1019
Form **8955-SSA**

Department of the Treasury
Internal Revenue Service

Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

This form is required to be filed under section 6057 of the Internal Revenue Code.
Go to www.irs.gov/Form8955SSA for instructions and the latest information.

OMB No. 1545-2187

2023

This Form Is NOT Open to Public Inspection

PART I Annual Statement Identification Information

For the plan year beginning 01/01/2023 , and ending 12/31/2023

A ☐ Check here if plan is a government, church, or other plan that elects to voluntarily file Form 8955-SSA. (See instructions.)

B ☐ Check here if this is an amended registration statement.

C Check the appropriate box if filing under: ☒ Form 5558 ☐ Automatic extension ☐ Special extension (enter description)

PART II Basic Plan Information - enter all requested information

1a Name of plan
WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND

1b Plan Number (PN)
001

Plan Sponsor Information

2a Plan sponsor's name
BOARD OF TRUSTEES OF WAREHOUSE EMPLOYEES LOCAL NO. 730

2b Employer Identification Number (EIN)
-*4754

2c Trade name (if different from plan sponsor name)

2d Plan sponsor's phone number
410-683-7763

2e In care of name

2f Mailing address (room, apt., suite no. and street, or P.O. box)
911 RIDGEBROOK ROAD

2g City
SPARKS

2h State
MD

2i ZIP code
21152-9451

2j Foreign province (or state)

2k Foreign country

2l Foreign postal code

Plan Administrator Information

3a Plan administrator's name (if other than plan sponsor)
SAME

3b Employer Identification Number (EIN)

3c In care of name

3d Plan administrator's phone number

3e Mailing address (room, apt., suite no. and street, or P.O. box)

3f City

3g State

3h ZIP code

3i Foreign province (or state)

3j Foreign country

3k Foreign postal code

4 If the name or EIN of the **plan administrator** has changed since the last return filed for this plan, enter the name and EIN from the last filed return:
Plan administrator's name | EIN

5 If the name or EIN of the **plan sponsor** has changed since the last return filed for this plan, enter the name, EIN, and plan number from that return:
Plan sponsor's name | EIN | Plan Number (PN)

6a Participants who separated with a deferred vested benefit required to be reported on this Form 8955-SSA	**6a**	3
b Participants who separated with a deferred vested benefit voluntarily reported on this Form 8955-SSA in the same year as the separation occurred	**6b**	
7 Total number of participants reported on lines 6a and 6b	**7**	3
8 Did the plan administrator provide an individual statement to each participant required to receive a statement?	☒ Yes ☐ No	

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here	Signature of plan sponsor	Date signed	Signature of plan administrator	Date signed

Name of plan	Plan Number	EIN
WAREHOUSE EMPLOYEES UNION LOCAL NO. 730 PENSION TRUST FUND	001	**-***4754

PART III Participant Information - enter all requested information

9 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits who:

Code A - has not previously been reported.
Code B - has previously been reported under the above plan number, but whose previously reported information requires revisions.
Code C - has previously been reported under another plan, but who will be receiving benefits from the plan listed above instead.
Code D - has previously been reported under the above plan number, but whose benefits have been paid out or who is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"						Use with entry code "A" or "B"				Entry code "C" only	
(a) Entry Code	(b) Full Social Security Number (or "FOREIGN")	(c) Name of Participant (See instructions)			✓	Enter code for nature and form of benefit		Amount of vested benefit		(h) Previous sponsor's EIN	(i) Previous plan number
		First name	M.I.	Last name		(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan - periodic payment	(g) Defined contribution plan - total value of account		
A	***-**-8604	JASON		HOOPER		C	M	1,826			
A	***-**-8981	WOODROW		ELLISON, JR.		C	M	949			
A	***-**-0870	DONNIE	E	BAGALOO		C	M	2,071			
D	***-**-9051	MAZIE		CONTEE-SIMMS							
D	***-**-5538	KENNETH		HERRIN							
D	***-**-2187	MICHAEL		LINDSEY							
D	***-**-0507	ALAN		MELTON							
D	***-**-0504	BRIAN		WADDELL							
D	***-**-9007	JAMES		WALLS							
D	***-**-6198	ERNEST		BROWN							

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		First name	M.I.	Last name		(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan - periodic payment	(g) Defined contribution plan - total value of account		
D	***-**-5877	AUSTIN		CECIL							
D	***-**-2142	CHRIS		CORRADO							
D	***-**-1673	ROBERT		COURTNEY							
D	***-**-8807	LORENA		CRUZ-MONTENEGRO							
D	***-**-5701	STEAVEN		DAVIS							
D	***-**-1693	RODNEY		DODD							
D	***-**-6235	LIDIA		LOZANO							
D	***-**-0114	EMMANUEL		MASON							
D	***-**-7028	RANDY		PETTY							
D	***-**-6182	HENRY		RENSHAW							

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		First name	M.I.	Last name		(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan - periodic payment	(g) Defined contribution plan - total value of account		
D	***-**-4014	DAVID		BYRD							
D	***-**-0765	THOMAS		CAMPBELL							
D	***-**-8338	MARK		DEGROAT							
D	***-**-7621	TIMOTHY		DUELLEY							
D	***-**-9851	RICHARD		KING							
D	***-**-3263	DEORAM		SEECHARRAN							
D	***-**-8665	DWAYNE		SLAUGHTER							
D	***-**-0911	PAUL		SMITH							
D	***-**-3140	CHRIS		STUBBE							
D	***-**-9171	WARREN		GIGGETTS							

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		First name	M.I.	Last name		(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan - periodic payment	(g) Defined contribution plan - total value of account		
D	***-**-1809	DAVID		GROSECLOSE							
D	***-**-5138	PHILIP		HALL							
D	***-**-5482	WILLIAM		HINDMAN							
D	***-**-3189	BILL		PULLINS							