15/27	2.375%	1,725,000	1,646,642	1,698,987
	U.S. TREASURY NOTES	Notes	08/15/32	2.750%	1,555,000	1,409,074	1,449,493
	U.S. TREASURY NOTES	Notes	06/30/29	3.250%	1,715,000	1,673,531	1,695,432
	U.S. TREASURY NOTES	Notes	03/31/32	4.125%	145,000	145,617	146,988
	U.S. TREASURY NOTES	Notes	05/15/34	4.375%	400,000	402,788	408,764
	U.S. TREASURY NOTES	Notes	11/15/33	4.500%	1,195,000	1,220,446	1,233,885
	U.S. TREASURY TIPS	Notes	01/15/30	0.125%	499,849	475,157	474,052
	U.S. TREASURY TIPS	Notes	04/15/27	0.125%	242,155	228,680	237,755
	U.S. TREASURY TIPS	Notes	01/15/33	1.125%	1,256,950	1,188,162	1,205,993
	U.S. TREASURY TIPS	Notes	01/15/28	1.750%	613,870	616,902	618,320
	U.S. TREASURY TIPS	Notes	01/15/35	2.125%	469,405	481,734	477,690
	FEDERAL FARM CREDIT BANK	Bonds	05/17/32	4.300%	40,000	40,000	39,885
	FEDERAL HOME LOAN BANK	Bonds	10/26/26	1.150%	65,000	65,000	63,684
	FEDERAL HOME LOAN BANK	Bonds	11/23/26	1.500%	80,000	80,000	78,534
	FEDERAL HOME LOAN BANK	Bonds	04/17/30	4.540%	280,000	280,000	280,120
	FEDERAL HOME LOAN BANK	Bonds	09/24/32	4.700%	420,000	420,000	419,639
	FEDERAL HOME LOAN BANK	Bonds	04/21/32	5.000%	425,000	425,000	426,199
	FEDERAL HOME LOAN BANK	Bonds	05/07/32	5.000%	190,000	190,000	190,171
	FEDERAL HOME LOAN BANK	Bonds	06/17/32	5.200%	445,000	445,000	446,428
	FED HOME LOAN MTGE CORP POOL	Bonds	11/01/44	4.500%	241,118	233,401	241,719
	FED HOME LOAN MTGE CORP POOL	Bonds	05/01/38	4.500%	38,063	37,742	38,132
	FED HOME LOAN MTGE CORP POOL	Bonds	09/01/38	5.500%	32,056	31,881	32,900
	FED HOME LOAN MTGE CORP POOL	Bonds	10/01/52	4.000%	880,583	823,133	842,991
	FED HOME LOAN MTGE CORP POOL	Bonds	09/01/53	6.000%	31,189	30,906	32,101
	FED HOME LOAN MTGE CORP POOL	Bonds	11/01/53	5.000%	651,998	650,877	652,467
	FED HOME LOAN MTGE CORP POOL	Bonds	08/01/54	5.500%	244,333	241,393	247,969
	FED HOME LOAN MTGE CORP POOL	Bonds	11/01/54	5.000%	324,739	316,117	325,584
	FED HOME LOAN MTGE CORP POOL	Bonds	11/01/53	5.500%	266,192	264,382	270,610
	FHLMC SER 5388 CMO	Bonds	07/25/48	6.000%	160,831	160,831	164,205
	FEDL NATL MTGE ASSN POOL	Bonds	06/01/53	5.500%	291,228	285,388	296,024
	FEDL NATL MTGE ASSN POOL	Bonds	12/01/52	4.500%	291,697	279,657	285,805
	FEDL NATL MTGE ASSN POOL	Bonds	05/01/54	5.000%	384,312	378,607	383,359
	FEDL NATL MTGE ASSN POOL	Bonds	05/01/53	5.000%	359,080	349,139	359,212
	FEDL NATL MTGE ASSN POOL	Bonds	07/01/38	4.000%	34,182	33,257	33,750
	FEDL NATL MTGE ASSN POOL	Bonds	03/01/30	7.000%	2,802	2,802	2,942
	FEDL NATL MTGE ASSN POOL	Bonds	04/01/38	5.000%	897	948	923
	GOVT NATL MTGE ASSN	Bonds	05/20/52	5.000%	313,475	308,283	314,171
	SMALL BUSINESS ADMINISTRATION ASSET BCKD SEC SER	Bonds	01/01/38	2.920%	21,059	20,254	19,960
	Total U.S. Government notes and bonds					24,402,423	25,022,760
	Corporate notes and bonds						
	ACCENTURE CAPITAL	Bonds	10/04/27	3.900%	130,000	129,611	130,506
	AMGEN INC	Bonds	03/02/33	5.250%	375,000	380,268	388,185
	ANHEUSER-BUSCH	Bonds	06/01/30	3.500%	160,000	152,908	156,234
	ANTHEM INC	Bonds	12/01/27	3.650%	340,000	331,229	338,375
	ARES CAPITAL CORP	Bonds	01/15/26	3.875%	215,000	209,640	214,983
	BANK OF AMER MTN V-D	Bonds	11/10/28	6.204%	300,000	311,892	311,733
	BLACKROCK FUNDING	Bonds	07/26/27	4.600%	80,000	80,356	81,052
	BLACKROCK FUNDING	Bonds	03/14/29	4.700%	310,000	313,011	316,888
	BRIXMOR OPERATING	Bonds	04/01/32	5.200%	415,000	418,034	425,006

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par/Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	COMCAST CORP	Bonds	10/15/28	4.150%	715,000	$ 708,164	$ 718,854
	COMCAST CORP	Bonds	10/15/30	4.250%	500,000	496,871	500,195
	CVS HEALTH CORP	Bonds	08/15/29	3.250%	530,000	500,595	511,625
	DUKE ENERGY CAR	Bonds	01/15/34	4.850%	665,000	657,713	673,166
	ENERGY TRANSFER LP	Bonds	04/01/30	5.200%	145,000	145,999	149,353
	EXTRA SPACE STORAGE	Bonds	10/15/30	2.200%	375,000	329,033	339,266
	FHLB	Bonds	03/23/26	1.000%	68,250	68,250	67,859
	FYBR CMO	Bonds	08/20/53	6.600%	315,000	319,502	317,885
	GENERAL MOTORS FINL	Bonds	01/17/29	5.650%	235,000	239,136	243,404
	GEORGIA POWER CO	Bonds	02/23/27	5.004%	290,000	291,579	293,747
	GOLDMAN SACHS GP V-Q	Bonds	06/05/28	3.691%	780,000	761,679	775,850
	HA SUST INF CAP	Bonds	01/15/31	6.150%	515,000	518,402	529,374
	HEALTHPEAK PROPERTIE	Bonds	01/15/31	2.875%	55,000	49,655	50,956
	HEWLETT PACKARD ENTE	Bonds	10/15/34	5.000%	310,000	305,590	307,275
	INTERCONTIN EXCHANGE	Bonds	03/15/33	4.600%	220,000	216,625	223,166
	JEFFERIES FIN GROUP	Bonds	07/21/28	5.875%	210,000	215,776	218,177
	JEFFERIES FIN GROUP	Bonds	04/14/34	6.200%	265,000	272,137	279,681
	JP MORGAN CMO V-M	Bonds	04/25/54	6.000%	40,276	39,377	40,722
	JPMORGAN CHASE V-Q	Bonds	12/05/29	4.452%	475,000	474,557	479,892
	JPMORGAN CHASE V-Q	Bonds	04/22/31	5.103%	70,000	70,564	72,274
	LINCOLN NATL CRP	Bonds	01/15/31	3.400%	190,000	174,422	180,606
	MERRILL LYNCH V-Q 4.	Bonds	09/15/26	7.448%	315,000	312,538	315,699
	MORGAN STAN MTN V-D	Bonds	04/18/30	5.656%	320,000	331,260	333,386
	MORGAN STANLEY V-D	Bonds	04/20/28	4.210%	360,000	354,754	360,824
	NUTRIEN LTD	Bonds	03/12/32	5.250%	235,000	237,155	242,151
	OPT DEFENSE PROPERT	Bonds	10/15/30	4.500%	575,000	572,786	572,205
	ORACLE CORP	Bonds	11/09/32	6.250%	305,000	323,631	317,935
	OWL ROCK CAP CORP	Bonds	07/15/26	3.400%	411,000	398,210	408,160
	PHILIP MORRIS INTL	Bonds	02/13/34	5.250%	490,000	489,419	506,469
	PHILIP MORRIS INTL	Bonds	09/07/33	5.625%	295,000	302,127	312,904
	PLAINS ALL AMERN PIP	Bonds	01/15/31	4.700%	360,000	359,832	362,030
	PNC FIN SERV V-D	Bonds	01/21/28	5.300%	360,000	362,402	364,655
	RMCT 2024-J1 CMO V-M	Bonds	11/25/54	6.000%	144,519	143,955	146,996
	ROCKWELL AUTOMATION	Bonds	03/01/29	3.500%	395,000	386,433	388,332
	SAFEHOLD OPERATING	Bonds	06/15/31	2.800%	460,000	408,017	422,777
	SAFEHOLD OPERATING	Bonds	01/15/32	2.850%	410,000	363,629	369,312
	SIMON PPTY GROUP LP	Bonds	09/13/29	2.450%	570,000	521,613	538,821
	SIMON PROP GP INC	Bonds	10/01/30	4.375%	725,000	724,114	730,198
	TRACTOR SUPPLY CO	Bonds	05/15/33	5.250%	230,000	232,053	237,845
	TRUIST BANK	Bonds	03/11/30	2.250%	800,000	704,589	732,824
	VERIZON COMM INC	Bonds	03/21/31	2.550%	475,000	423,167	433,765
	VIRGINIA EL&PWR	Bonds	03/15/27	3.500%	320,000	314,295	318,458
	VIRGINIA ELEC & PWR	Bonds	08/15/34	5.050%	100,000	100,132	101,250
	WALT DISNEY COMPANY	Bonds	11/15/26	3.375%	365,000	363,753	363,690
	Total corporate notes and bonds				(7,270,691)	17,912,439	18,216,975
	Common collective trusts						
	Wilmington Trust Company	Blackrock Equity Index, Class R	N/A	N/A	124,895	48,437,439	122,606,669
	Crescent Capital Trust II	Crescent Capital Trust II	N/A	N/A	-	563,228	2,359,851
	Total common collective trusts					49,000,667	124,966,520

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

DECEMBER 31, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 52-6048848
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par/Maturity Value or Shares: Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	103-12 investment entities						
	RBC Global Asset Management	International Equity Fund	N/A	N/A	145,104	$ 4,297,141	$ 16,002,442
	Ullico Investment Advisors, Inc.	Ullico Infrastructure Tax-Exempt	N/A	N/A	58,025	12,857,836	18,828,493
	Total 103-12 investment entities					17,154,977	34,830,935
	Limited partnerships						
	EnTrust Global	EnTrust Capital Diversified Fund Class X, Series 12/31/2016	N/A	N/A	2,119	354,544	22,654
	Boyd Watterson Asset Management	GSA Fund	N/A	N/A	18,284	21,183,757	17,986,561
	Intercontinental Real Estate Corporation	U.S. Real Estate Investment Fund	N/A	N/A	7,214	7,554,505	8,370,242
	Corry Capital Advisors, LLC	CCA Black, LLP	N/A	N/A	-	6,000,374	6,436,752
	Corry Capital Advisors, LLC	CCA Longevity Fund VI, LP	N/A	N/A	-	374,937	542,488
	Boyd Watterson Asset Management	State Government Fund	N/A	N/A	6,921	7,709,430	6,830,013
	Crescent Capital	Crescent Credit Solutions VIII	N/A	N/A	-	3,613,973	4,810,292
	Total limited partnerships					46,791,520	44,999,002
	Total assets (held at end of year)					$ 168,438,019	$ 274,999,171

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

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

	YEARS OF CREDITED SERVICE									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
Attained Age	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	9	N/A	13	N/A	0	N/A	0	N/A	0	N/A
25 to 29	13	N/A	34	N/A	6	N/A	0	N/A	0	N/A
30 to 34	27	N/A	41	N/A	17	N/A	5	N/A	0	N/A
35 to 39	18	N/A	48	N/A	21	N/A	9	N/A	8	N/A
40 to 44	15	N/A	43	N/A	31	N/A	15	N/A	12	N/A
45 to 49	10	N/A	35	N/A	34	N/A	16	N/A	15	N/A
50 to 54	9	N/A	25	N/A	23	N/A	6	N/A	17	N/A
55 to 59	9	N/A	19	N/A	34	N/A	8	N/A	16	N/A
60 to 64	2	N/A	12	N/A	21	N/A	10	N/A	17	N/A
65 to 69	0	N/A	6	N/A	10	N/A	2	N/A	2	N/A
70 & up	0	N/A	1	N/A	1	N/A	1	N/A	0	N/A

	YEARS OF CREDITED SERVICE									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
Attained Age	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	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	4	N/A	2	N/A	0	N/A	0	N/A	0	N/A
45 to 49	6	N/A	4	N/A	0	N/A	0	N/A	0	N/A
50 to 54	7	N/A	9	N/A	3	N/A	1	N/A	0	N/A
55 to 59	13	N/A	9	N/A	3	N/A	3	N/A	0	N/A
60 to 64	7	N/A	4	N/A	4	N/A	1	N/A	1	N/A
65 to 69	0	N/A	4	N/A	0	N/A	1	N/A	1	N/A
70 & up	1	N/A	0	N/A	0	N/A	0	N/A	3	N/A

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

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

	Charges	Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1)	Recognized Investment Loss (2008)	1/1/2009	13	$8,840,060	$965,207
(2)	Recognized Investment Loss (2008)	1/1/2010	13	578,384	63,152
(3)	Recognized Investment Loss (2008)	1/1/2011	13	2,243,648	244,974
(4)	Recognized Investment Loss (2008)	1/1/2012	13	3,768,598	411,476
(5)	Change in Assumptions	1/1/2012	2	430,231	221,886
(6)	Actuarial Loss	1/1/2013	3	3,615	1,283
(7)	Actuarial Loss	1/1/2014	4	457,170	125,305
(8)	Plan Amendment	1/1/2014	4	30,241	8,288
(9)	Change in Assumptions	1/1/2014	4	746,542	204,618
(10)	Actuarial Loss	1/1/2015	5	279,904	63,243
(11)	Actuarial Loss	1/1/2016	6	761,767	147,752
(12)	Assumption Change	1/1/2016	6	2,358,583	457,472
(13)	Assumption Change	1/1/2018	8	8,644,490	1,333,096
(14)	Plan Amendment[1]	1/1/2019	9	1,515,385	213,773
(15)	Plan Amendment (T311)	9/1/1996	1.667	309,278	188,061
(16)	Assumption Change (T311)	9/1/1997	2.667	360,639	141,687
(17)	Plan Amendment (T311)	9/1/1997	2.667	534,210	209,880
(18)	Plan Amendment (T311)	9/1/1998	3.667	765,918	225,860
(19)	Assumption Change (T311)	9/1/1999	4.667	645,852	154,316
(20)	Plan Amendment (T311)	9/1/1999	4.667	799,270	190,973
(21)	Plan Amendment (T311)	9/1/2000	5.667	668,827	135,638
(22)	Plan Amendment (T311)	9/1/2001	6.667	179,730	31,917
(23)	Plan Amendment (T311)	9/1/2002	7.667	197,255	31,367
(24)	Plan Amendment (T311)	9/1/2003	8.667	148,945	21,568
(25)	Plan Amendment (T311)	9/1/2004	9.667	187,504	25,048
(26)	Actuarial Loss (T311)	9/1/2010	0.667	374,825	374,825
(27)	Actuarial Loss (T311)	9/1/2012	2.667	158,001	62,077
	Total Charges			**$35,988,872**	**$6,254,742**

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

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

Credits		Date Established	Years Remaining	Outstanding Balance	Amortization Amount
(1)	Change in Asset Method	1/1/2009	14	$3,556,926	$370,524
(2)	Actuarial Gain (Net of Investment Loss)	1/1/2011	1	139,066	139,066
(3)	Actuarial Gain (Net of Investment Loss)	1/1/2012	2	641,932	331,068
(4)	Actuarial Gain (Due to IRS Audit)	1/1/2012	2	93,195	48,062
(5)	Actuarial Gain	1/1/2020	10	849,992	111,022
(6)	Assumption Change[2]	1/1/2020	10	70,394	9,195
(7)	Actuarial Gain (T311)	9/1/2011	1.667	164,246	99,873
(8)	Assumption Change (T311)	9/1/2012	2.667	473,494	186,026
(9)	Plan Amendment (T311)	9/1/2012	2.667	351,808	138,217
(10)	Actuarial Gain (T311)	9/1/2013	3.667	186,343	54,950
(11)	Actuarial Gain (T311)	9/1/2014	4.667	815,952	194,957
	Total Credits			**$7,343,348**	**$1,682,960**

[2] The assumption change that took place on 1/1/2020 resulted in a liability impact of $1,858,510. The assumption change resulted in the Fund being over 100% funded and since the assumption change base is established based on the change in unfunded actuarial accrued liability, the established base is less than the liability impact.

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

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. The actuarial value of assets was reset to be equal to the market value of assets effective January 1, 2021. The investment gains and losses will "phase-in" after this date beginning with this valuation.

Mortality

Funding:

Healthy: Pri-2012 Employee/Annuitant Tables (Sex-Distinct) with Blue Collar Adjustment, projected generationally from 2012 using a custom COVID-adjusted version of Scale MP-2021.

Disabled: Pri-2012 Disabled Retiree Tables (Sex-Distinct), projected generationally from 2012 using a custom COVID-adjusted version of Scale MP-2021.

Current Liability:

2025 IRS Generational Mortality Table.

The mortality decrement assumption is based on a study of the plan's mortality experience in the 2024 Experience Study. We continue to monitor actual versus expected deaths with each valuation.

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Interest Rate

Valuation:

6.50% annual compound interest in the future, considering the asset allocation of the trust fund, and including inflation.

Current Liability:

4.01% per year compounded annually. The current liability interest rate is chosen from a specified range that is set by law.

Termination

2003 SOA Pension Plan Turnover Study Basic Service Table. Sample rates are as follows:

Service	Rate
0	17.13%
1	16.02%
2	15.63%
3	11.98%
4	9.87%
5	8.34%
10	4.91%
20	2.81%

The withdrawal decrement assumption is based on a study of the plan's withdrawal experience in the 2024 Experience Study.

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Disability

2012 IDEC Claim Incidence Table. Specifically, the male rates for accident claims under occupation class 3 (blue collar occupations with light manual duties) with a 720-day elimination period. Representative rates are shown below:

Age	Rate
20	0.25%
30	0.22%
40	0.23%
50	0.40%
60	0.83%
70	1.45%
71 & Over	0.00%

The disability assumption is based on a study of the plan's disablement experience in the 2024 Experience Study.

Age at Pension

Warehouse 570 Participants prior to January 1, 2010:

	Years of Credited Service			
Age	<10	10 - 24	25	26+
61 & Younger	0%	0%	15%	10%
62	15%	15%	15%	10%
63 – 64	10%	10%	15%	100%
65	50%	50%	50%	100%
66	25%	25%	25%	100%
67 & Older	100%	100%	100%	100%

Warehouse 570 Participants on/after January 1, 2010 & Baltimore Beer Distributor Participants:

	Years of Credited Service			
Age	<10	10 - 29	30	31+
54 & Younger	0%	0%	15%	10%
55 – 61	0%	0%	15%	10%
62	15%	15%	15%	10%
63 – 64	10%	10%	15%	100%
65	50%	50%	50%	100%
66	25%	25%	25%	100%
67 & Older	100%	100%	100%	100%

Section VII. Actuarial Methods and Assumptions (cont.)

Age at Pension (cont.)

Former Teamsters Local 311 Participants:

Age	Years of Credited Service <10	10+
56 & Younger	0%	0%
57 – 59	0%	5%
60 – 61	0%	30%
62 – 64	30%	30%
65	100%	100%

Terminated Vested participants retire at 62 (or Normal Retirement Age for former Teamsters 311 participants not eligible for early reduced retirement) unless eligible for unreduced early retirement, then current age.

The weighted average retirement age as of the valuation date is age 63.3. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2025 actuarial valuation.

The retirement age assumption used was reviewed in the plan's 2024 Experience Study and determined to be reasonable taking into account the following factors:

- The Plan's early retirement provisions,
- The actuary's experience with other plans of a similar size, demographic composition, and plan design.

Administrative Expenses

For this valuation, $500,000. For projections, administrative expenses are assumed to increase 3% annually.

The expense assumption is based on the plan's experience and the actuary's expectations for future expense inflation, including expected increases in PBGC premiums for multiemployer plans.

Active Participants

A member is active if he works 300 or more hours during the plan year. For projecting future contributions only, the number of active participants will remain constant with replacements being made immediately upon pension, death, or disability.

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Future Service Credit

Assumed each active member will work the same hours and earn the same service credit as in the prior year.

Marital Status

50% of all participants are assumed to be married. Wives are assumed to be 3 years younger than husbands.

The percent married and spousal age difference assumptions are based on a study of the plan's experience in the 2024 Experience Study.

Forms of Benefit

Single life annuity.

The form of benefit assumption is based on a study of the plan's experience in the 2024 Experience Study.

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

B

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

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

Withdrawal Liability:

Combination of Valuation interest rate and PBGC interest rates as of December 31 each year. For this valuation, PBGC interest rates are the full yield curve as of December 31, 2024.

Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

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
2025	$920,837	$541,423	$12,240,419	$13,702,679
2026	1,460,616	616,715	11,874,007	13,951,338
2027	1,952,292	781,981	11,488,847	14,223,121
2028	2,401,936	967,866	11,101,574	14,471,376
2029	2,738,769	1,081,068	10,703,755	14,523,591
2030	3,135,076	1,194,188	10,307,126	14,636,390
2031	3,443,270	1,312,816	9,903,409	14,659,495
2032	3,769,803	1,526,486	9,495,614	14,791,903
2033	4,047,638	1,694,520	9,082,298	14,824,456
2034	4,352,831	1,785,844	8,672,297	14,810,971
2035	4,512,762	1,946,025	8,255,324	14,714,111
2036	4,650,208	2,086,883	7,844,152	14,581,243
2037	4,774,468	2,162,804	7,433,458	14,370,730
2038	4,856,095	2,259,335	7,019,458	14,134,889
2039	4,953,427	2,351,715	6,603,247	13,908,389
2040	5,024,265	2,415,325	6,200,592	13,640,181
2041	5,094,530	2,501,127	5,802,280	13,397,938
2042	5,189,897	2,578,975	5,409,502	13,178,374
2043	5,265,886	2,673,801	5,023,506	12,963,194
2044	5,285,276	2,714,605	4,645,500	12,645,382
2045	5,274,919	2,727,517	4,275,539	12,277,975
2046	5,252,418	2,706,023	3,917,965	11,876,406
2047	5,213,046	2,678,877	3,572,719	11,464,642
2048	5,155,520	2,640,961	3,241,193	11,037,674
2049	5,051,528	2,595,432	2,924,709	10,571,668



Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	$4,928,300	$2,529,633	$2,624,475	$10,082,408
2051	4,779,625	2,460,717	$2,341,550	9,581,892
2052	4,656,012	2,392,459	$2,076,785	9,125,256
2053	4,500,832	2,319,835	$1,830,787	8,651,454
2054	4,337,639	2,221,922	$1,603,899	8,163,460
2055	4,143,714	2,123,313	$1,396,193	7,663,220
2056	3,944,972	2,015,503	$1,207,506	7,167,981
2057	3,733,487	1,907,934	$1,037,419	6,678,840
2058	3,529,200	1,798,381	$885,272	6,212,852
2059	3,330,703	1,689,556	$750,202	5,770,461
2060	3,142,054	1,584,278	$631,203	5,357,535
2061	2,939,767	1,478,159	$527,172	4,945,099
2062	2,740,022	1,369,039	$436,930	4,545,991
2063	2,546,890	1,262,196	$359,264	4,168,350
2064	2,367,893	1,158,229	$292,980	3,819,102
2065	2,193,500	1,057,696	$236,900	3,488,096
2066	2,023,650	961,083	$189,892	3,174,625
2067	1,857,585	868,809	$150,870	2,877,264
2068	1,700,902	781,212	$118,796	2,600,910
2069	1,552,349	698,548	$92,705	2,343,603
2070	1,412,736	621,013	$71,696	2,105,446
2071	1,280,877	548,744	$54,950	1,884,572
2072	1,156,723	481,825	$41,737	1,680,285
2073	1,040,226	420,303	$31,421	1,491,951
2074	931,287	364,175	$23,454	1,318,916



Warehouse Employees' Local No. 570
Pension Fund
EIN/PN: 52-6048848/001

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

Plan Year	Employer Contributions	Withdrawal Liability Payments[1]	Total
2025	$4,011,440	0	$4,011,440
2026	3,924,069	0	3,924,069
2027	3,856,649	0	3,856,649
2028	3,792,392	0	3,792,392
2029	3,736,733	0	3,736,733
2030	3,687,824	0	3,687,824
2031	3,638,941	0	3,638,941
2032	3,602,305	0	3,602,305
2033	3,563,484	0	3,563,484
2034	3,534,871	0	3,534,871

[1] All withdrawal liability payments are assumed to be made in accordance with known payment schedules and/or settlement agreements.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is: [ ] a single-employer plan [ ] a DFE (specify) _____
[ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1963

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)
WAREHOUSE EMPLOYEES LOCAL NO. 570

1005 NORTH POINT BOULEVARD STE 726

BALTIMORE MD 21224-3405

2b Employer Identification Number (EIN) 52-6048848

2c Plan Sponsor's telephone number 410-282-0510

2d Business code (see instructions) 493100

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	Signature of plan administrator	10/01/2026 Date	SEAN CEDENIO Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	10/01/2026 Date	JAVIER SANCHEZ Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025)**
v. 250312

3a Plan administrator's name and address [X] 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**	2,942
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	836
a (2) Total number of active participants at the end of the plan year	**6a(2)**	828
b Retired or separated participants receiving benefits	**6b**	1,077
c Other retired or separated participants entitled to future benefits	**6c**	643
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	2,548
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	352
f Total. Add lines **6d** and **6e**	**6f**	2,900
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	21

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

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

9a Plan funding arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

WAREHOUSE EMPLOYEES' LOCAL NO. 570 PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

Form 5500, Schedule H, Line 4j

E.I.N. 52-6048848
Plan No. 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Realized Gain or (Loss)
N/A	US Govt MM Fund	$ 46,713,605	N/A	$ 46,713,605	$ 46,713,605	N/A
N/A	US Govt MM Fund	N/A	$ 46,242,366	46,242,366	46,242,366	$ -
N/A	Blackrock Equity Index, Class R	N/A	19,700,000	17,900,353	17,900,353	1,799,647

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
WAREHOUSE EMPLOYEES LOCAL NO. 570 PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WAREHOUSE EMPLOYEES LOCAL NO. 570

D Employer Identification Number (EIN)
52-6048848

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

1a Enter the valuation date: Month 01 Day 01 Year 2025

b Assets		
(1) Current value of assets	1b(1)	255,124,322
(2) Actuarial value of assets for funding standard account	1b(2)	243,597,105
c (1) Accrued liability for plan using immediate gain methods	1c(1)	192,756,007
(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)	192,756,007
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)	264,137,610
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	5,741,278
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	13,447,885
(3) Expected plan disbursements for the plan year	1d(3)	14,233,765

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

9/30/26
Date

JAMES RITCHIE, ASA, EA, FCA, MAAA
Type or print name of actuary

2605643
Most recent enrollment number

BOLTON PARTNERS, INC.
Firm name

410-547-0500
Telephone number (including area code)

1 W. Pennsylvania Avenue Suite 600
Towson MD 21204
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**		255,124,322
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1,451	142,869,861
(2) For terminated vested participants		661	38,388,372
(3) For active participants:			
(a) Non-vested benefits			7,454,108
(b) Vested benefits			75,425,269
(c) Total active		837	82,879,377
(4) Total		2,949	264,137,610
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
07/01/2025	4,566,559	0			

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** | 4.01 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	9P
(2) Females	**6c(2)**	9PF	9PF
d Valuation liability interest rate	**6d**	6.50 %	6.50 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	7.8 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	13.8 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ 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)**	500,000	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

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)** |

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	3,964,911
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)**	35,988,872	6,254,742
(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**	664,277
e Total charges. Add lines 9a through 9d		**9e**	10,883,930
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	35,253,546
g Employer contributions. Total from column (b) of line 3		**9g**	4,566,559
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	7,343,348	1,682,960
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	2,549,286
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	0	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	0	
(3) FFL credit		**9j(3)**	9,091,578
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**	53,143,929
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	42,259,999
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)**	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			☐ Yes ☒ No