

Industry And Local 338
Pension Fund
911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone No. (855) 412-3797 (toll free)
www.associated-admin.com

AGENDA

July 22, 2021

- I. CALL MEETING TO ORDER – 10:00 A.M.
- II. SEI REPORT
- III. ACTUARY REPORT
- IV. APPROVAL OF MINTUES – April 13, 2021
- V. FUND MANAGER’S ADMINISTRATIVE REPORT
 - a. Pension and Termination Benefit Applications
 - b. Fund Financial Matters
 - c. Changes in Employer Contribution Rates
 - d. Delinquent Employer Report
 - e. Participant Report
 - f. Other Fund matters
- VI. COUNSEL REPORT
- VII. NEXT MEETING DATE
- VIII. ADJOURNMENT

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Minutes of the Meeting of the Board of Trustees

Held on April 13, 2021
via
Webex

The following Trustees were present:

UNION TRUSTEES

Roberta Dunker
Barry Russell
Mickey Smith

EMPLOYER TRUSTEES

Theresa Bresten
Chris Palmer

Also present were:

Pat Blizzard – SEI Institutional Group
Alicia Cochran – Associated Administrators, LLC
Mary Ann Dunleavy – Horizon Actuarial Services, LLC
Rachel Grant– Associated Administrators, LLC
Peter Murray- Schultheis & Panettieri LLP
Dylan Nitta – Horizon Actuarial Services, LLC
Elizabeth O’Leary, Esq. – Kauff McGuire & Margolis LLP
Jon Waite– SEI Institutional Group

I. CALL TO ORDER

The meeting was called to order at 10:03 a.m.

II. AUDITOR REPORT

Mr. Peter Murray of Schultheis & Panettieri, LLP (“S&P”) reviewed in detail the Financial Statements for years ended June 30, 2020 and 2019, copies of which are attached hereto as **Exhibit “A.”** He confirmed that the Financial Statements, in the opinion of S&P, present fairly, in all material respects, the financial status of the Fund. Mr. Murray reviewed the Form 5500 in detail and reported that it will be timely filed. He noted S&P’s satisfaction with Associated Administrators’ internal controls. He stated that the Fund’s administrative expenses are very reasonable and that the Plan is operated very efficiently.

The Trustees thanked Mr. Murray for his report.

III. ACTUARY REPORT

Ms. Mary Ann Dunleavy and Mr. Dylan Nitta of Horizon Actuarial Services, LLC (“Horizon”) reviewed Horizon’s report.

The Horizon representatives presented information on the American Rescue Plan Act of 2021 (“ARPA”) and updated projections of the Plan’s funding.

Ms. Dunleavy presented an overview of the multiemployer plan provisions included in ARPA covering the Special Financial Assistance Program, the PBGC premium increase in 2031 and possible funding relief. She stated that there are myriad questions on how the financial assistance and funding relief will be interpreted in forthcoming regulations, expected to be issued by the PBGC on or before July 9, 2021. She noted that the Plan does not currently qualify for the Special Financial Assistance Program, but that some of the funding relief provisions may be helpful to the Plan.

Mr. Nitta summarized the final July 1, 2020 actuarial valuation results. He reviewed liabilities and key results measured as of July 1, 2020, noting that changes from the preliminary results presented in January reflecting finalized data and a new valuation

software system are immaterial. He noted that the change in valuation software is considered a change in funding method, which is automatically approved as required standards have been met and will be reported on the 2020 Form 5500.

Ms. Dunleavy presented projections of the Plan's funding position. The projections were reported on two different bases. The first is the certification basis which includes only contribution increases included in collective bargaining agreements and the second basis reflects the Funding Policy of the Plan adopted in October, 2019. She stated that the Plan is well funded in all of the scenarios modeled, yet remains sensitive to future investment returns.

IV. INVESTMENT CONSULTANT REPORT

Mr. Patrick Blizzard of SEI reviewed SEI's report. He led a discussion on current market conditions. He provided a review of SEI's services for the Fund and discussed changes in the Fund's portfolio and asset allocation studies done since the Trustees' retention of SEI in 2011.

Mr. Blizzard reported that the Fund's ending market value as of March 31, 2021 was \$102,625,076, and that its fiscal year-to-date total rate of return is 20.10% compared to 17.76% for the index. Mr. Blizzard reviewed the Fund's portfolio allocation as of March 31, 2021: 11.00% Large Cap Index Fund, 3.10% Small Cap Fund, 21.90% World Equity - US, 14.40% US Equity Factor Allocation Fund, 3.00% Emerging Markets Equity Fund, 3.00% Dynamic Asset Allocation Fund, 13.30% Core Fixed Income Fund, 4.70% Limited Duration Fund, 3.90% High Yield Bond Fund, 1.90% Opportunistic Income Fund, 3.70% Emerging Markets Debt Fund, 3.40% Special Situations Fund CIT, 1.70% Structured Credit Collective Fund, 11.00% Core Property Collective Invest TR, and 0.00% cash and equivalents.

Mr. Waite discussed the current Pension Portfolio, along with three alternative portfolios (Portfolios A, B, and C). He stated that SEI recommends Portfolio A, which consists of

reducing the Limited Duration Fixed Income Class from 5.00% to 0.00% and adding a Short Term Corporate Fixed Income Class of 5.00%. Mr. Waite explained that this change is based on similar current yields for these two fixed income funds and more protection against rising rates. He also noted there would be no fee impact.

Trustee Bresten questioned the current Real Estate Allocation and if it is appropriate at this time to consider reducing the percentage based on current market conditions. In response, Mr. Waite recommended reducing the Real Estate (SEI Core Property Fund CIT) current allocation of 11% to 7.00% which would leave 4% for reallocation to other asset classes. The SEI representatives stated that they would discuss potentially transferring the proceeds of the redemption to the Structured Credit Allocation at the next meeting as well as consider other alternatives. He explained said that this recommendation would have little to no impact on volatility with an approximate increase in return of 10 basis points.

After discussion,

MOTION was made, seconded and unanimously adopted to (a) approve the recommendation of SEI for Portfolio A as outlined in SEI's report and (b) submit a Real Estate redemption effective June 30, 2021 for the amount necessary to reduce the current Real Estate allocation from 11% to 7.00%.

The Trustees thanked Messrs. Blizzard and Waite for their report.

V. APPROVAL OF MINUTES

The minutes of the meeting held on January 5, 2021, which were previously distributed, were reviewed.

MOTION was made, seconded and unanimously adopted to approve the minutes of the meeting held on January 5, 2021.

VI. ASSOCIATED ADMINISTRATORS, LLC REPORT

A. Pension Applications – INTERIM ACTION

Ms. Cochran reported that the Trustees, via electronic poll on March 25, 2021, approved one (1) pension application per the report of March 25, 2021, annexed hereto as **Exhibit “B.”**

MOTION was made, seconded and unanimously adopted to ratify the interim action of the Trustees to approve the pension application listed on Exhibit “B.”

Ms. Cochran reported that the Trustees, via electronic poll on February 24, 2021, approved three (3) pension applications per the report of February 24, 2021, annexed hereto as **Exhibit “C.”**

MOTION was made, seconded and unanimously adopted to ratify the interim action of the Trustees to approve the three (3) pension applications listed on Exhibit “C.”

Ms. Cochran reported that the Trustees, via electronic poll on January 26, 2021, approved two (2) pension applications per the report of January 26, 2021, annexed hereto as **Exhibit “D.”**

MOTION was made, seconded and unanimously adopted to ratify the interim action of the Trustees to approve the two (2) pension applications listed on Exhibit “D.”

B. Cash Operating Statement

Ms. Cochran submitted the Cash Operating Statement from July 1, 2020 through June 30, 2021. The report is attached hereto as Exhibit "E."

C. Disbursement Report

Ms. Cochran referred to the Authorization for Disbursements reports for October, November, and December 2020. The reports are attached hereto as Exhibit "F."

MOTION was made, seconded and unanimously adopted authorizing the disbursements listed in Exhibit "F."

D. Delinquency Report

Ms. Cochran reviewed the report in detail. The report is attached hereto as Exhibit "G."

E. Withdrawal Liability

Ms. Cochran reviewed the report in detail. The report is included at the bottom of Exhibit "G."

F. Employer Contribution Rate Report

Ms. Cochran reviewed the report in detail. The report is attached hereto as Exhibit "H."

G. Active Members & Retirees Receiving Benefits

Ms. Cochran referred to the report for the period from January 2020 through December 2020. The report is attached hereto as Exhibit "I."

H. Administrative Manager's Report

Ms. Cochran reviewed the report in detail. The report is attached hereto as Exhibit "J."

I. Pension Benefit Guaranty Corporation (PBGC) 2019 Comprehensive Filing

Ms. Cochran reported that the Fund has filed its 2020 Comprehensive Filing with the PBGC and paid a premium of \$34,980.00.

J. Positive Pay – INTERIM ACTION

Ms. Cochran reported that the Trustees approved implementation of the positive pay program with Amalgamated Bank.

K. Fidelity Bond Policy – INTERIM ACTION

Ms. Cochran reported that the Trustees approved Segal's recommendation to renew with Chubb, the incumbent, for a three-year period effective February 15, 2021 through February 15, 2023 with a prepaid premium of \$10,437 for a three-year period. Ms. Cochran noted that the Policy includes coverage for the Welfare Fund, and that the costs are allocated to each Fund. Ms. O'Leary and Ms. Cochran reported on complications during the application process and the need to provide additional information after the submission of the initial application.

L. Forms 1099MISC and 1099R

Ms. Cochran said the Forms 1099MISC and 1099R were mailed on January 29, 2021.

M. Trustee Retirement

Mr. Barry Russell announced that he will be retiring on July 1, 2021 and that Dan Maldonado would be replacing him as a Union Trustee. The Trustees expressed their gratitude for Mr. Russell's service on the Fund and wished him well in his retirement.

VII. COUNSEL REPORT

A. American Rescue Plan Act of 2021 (“ARPA”)

Ms. O’Leary referred to Kauff McGuire & Margolis’s PowerPoint on the previously discussed multiemployer plan relief provisions of ARPA and provided additional commentary on the law.

B. The College of New Rochelle (“CNR”)

Ms. O’Leary referred to her e-mail to the Trustees dated January 14, 2021 in which she reported on a development in the CNR bankruptcy matter. By way of background, Ms. O’Leary explained that Marc Tenenbaum, prior counsel for the Fund in the bankruptcy case, had reported in March of 2020 on a potential source of recovery if the Creditors Committee sued any of the former officers of CNR for financial mismanagement. She noted that Mr. Tenenbaum had explained that, even with the best of outcomes, such suit was unlikely to obtain a significant recovery for the Fund but that, at the same time, the contingency arrangement pursuant to which the Creditors Committee would be paid meant that a suit would likely be filed only if counsel determined that there is a reasonable basis to expect some recovery. She stated that, as reported in her January 14th e-mail, the Creditors Committee filed a complaint in the Bankruptcy Court on January 14th against the former officers. She stated that there have been no significant developments in the case to date and that she will provide updates when available.

VIII. NEXT MEETING DATE/ADJOURNMENT

The next meeting of the Board of Trustees is scheduled for Thursday, July 22, 2021, at 10:00 a.m. via Webex. With no further business to come before the Board, the meeting was adjourned at 11:38 a.m.

Exhibits:

- A – Financial Statement
- B – Interim Pension Applications
- C – Interim Pension Applications
- D – Interim Pension Applications
- E – Cash Operating Statement
- F – Authorization for Disbursements
- G – Delinquency and Withdrawal Liability Report
- H – Employer Contribution Report
- I – Active Members & Retirees Receiving Benefits Report
- J – Administrative Manager’s Report

INDUSTRY AND LOCAL 338 PENSION FUND
FOR BOARD OF TRUSTEES PURPOSES ONLY
YEARS ENDED JUNE 30, 2020 AND 2019



INDUSTRY AND LOCAL 338 PENSION FUND
FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2020 AND 2019

INDUSTRY AND LOCAL 338 PENSION FUND

YEARS ENDED JUNE 30, 2020 AND 2019

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DIRECTORS

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Independent Auditor's Report

Board of Trustees
Industry and Local 338 Pension Fund

Report on the Financial Statements

We have audited the accompanying financial statements of the Industry and Local 338 Pension Fund (the "Plan"), which comprise the statements of net assets available for benefits as of June 30, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years ended June 30, 2020 and 2019, and the related notes to the financial statements.

Management's Responsibility 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; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2020, and the changes therein for the year ended June 30, 2020 and its financial status as of June 30, 2019, and its changes therein for the year ended June 30, 2019 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 14 through 17 is presented for purposes of additional analysis and is not a required part of the financial statements. The supplemental information on pages 14 through 16 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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.

A handwritten signature in dark ink, reading "Schultheis & Pretorius LLP". The signature is written in a cursive, flowing style.

Hauppauge, New York
January 26, 2021

INDUSTRY AND LOCAL 338 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
Assets		
Investments at fair value		
Common/collective trust funds	\$ 15,153,042	\$ 14,937,845
Registered investment companies	<u>74,061,088</u>	<u>75,341,774</u>
Total investments	89,214,130	90,279,619
Receivables		
Employers' contributions	264,598	283,352
Employers' withdrawal liability	833,911	870,397
Accrued interest/dividends	50,805	58,832
Related organizations	30,134	30,278
Cash	742,521	686,209
Other assets	<u>33,115</u>	<u>30,866</u>
 Total assets	 <u>91,169,214</u>	 <u>92,239,553</u>
 Liabilities		
Accounts payable	<u>186,098</u>	<u>216,973</u>
 Total liabilities	 <u>186,098</u>	 <u>216,973</u>
 Net assets available for benefits	 <u><u>\$ 90,983,116</u></u>	 <u><u>\$ 92,022,580</u></u>

See Notes to Financial Statements

INDUSTRY AND LOCAL 338 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 63,743	\$ 2,965,936
Interest/dividends	<u>2,193,741</u>	<u>1,895,145</u>
Total investment income	2,257,484	4,861,081
Less investment expenses	<u>(420,841)</u>	<u>(446,125)</u>
Net investment income	1,836,643	4,414,956
Contributions		
Employers'	3,153,175	3,538,306
Employers' withdrawal liability	<u>2,448,844</u>	<u>27,758</u>
Total additions	<u>7,438,662</u>	<u>7,981,020</u>
Deductions from net assets attributed to:		
Benefits paid directly to participants or beneficiaries	8,076,369	8,127,201
Administrative expenses	<u>401,757</u>	<u>363,639</u>
Total deductions	<u>8,478,126</u>	<u>8,490,840</u>
Net decrease	(1,039,464)	(509,820)
Net assets available for benefits		
Beginning of year	<u>92,022,580</u>	<u>92,532,400</u>
End of year	<u>\$ 90,983,116</u>	<u>\$ 92,022,580</u>

See Notes to Financial Statements

INDUSTRY AND LOCAL 338 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

Note 1 - Description of Plan and Significant Accounting Policies

The following description of the Industry and Local 338 Pension Fund (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan first became effective June 26, 1950 and is a defined benefit pension plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between Teamsters Local 445 (the "Union") and various employers in the State of New York. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

Purpose

The purpose of the Plan is to provide retirement benefits to eligible participants.

Participation

A participant is a pensioner, beneficiary or individual on whose behalf contributions are currently required to be made to the Plan by an employer subject to collective bargaining agreement with the Union. Participation begins on the earliest January 1 or July 1 after completion of four (4) months work in covered employment in a period of 12 consecutive months.

Benefits

In general, participants with 5 or more pension credits are entitled to monthly pension benefits beginning at normal retirement age. The Plan permits early retirement and other forms of retirement based on age and years of credited service (pension credits).

Pension credits are based on months of service. A participant accumulates 1/4 credit for each 2 months of employment with a maximum of one pension credit after 8 months in a year.

Monthly pension benefits are calculated based on accrual rates and pension credits earned as specified in the plan document.

Vesting

Participants generally become fully vested after five years of vesting service, as defined by the Plan. There is no partial vesting of benefits.

INDUSTRY AND LOCAL 338 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Plan termination

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, Plan assets will be allocated to provide benefits to those eligible under the terms of the Plan in the order of priority specified in the Plan and as otherwise required by law. The priority of benefits depends on a participant's status as retired or active, vested or unvested, and age at the time of Plan termination. Certain benefits are insured by the Pension Benefit Guaranty Corporation ("PBGC"). Whether all participants receive their benefits on Plan termination would depend on the sufficiency of the Plan's net assets to provide those benefits and may also depend on the level and type of benefits guaranteed by the PBGC.

Basis of accounting

The financial statements are presented on the accrual basis of accounting.

Investment valuation and income recognition

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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

Administrative expense allocation

The administrative office is occupied by the Plan and its related Welfare Fund. Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements paid to related organizations for the years ended June 30, 2020 and 2019 were \$0 and \$29,775, respectively.

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 amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

INDUSTRY AND LOCAL 338 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

Note 2 - Fair value measurements

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

Level 1 inputs to the valuation methodology are unadjusted quoted prices, in active markets, for identical assets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

The asset'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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

Investments measured at net asset value: Value estimated by the management of the investment entities.

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

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

INDUSTRY AND LOCAL 338 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2020, with fair value measurements on a recurring basis:

	<u>2020</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value as determined by quoted market price				
Registered investment companies	\$ <u>74,061,088</u>	\$ <u>74,061,088</u>	\$ <u>-</u>	\$ <u>-</u>
Total assets in the fair value hierarchy	74,061,088	\$ <u>74,061,088</u>	\$ <u>-</u>	\$ <u>-</u>
Investments measured at net asset value	<u>15,153,042</u>			
Investments at fair value	\$ <u>89,214,130</u>			

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2019, with fair value measurements on a recurring basis:

	<u>2019</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value as determined by quoted market price				
Registered investment companies	\$ <u>75,341,774</u>	\$ <u>75,341,774</u>	\$ <u>-</u>	\$ <u>-</u>
Total assets in the fair value hierarchy	75,341,774	\$ <u>75,341,774</u>	\$ <u>-</u>	\$ <u>-</u>
Investments measured at net asset value	<u>14,937,845</u>			
Investments at fair value	\$ <u>90,279,619</u>			

INDUSTRY AND LOCAL 338 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

Note 3 - Cash

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

Note 4 - Common collective trust funds

Significant investments in common collective trust funds held by the Plan are as follows:

The SEI Core Property Collective Investment Trust Fund (the "Core Property Trust") was established by the SEI Trust Company. The Core Property Trust was specifically designed for the collective investment of assets of participating tax qualified pension and profit sharing plans and related trusts. The Core Property Trust is part of a "master feeder" complex, by which it invests substantially all of its assets in the SEI Core Property Fund, LP. This structure provides a means for eligible investors to participate in investments in various private investment funds, many of which will pursue U.S. Core Real Estate strategies. Redemptions may be made from the Core Property Trust on the last business day of any calendar quarter, upon ninety-five (95) calendar days prior written notice. The value of withdrawals on any withdrawal date may be limited to twenty-five percent (25%) of the net asset value of the Core Property Trust on any given withdrawal date. As of June 30, 2020 and 2019, the estimated fair value of the Plan's investment was \$11,149,414 and \$10,522,985, respectively.

The SEI Special Situations Collective Investment Trust (the "Special Situations Trust") was established by the SEI Trust Company. The Special Situations Trust was specifically designed for the collective investment of assets of participating tax qualified pension and profit sharing plans and related trusts. The Special Situations Trust is part of a "master feeder" complex, by which it invests substantially all of its assets in the SEI Special Situations Fund, Ltd. This structure provides a means for eligible investors to participate in investments in various private investment funds, many of which will pursue hedged investment strategies. Following an initial 24-month lock-up period, for each subscription, participating plans will generally be permitted to redeem from the Special Situations Trust those units as to which the lock-up period has expired as of the last business day of June and December of each calendar year, upon ninety-five (95) calendar days prior written notice. The value of redemptions on any redemption date may be limited to twenty percent (20%) of the net asset value of the total amount held by the participating plan. As of June 30, 2020 and 2019, the estimated fair value of the Plan's investment was \$2,803,203 and \$2,896,110, respectively.

Note 5 - Party-in-interest transactions

Certain Plan investments are held by the manager of the investment; therefore, transactions relating to those investments qualify as exempt party-in-interest transactions and are identified as such on the supplemental schedules of investments.

INDUSTRY AND LOCAL 338 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

Note 6 - Risks and uncertainties

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

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

Note 7 - Employers' withdrawal liability receivable

The gross withdrawal liability receivable as of June 30, 2020 and 2019 was \$1,516,300 and \$1,583,144, respectively, with corresponding allowance for doubtful accounts of \$682,389 and \$712,747, respectively.

Note 8 - Employers' contributions

In accordance with collective bargaining agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. For the years ended June 30, 2020 and 2019, three employers contributed approximately 88% and 78% of the Plan's employer contributions, respectively.

In March 2020, the COVID-19 outbreak in the United States caused business disruption through government mandated closings in various industries. This matter has negatively impacted the Plan's employers' contributions income for the year ended June 30, 2020. While the disruption appears to have been temporary, there is uncertainty around additional closings, therefore the financial impact and duration of additional closings cannot be reasonably estimated at this time.

Note 9 - Reconciliation of financial statements to Form 5500

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

INDUSTRY AND LOCAL 338 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

Note 9 - Reconciliation of financial statements to Form 5500 (cont'd)

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income (loss)	\$ 1,836,643	\$ 420,841	\$ 2,257,484
Contributions	<u>5,602,019</u>	<u>-</u>	<u>5,602,019</u>
Total additions	<u>7,438,662</u>	<u>420,841</u>	<u>7,859,503</u>
Benefits paid directly to participants or beneficiaries	8,076,369	-	8,076,369
Administrative expenses	<u>401,757</u>	<u>420,841</u>	<u>822,598</u>
Total deductions	<u>8,478,126</u>	<u>420,841</u>	<u>8,898,967</u>
Net increase (decrease)	\$ <u>(1,039,464)</u>	\$ <u>-</u>	\$ <u>(1,039,464)</u>

Note 10 - Tax status

The Plan has received a determination letter from the IRS dated June 18, 2015, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

INDUSTRY AND LOCAL 338 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

Note 11 - Accumulated plan benefits

The latest available calculations of the actuarial present value of accumulated plan benefits were made by consulting actuaries as of July 1, 2019 and 2018. Details of accumulated plan benefit information as of such dates are as follows:

	July 1, 2019	July 1, 2018
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	\$ 77,651,828	\$ 76,840,869
Other vested participants	<u>27,437,232</u>	<u>24,985,645</u>
Total vested benefits	105,089,060	101,826,514
Nonvested benefits	<u>712,701</u>	<u>566,404</u>
Total actuarial present value of accumulated plan benefits	\$ <u>105,801,761</u>	\$ <u>102,392,918</u>

The changes in the actuarial present value of accumulated plan benefits from the previous benefit information date were as follows:

	July 1, 2019	July 1, 2018
Actuarial present value of accumulated plan benefits - Beginning of year	\$ <u>102,392,918</u>	\$ <u>113,387,634</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated	1,599,886	1,241,766
Interest due to the decrease in the discount period	7,444,775	8,296,571
Benefits paid	(8,127,201)	(8,058,876)
Plan amendments	-	(12,474,177)
Change of assumptions	<u>2,491,383</u>	<u>-</u>
Net increase (decrease) in actuarial present value of accumulated plan benefits	<u>3,408,843</u>	<u>(10,994,716)</u>
Actuarial present value of accumulated plan benefits - End of year	\$ <u>105,801,761</u>	\$ <u>102,392,918</u>

Through July 1, 2020, the Plan met minimum funding standard requirements under ERISA.

INDUSTRY AND LOCAL 338 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

Note 11 - Accumulated plan benefits (cont'd)

The significant methods and assumptions underlying the actuarial computations are as follows:

Healthy Mortality rate:	125% of the RP-2014 Blue Collar Healthy Annuitant Mortality Table
Disabled Mortality rate:	125% of the RP-2014 Disabled Retiree Mortality Table
Actuarial cost method:	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service
Assumed rate of return on investments:	2020 - 7.25% 2019 - 7.50%
Normal retirement age:	65 years
Administrative expenses:	\$375,000
Percent married:	75%

As of July 1, 2019 the actuary has certified that the Plan is not in the endangered or critical status as identified under the Pension Protection Act of 2006.

INDUSTRY AND LOCAL 338 PENSION FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

JUNE 30, 2020

EIN 51-6126649, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION COMMON TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	SEI CORE PROPERTY COLLECTIVE INVESTMENT TRUST FUND	4,421	\$ 5,998,338	\$ 11,149,414
*	SEI SPECIAL SITUATIONS COLLECTIVE FUND	1,955	2,146,632	2,803,203
*	SEI STRUCTURED CREDIT COLLECTIVE FUND	543	<u>704,674</u>	<u>1,200,425</u>
			<u>\$ 8,849,644</u>	<u>\$ 15,153,042</u>

* PARTY-IN-INTEREST

INDUSTRY AND LOCAL 338 PENSION FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2020

EIN 51-6126649, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	SEI CORE FIXED INCOME FUND	1,115,067	\$ 11,566,460	\$ 12,321,490
*	SEI DYNAMIC ASSET ALLOCATION FUND	132,033	2,317,847	2,618,224
*	SEI EMERGING MARKETS DEBT FUND	356,599	3,640,465	3,419,789
*	SEI EMERGING MARKETS EQUITY FUND	290,537	2,898,711	2,603,214
*	SEI HIGH YIELD BOND FUND	436,885	3,963,227	3,407,703
*	SEI LARGE CAP INDEX FUND	57,492	9,886,406	9,613,208
*	SEI LIMITED DURATION BOND FUND	414,795	4,140,016	4,218,464
*	SEI OPPORTUNISTIC INCOME FUND	213,973	1,754,062	1,701,087
*	SEI SMALL CAP FUND	215,609	3,034,983	2,660,615
*	SEI WORLD EQUITY EX-US FUND	1,568,285	18,286,063	19,227,169
*	US EQUITY FACTOR ALLOCATION FUND	1,125,699	11,490,797	12,270,125
			<u>\$ 72,979,037</u>	<u>\$ 74,061,088</u>

* PARTY-IN-INTEREST

INDUSTRY AND LOCAL 338 PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2020

EIN 51-6126649, PLAN NO. 001

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
*	SEI CORE FIXED INCOME FUND	\$ 4,784,616	\$ -	\$ -	\$ -	\$ -	\$ 4,784,616	\$ -
*	SEI CORE FIXED INCOME FUND	-	2,620,252	-	-	2,570,620	2,620,252	49,632
*	SEI WORLD EQUITY EX-US FUND	4,399,472	-	-	-	-	4,399,472	-
*	SEI WORLD EQUITY EX-US FUND	-	1,747,074	-	-	1,590,517	1,747,074	156,557

* PARTY-IN-INTEREST

INDUSTRY AND LOCAL 338 PENSION FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
Third party administration	\$ 119,166	\$ 113,493
Office	2,993	3,225
Printing and postage	9,488	3,233
Legal	57,160	30,050
Accounting	40,000	40,000
Payroll audits	15,025	6,035
Consulting	85,734	91,136
Insurance	69,108	67,701
Conferences and meetings	<u>3,083</u>	<u>8,766</u>
Total administrative expenses	<u>\$ 401,757</u>	<u>\$ 363,639</u>



Schultheis & Panettieri LLP

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Michael Fox
Viorel Kuzma

January 26, 2021

Board of Trustees
c/o Ms. Alicia Cochran
Industry and Local 338 Pension Fund
Associated Administrators, LLC
911 Ridgebrook Rd.
Sparks, MD 21152

Re: Communication of Financial Statement Audit Matters - June 30, 2020

We have audited the financial statements of Industry and Local 338 Pension Fund (the "Plan") for the year ended June 30, 2020, and have issued our report thereon. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our engagement letter to you for the current year. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of the Organization's Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Plan are disclosed in the notes to the financial statements. No new significant accounting policies were adopted and the application of existing policies was not changed during the year. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most significant estimates affecting the financial statements are as follows:

Management's estimate of the fair value of certain investments is based on the net asset value as determined by the management of the investments.

Management's estimate of the present value of the accumulated plan benefit obligations is based on actuarial assumptions and the probability of payment as calculated by the Plan's actuary.

Management's estimate of employers' withdrawal liability is based on amounts calculated by the Plan's actuary and probability of collection.

We evaluated the key factors and assumptions used to develop the estimates identified above and determined that the amounts used are reasonable in relation to the financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the financial statements are as follows:

The disclosure of the withdrawal liability receivable in the notes to the financial statements.

The disclosure relating to the COVID-19 outbreak in the United States which has caused business disruption through government mandated closings in various industries.

Significant Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. None of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Misstatements detected as a result of audit procedures do not include journal entries based on information provided by management, since they were recorded by us merely as a convenience to us or management.

Management has corrected all misstatements identified during the audit.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated as of the audit opinion letter.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a “second opinion” on certain situations. If a consultation involves application of an accounting principle to the Plan’s financial statements or a determination of the type of auditor’s opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Supplemental Schedules Required Under the DOL's Rules and Regulations for Reporting and Disclosure Under ERISA

With respect to the supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Other Supplemental Schedules

With respect to other supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This communication is intended solely for the information and use of management, the Board of Trustees, and others within the Plan and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Schultheis & Panettieri LLP", with a stylized flourish at the end.

SCHULTHEIS & PANETTIERI, LLP

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information		
1a Name of plan INDUSTRY AND LOCAL 338 PENSION FUND	1b Three-digit plan number (PN) ▶	001	
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) BOARD OF TRUSTEES OF INDUSTRY AND LOCAL 338 PENSION FUND ASSOCIATED ADMINISTRATORS, LLC 911 RIDGEBROOK ROAD SPARKS, MD 21152	1c Effective date of plan 06/26/1950	2b Employer Identification Number (EIN) 51-6126649 2c Plan Sponsor's telephone number 410-683-6500 2d Business code (see instructions) 311500	

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.	03/29/2021	BARRY RUSSELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/24/2021	CHRISTOPHER R. PALMER
	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

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor BOARD OF TRUSTEES OF INDUSTRY AND LOCAL 338 PENSION FUND 911 RIDGEBROOK ROAD SPARKS, MD 21152	3b Administrator's EIN 51-6126649 3c Administrator's telephone number 410-683-6500
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 1184
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 268 6a(2) 236 6b 523 6c 283 6d 1042 6e 124 6f 1166 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) 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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020

▶ **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 INDUSTRY AND LOCAL 338 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 BOARD OF TRUSTEES OF INDUSTRY AND LOCAL 338 PENSION FUND	D Employer Identification Number (EIN) 51-6126649

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

1a Enter the valuation date: Month 07 Day 01 Year 2019

b Assets

(1) Current value of assets	1b(1)	91152183
(2) Actuarial value of assets for funding standard account.....	1b(2)	92690276
c (1) Accrued liability for plan using immediate gain methods	1c(1)	105801761
(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)	105801761
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)	177284949
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	2326944
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	8566718
(3) Expected plan disbursements for the plan year.....	1d(3)	8941718

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	01/07/2021
Signature of actuary	Date
MARY ANN DUNLEAVY	17-08148
Type or print name of actuary	Most recent enrollment number
HORIZON ACTUARIAL SERVICES, LLC	240-247-4600
Firm name	Telephone number (including area code)
8601 GEORGIA AVENUE, SUITE 700, 8601 GEORGIA AVENUE, SUITE 700, SILVER SPRING, MD 20910	
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 ☐

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Schedule MB (Form 5500) 2019
v. 190130

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	91152183
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	659	117663462
(2) For terminated vested participants	265	30029512
(3) For active participants:		
(a) Non-vested benefits.....		1751268
(b) Vested benefits.....		27840707
(c) Total active	226	29591975
(4) Total	1150	177284949
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	51.42%

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
Totals ▶			3(b)	0	3(c) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	87.6%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	☐ Yes ☐ No	
d If the plan is in critical status or critical and declining status, were any benefits reduced (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 rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	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		3.07%	
	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)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.50%	7.50%	
e Expense loading	6e	38.6%	☐ N/A	☒ N/A
f Salary scale	6f	%	☒ N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.3%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	4.8%		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	2632329	273749
1	2632329	273749

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(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the 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 line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(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	1343500
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)	53937069
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	697620
e Total charges. Add lines 9a through 9d.....	9e	10319968

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	14044417
g Employer contributions. Total from column (b) of line 3.....	9g	0
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	26781167
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	1445111
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	32215213
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	68621396
(3) FFL credit.....	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	18856194
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	8536226
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2019 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	0
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020

A Name of plan INDUSTRY AND LOCAL 338 PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF INDUSTRY AND LOCAL 338 PENSION FUND	D Employer Identification Number (EIN) 51-6126649	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

(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)

SEI INVESTMENT MANAGEMENT CORP

23-1707341

(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 21 24 27 28 51 52	NONE	420841	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ASSOCIATED ADMINISTRATORS, LLC

65-1205077

(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?
13 14 50	NONE	120706	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HORIZON ACTUARIAL SERVICES LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	85734	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)

SCHULTHEIS & PANETTIERI, LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	55025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KAUFF MCGUIRE & MARGOLIS LLP

13-3573855

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	30060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIRGINIA & AMBINDER, LLP

13-4166736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	27100	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)

SEGAL SELECT INSURANCE SERVICES

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	6019	Yes ☐ No ☒

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

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ 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
SEGAL SELECT INSURANCE SERVICES	22 53	5467
(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.	
ULLICO 13-2988846	INSURANCE BROKERAGE COMMISSIONS AND FEES	
(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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020

A Name of plan INDUSTRY AND LOCAL 338 PENSION FUND	B Three-digit plan number (PN)	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF INDUSTRY AND LOCAL 338 PENSION FUND	D Employer Identification Number (EIN) 51-6126649	

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: SEI CORE PROPERTY CIT		
b Name of sponsor of entity listed in (a): SEI INVESTMENT TRUST COMP ANY		
c EIN-PN 27-3224429-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11149414
a Name of MTIA, CCT, PSA, or 103-12 IE: SEI SPECIAL SITUATIONS CIT		
b Name of sponsor of entity listed in (a): SEI INVESTMENT TRUST COMPANY		
c EIN-PN 27-0977453-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2803203
a Name of MTIA, CCT, PSA, or 103-12 IE: SEI STRUCTURED CREDIT COLLECTIVE FD		
b Name of sponsor of entity listed in (a): SEI INVESTMENT TRUST COMPANY		
c EIN-PN 75-3251893-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1200425
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)

(Complete as many entries as needed to report all participating plans)

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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning <u>07/01/2019</u> and ending <u>06/30/2020</u>		
A Name of plan INDUSTRY AND LOCAL 338 PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF INDUSTRY AND LOCAL 338 PENSION FUND	D Employer Identification Number (EIN) 51-6126649	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	686209	742521
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	1153749	1098509
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	89110	80939
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(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)	14937845	15153042
	(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)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	75341774	74061088
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(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)	
e	Buildings and other property used in plan operation	1e	30866 33115
f	Total assets (add all amounts in lines 1a through 1e)	1f	92239553 91169214
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	216973 186098
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	216973 186098
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	92022580 90983116

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	5602019
	(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)	5602019
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	203335
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	203335
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1990406
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1990406
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		215197
(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)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-151454
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7859503

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8076369	
(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)		8076369
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	197919	
(2) Contract administrator fees.....	2i(2)	119166	
(3) Investment advisory and management fees.....	2i(3)	420841	
(4) Other	2i(4)	84672	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		822598
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8898967

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1039464
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: SCHULTHEIS & PANETTIERI, LLP

(2) EIN: 13-1577780

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		3000000
4e	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?.....	X		15153042
4g	X		15153042
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
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.).....	X		
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.).....	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4275544. (See instructions.)

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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020

A Name of plan INDUSTRY AND LOCAL 338 PENSION FUND	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF INDUSTRY AND LOCAL 338 PENSION FUND	D Employer Identification Number (EIN) 51-6126649	

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

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes	☒ No	☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer HP HOOD LLC

b EIN 04-1450950

c Dollar amount contributed by employer

1531509

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 31 Year 2020

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) 342.58

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

a Name of contributing employer FRIESLAND CAMPINA

b EIN 80-0004006

c Dollar amount contributed by employer

785141

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 12 Day 31 Year 2021

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) 261.33

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

a Name of contributing employer L.P. TRANSPORTATION

b EIN 14-1469533

c Dollar amount contributed by employer

455887

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 08 Day 15 Year 2022

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

(1) Contribution rate (in dollars and cents) 331.51

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

a Name of contributing employer MONTEFIORE NEW ROCHELLE

b EIN 46-2931956

c Dollar amount contributed by employer

236285

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 11 Day 05 Year 2020

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) 290.21

(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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year **14a**

b The plan year immediately preceding the current plan year **14b**

c The second preceding plan year **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) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 55% Investment-Grade Debt: 21% High-Yield Debt: 8% Real Estate: 12% Other: 4%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

- 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 _____

**INDUSTRY AND LOCAL 338
Pension Fund**

**PENSION APPLICATIONS SUBMITTED FOR APPROVAL
March 25, 2021**

NAME	AGE	TYPE OF PENSION	EFFECTIVE DATE	YEARS OF SERVICE	BENEFIT AMOUNT	LUMPSUM AMOUNT	J&S OPT	LAST EMPLOYER	LAST DAY WORKED
Douglas Tiffany	65	Statutory	08-01-2018	15.25	\$338.60	\$11,211.95	N/A	HP Hood	11-30-1989

APPROVED BY THE BOARD OF TRUSTEES

BARRY RUSSELL

THERESA BRESTEN

ROBERTA DUNKER

CHRIS PALMER

MICKEY SMITH

ALICIA COCHRAN
ACCOUNT EXECUTIVE

**INDUSTRY AND LOCAL 338
Pension Fund**

**PENSION APPLICATIONS SUBMITTED FOR APPROVAL
February 24, 2021**

NAME	AGE	TYPE OF PENSION	EFFECTIVE DATE	YEARS OF SERVICE	BENEFIT AMOUNT	RETRO / LUMP SUM AMOUNT	J&S OPT	LAST EMPLOYER	LAST DAY WORKED
Mark Watson	65	Statutory	03-01-2021	10.50	\$157.22	\$943.32	N/A	ARA Services	10-31-1989
Diane Jones	70	Surviving Spouse	02-01-2021	0.00	\$182.75	\$182.75	N/A	College of New Rochelle	08-09-2019
Blanca Flick	65	Normal	12-01-2020	7.25	\$682.68	\$2,048.04	N/A	College of New Rochelle	08-09-2019

APPROVED BY THE BOARD OF TRUSTEES

BARRY RUSSELL

THERESA BRESTEN

ROBERTA DUNKER

CHRIS PALMER

MICKEY SMITH

ALICIA COCHRAN
ACCOUNT EXECUTIVE

**INDUSTRY AND LOCAL 338
Pension Fund**

**PENSION APPLICATIONS SUBMITTED FOR APPROVAL
January 26, 2021**

NAME	AGE	TYPE OF PENSION	EFFECTIVE DATE	YEARS OF SERVICE	BENEFIT AMOUNT	LUMP SUM / RETRO AMOUNT	J&S OPT	LAST EMPLOYER	LAST DAY WORKED
Jeffery Phillips	65	Statutory	11-01-2020	8.25	\$474.02	\$1,422.06	N/A	Montefiore New Rochelle	08-20-1999
Ronald Sackett	65	Statutory	06-01-2020	6.50	\$983.04	\$7,864.32	N/A	LP Transportation	05-31-2007

APPROVED BY THE BOARD OF TRUSTEES

BARRY RUSSELL

THERESA BRESTEN

ROBERTA DUNKER

CHRIS PALMER

MICKEY SMITH

ALICIA COCHRAN
ACCOUNT EXECUTIVE

INDUSTRY & LOCAL 338 PENSION FUND
JULY 1, 2020 THROUGH JUNE 30, 2021
CASH OPERATING STATEMENT

	OCTOBER	NOVEMBER	DECEMBER	OCTOBER - DECEMBER	YEAR TO DATE
Remittances					
Employer Contributions *	280,145.12	258,595.38	312,067.46	850,807.96	1,630,823.58
Withdrawal Liability Principal	5,909.45	5,946.38	5,434.13	17,289.96	34,798.97
Withdrawal Liability Interest	9,367.44	9,330.51	8,363.18	27,061.13	55,382.79
Withdrawal Liability Fee	0.00	0.00	0.00	0.00	3,000.00
Payroll Audit	0.00	0.00	0.00	0.00	0.00
Payroll Audit Interest	0.00	0.00	0.00	0.00	0.00
Interest- Delinquent Employer	48.37	443.01	0.00	491.38	1,022.26
Interest Income- BNY Mellon	0.00	0.00	0.00	0.00	0.00
Dividend Income	181,877.32	45,972.91	651,336.66	879,186.89	1,086,377.77
SEI Fund Rebate	0.00	31,220.63	0.00	31,220.63	60,820.36
Net Adjustment Per Custodian	0.00	0.00	0.00	0.00	0.00
Total Income **	477,347.70	351,508.82	977,201.43	1,806,057.95	2,872,225.73
Benefit Expenses					
Pension Benefits	684,516.55	700,647.57	673,419.29	2,058,583.41	4,162,167.31
Total Benefit Expenses	684,516.55	700,647.57	673,419.29	2,058,583.41	4,162,167.31
Administrative Expenses					
AA, LLC- Admin. Fees *	10,298.00	10,298.00	10,298.00	30,894.00	61,788.00
Legal Fees	0.00	0.00	7,518.77	7,518.77	15,018.77
Consulting Fees	0.00	0.00	0.00	0.00	0.00
SEI Invest./Custody Fees	0.00	138,801.02	0.00	138,801.02	270,804.58
Fiduciary Liability Insurance	0.00	0.00	0.00	0.00	30,990.05
Year End Audit	0.00	0.00	20,000.00	20,000.00	20,000.00
Payroll Audits	0.00	0.00	0.00	0.00	0.00
PBGC Insurance	0.00	0.00	0.00	0.00	0.00
Fidelity Bond Insurance	0.00	0.00	0.00	0.00	0.00
Convention & Seminars	0.00	0.00	0.00	0.00	0.00
Printing & Stationery	0.00	862.10	75.67	937.77	1,235.88
Postage	570.00	51.75	3.50	625.25	1,292.63
Office Supplies & Expenses	0.00	0.00	0.00	0.00	0.00
Bank Charges	248.25	250.00	184.50	682.75	1,305.00
Meeting Expenses	0.00	0.00	0.00	0.00	0.00
Dues & Membership	710.00	0.00	0.00	710.00	710.00
IFEBP Registration Fee	0.00	0.00	0.00	0.00	0.00
Actuarial Fees	18,150.84	5,166.67	12,020.17	35,337.68	48,434.77
Cyber Liability	0.00	2,602.80	0.00	2,602.80	2,602.80
TOTAL EXPENSES	714,493.64	858,679.91	723,519.90	2,296,693.45	4,616,349.79
INCREASE/(DECREASE)	(237,145.94)	(507,171.09)	253,681.53	(490,635.50)	(1,744,124.06)

FUND RESERVE AS OF 12/31/20: \$99,919,514.61

* Cash to Accrual

** Total income does not include realized & unrealized gains/losses on investments. The realized & unrealized gains/losses on investments for October are 58,632.42 & (940,271.26)

** Total income does not include realized & unrealized gains/losses on investments. The realized & unrealized gains/losses on investments for November are 120,592.68 & 6,296,355.71

** Total income does not include realized & unrealized gains/losses on investments. The realized & unrealized gains/losses on investments for December are 1,255,171.41 & 1,353,228.15

**INDUSTRY AND LOCAL 338 PENSION FUND
AUTHORIZATION FOR DISBURSEMENTS
OCTOBER 31, 2020**

PENSION FUND CHECKING		
CHECK	DESCRIPTION	AMOUNT
	FEDERAL WITHHOLDING TAX (NOVEMBER)	61,858.95
	TOTAL PAYMENTS	61,858.95

**INDUSTRY AND LOCAL 338 PENSION FUND
AUTHORIZATION FOR DISBURSEMENTS
NOVEMBER 30, 2020**

PENSION FUND CHECKING		
CHECK	DESCRIPTION	AMOUNT
	FEDERAL WITHHOLDING TAX (DECEMBER)	59,501.95
	TOTAL PAYMENTS	59,501.95

**INDUSTRY AND LOCAL 338 PENSION FUND
AUTHORIZATION FOR DISBURSEMENTS
DECEMBER 31, 2020**

PENSION FUND CHECKING		
CHECK	DESCRIPTION	AMOUNT
	FEDERAL WITHHOLDING TAX (JANUARY)	59,301.95
	TOTAL PAYMENTS	59,301.95

Local 338 Delinquency Log

Delinquencies as of 12/31/20

Employer	Month(s) Delinquent
N/A	N/A

Late Fees

Employer	Pension	Total Balance Owed	Month(s) Owed
College of New Rochelle *	\$588.84	\$588.84	6/16-9/16, 11/16, 2/19, 4/19
Montefiore New Rochelle	\$105.94	\$105.94	12/20

Status of Withdrawal Liability Payments as of 12/31/20

Employer	Start Date	Amount of W/L Pymt Mthly	Total # of Pymts Required	Pymts Made to Date	Past Due?	Employer ID#	Date of withdrawal
Sodexo	6/1/2013	\$11,251.86	240	92	No	56	8/31/2012
Suburban Propane	8/1/2013	\$2,545.45	240	89	No	7	5/22/2013
Local 338 Welfare Fund	3/1/2014	\$1,479.58	240	81	No	36	6/30/2013

* Proof of Bankruptcy claim has been filed

Local 338 Pension Fund Employer Contribution Rates

Employer	Employer #	Member Count**	Contract Effective Date	Contract Expiration Date	Funding Plan	Contract Rate*	Current CBA on file	Union
HP Hood, LLC	13	94	11/1/2017 11/1/2018 11/1/2019	10/31/2020		303.98 322.67 342.58	No	687
FrieslandCampina Ingredients NA Inc.	25	64	1/1/2019 1/1/2019 1/1/2020 1/1/2021	12/31/2021		205.09 261.33 281.24	Yes	317
L.P. Transportation, Inc.	43	27	8/16/2019 8/16/2019 8/16/2020 8/16/2021	8/15/2022	8.76 9.02 9.29	331.51 340.53 349.82	Yes	445
Montefiore New Rochelle	50	17	7/12/2018 7/12/2018 11/6/2018 11/6/2019	11/5/2020		251.61 270.30 290.21	No	445
Paraco Gas Corporation	54	8	2/1/2018 2/1/2018 2/1/2019 2/1/2020	1/31/2021		245.15 263.84 283.75	Yes	445
Westchester Local 860 <i>Currently in negotiations</i>	21	1	10/1/2009 10/1/2009 10/1/2010 10/1/2011 10/1/2012 11/1/2017 4/1/2018 7/1/2018	9/30/2013		154.17 169.59 186.55 205.21 215.47 233.02 243.28	No	445

*Includes Rehab & Surcharge rates until Funding Policy is adopted in CBA

** Participant Count as of 2/11/21

INDUSTRY AND LOCAL 338 PENSION FUND NUMBER OF ACTIVE MEMBERS & RETIREES RECEIVING BENEFITS JANUARY 2020 - DECEMBER 2020		
MONTH	<u>ACTIVES</u> PENSION	PENSION PAID
January-20	211	662
February-20	207	656
March-20	203	657
April-20	199	656
May-20	196	656
June-20	196	658
July-20	197	659
August-20	197	656
September-20	203	655
October-20	205	656
November-20	206	652
December-20	211	648

INDUSTRY AND LOCAL 338

PENSION FUND

SECOND QUARTER 2020-21

ADMINISTRATIVE MANAGER'S REPORT

INDUSTRY & LOCAL 338 PENSION FUND
OCTOBER 2020
CONTRIBUTIONS

EMPLOYER CONTRIBUTIONS *

	<u>RATE</u>	<u>PARTICIPANTS</u>	<u>CONTRIBUTIONS</u>
WESTCHESTER LOCAL 860	\$ 243.28	1	\$ 1,460
LP TRANSPORTATION	\$ 340.53	23	\$ 29,967
HP HOOD, LLC	\$ 342.58	92	\$ 156,216
MONTEFIORE NEW ROCHELLE	\$ 290.21	15	\$ 17,413
PARACO GAS	\$ 283.75	8	\$ 7,144
FRIESLAND CAMPINA USA	\$ 261.33	66	\$ 67,946
SUB TOTAL		205	\$ 280,146

TOTAL CONTRIBUTIONS	\$ 280,146
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* Cash to Accrual

INDUSTRY & LOCAL 338 PENSION FUND
NOVEMBER 2020
CONTRIBUTIONS

EMPLOYER CONTRIBUTIONS *

	<u>RATE</u>	<u>PARTICIPANTS</u>	<u>CONTRIBUTIONS</u>
WESTCHESTER LOCAL 860	\$ 243.28	1	\$ 973
LP TRANSPORTATION	\$ 340.53	24	\$ 40,183
HP HOOD, LLC	\$ 342.58	94	\$ 127,782
MONTEFIORE NEW ROCHELLE	\$ 290.21	16	\$ 17,122
PARACO GAS	\$ 283.75	8	\$ 6,680
FRIESLAND CAMPINA USA	\$ 261.33	63	\$ 65,855
SUB TOTAL		206	\$ 258,595

TOTAL CONTRIBUTIONS	\$ 258,595
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* Cash to Accrual

INDUSTRY & LOCAL 338 PENSION FUND
DECEMBER 2020
CONTRIBUTIONS

EMPLOYER CONTRIBUTIONS *

	<u>RATE</u>	<u>PARTICIPANTS</u>	<u>CONTRIBUTIONS</u>
WESTCHESTER LOCAL 860	\$ 243.28	1	\$ 973
LP TRANSPORTATION	\$ 340.53	27	\$ 35,756
HP HOOD, LLC	\$ 342.58	94	\$ 157,587
MONTEFIORE NEW ROCHELLE	\$ 290.21	17	\$ 27,570
PARACO GAS	\$ 283.75	8	\$ 7,602
FRIESLAND CAMPINA USA	\$ 261.33	64	\$ 82,580
SUB TOTAL		211	\$ 312,068

TOTAL CONTRIBUTIONS	\$ 312,068
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* Cash to Accrual

INDUSTRY & LOCAL 338 PENSION FUND
OCTOBER 2020
EXPENSES

BENEFIT EXPENSES

<u>BENEFIT</u>	<u>RATE</u>	<u>EXPENSE</u>	<u>COMMENT</u>
PENSION BENEFITS		\$ 684,517	
SUB TOTAL		\$ 684,517	

ADMINISTRATIVE EXPENSES

AA, LLC ADMIN FEES *		\$ 10,298	
LEGAL FEES		\$ -	
CONSULTING FEES		\$ -	
SEI INVESTMENT FEES		\$ -	
FIDUCIARY LIAB. INSURANCE		\$ -	
YEAR-END AUDIT		\$ -	
PAYROLL AUDITS		\$ -	
PBGC INSURANCE		\$ -	
FIDELITY BOND INSURANCE		\$ -	
CONVENTION & SEMINARS		\$ -	
PRINTING & STATIONERY		\$ -	
POSTAGE		\$ 570	
OFFICE EXPENSES		\$ -	
BANK CHARGES		\$ 248	
TRAVEL EXPENSES		\$ -	
MEETING EXPENSES		\$ -	
DUES & MEMBERSHIP		\$ 710	
IFEBP REGISTRATION FEES		\$ -	
ACTUARIAL FEES		\$ 18,151	
CYBER LIABILITY		\$ -	
SUB TOTAL		\$ 29,977	

TOTAL EXPENSES	\$ 714,494
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* Cash to Accrual

INDUSTRY & LOCAL 338 PENSION FUND
NOVEMBER 2020
EXPENSES

BENEFIT EXPENSES

<u>BENEFIT</u>	<u>RATE</u>	<u>EXPENSE</u>	<u>COMMENT</u>
PENSION BENEFITS		\$ 700,647	
SUB TOTAL		\$ 700,647	

ADMINISTRATIVE EXPENSES

AA, LLC ADMIN FEES *		\$ 10,298	
LEGAL FEES		\$ -	
CONSULTING FEES		\$ -	
SEI INVESTMENT FEES		\$ 138,801	
FIDUCIARY LIAB. INSURANCE		\$ -	
YEAR-END AUDIT		\$ -	
PAYROLL AUDITS		\$ -	
PBGC INSURANCE		\$ -	
FIDELITY BOND INSURANCE		\$ -	
CONVENTION & SEMINARS		\$ -	
PRINTING & STATIONERY		\$ 862	
POSTAGE		\$ 52	
OFFICE EXPENSES		\$ -	
BANK CHARGES		\$ 250	
TRAVEL EXPENSES		\$ -	
MEETING EXPENSES		\$ -	
DUES & MEMBERSHIP		\$ -	
IFEBP REGISTRATION FEES		\$ -	
ACTUARIAL FEES		\$ 5,167	
CYBER LIABILITY		\$ 2,603	
SUB TOTAL		\$ 158,033	

TOTAL EXPENSES	\$ 858,680
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* Cash to Accrual

INDUSTRY & LOCAL 338 PENSION FUND
DECEMBER 2020
EXPENSES

BENEFIT EXPENSES

<u>BENEFIT</u>	<u>RATE</u>	<u>EXPENSE</u>	<u>COMMENT</u>
PENSION BENEFITS		\$ 673,419	
SUB TOTAL		\$ 673,419	

ADMINISTRATIVE EXPENSES

AA, LLC ADMIN FEES *		\$ 10,298	
LEGAL FEES		\$ 7,519	
CONSULTING FEES		\$ -	
SEI INVESTMENT FEES		\$ -	
FIDUCIARY LIAB. INSURANCE		\$ -	
YEAR-END AUDIT		\$ 20,000	
PAYROLL AUDITS		\$ -	
PBGC INSURANCE		\$ -	
FIDELITY BOND INSURANCE		\$ -	
CONVENTION & SEMINARS		\$ -	
PRINTING & STATIONERY		\$ 76	
POSTAGE		\$ 3	
OFFICE EXPENSES		\$ -	
BANK CHARGES		\$ 184	
TRAVEL EXPENSES		\$ -	
MEETING EXPENSES		\$ -	
DUES & MEMBERSHIP		\$ -	
IFEBP REGISTRATION FEES		\$ -	
ACTUARIAL FEES		\$ 12,020	
CYBER LIABILITY		\$ -	
SUB TOTAL		\$ 50,100	

TOTAL EXPENSES	\$ 723,519
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* Cash to Accrual

INDUSTRY & LOCAL 338 PENSION FUND 2020-21 QUARTERLY RECAP
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INCOME	FIRST 2020	SECOND 2020	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS *	\$ 780,015	\$ 850,809	\$ -	\$ -	\$ 1,630,824
SUPPLEMENTAL CONTRIBUTIONS *	\$ -	\$ -	\$ -	\$ -	\$ -
W/L PRINCIPAL & INTEREST	\$ 45,831	\$ 44,350	\$ -	\$ -	\$ 90,181
W/L FEE	\$ 3,000	\$ -	\$ -	\$ -	\$ 3,000
W/L - CULINART	\$ -	\$ -	\$ -	\$ -	\$ -
INTEREST INCOME- BNY	\$ -	\$ -	\$ -	\$ -	\$ -
PAYROLL AUDIT & INTEREST	\$ -	\$ -	\$ -	\$ -	\$ -
INTEREST & DIVIDENDS	\$ 207,722	\$ 879,678	\$ -	\$ -	\$ 1,087,400
SEI FUND REBATE	\$ 29,600	\$ 31,221	\$ -	\$ -	\$ 60,821
NET ADJUSTMENT PER CUSTODIAN	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL INCOME **	\$ 1,066,168	\$ 1,806,058	\$ -	\$ -	\$ 2,872,226

EXPENSES	FIRST 2020	SECOND 2020	THIRD 2021	FOURTH 2021	TOTAL
PENSION BENEFITS	\$ 2,103,584	\$ 2,058,583	\$ -	\$ -	\$ 4,162,167
AA, LLC ADMIN FEES *	\$ 30,894	\$ 30,894	\$ -	\$ -	\$ 61,788
LEGAL FEES	\$ 7,500	\$ 7,519	\$ -	\$ -	\$ 15,019
CONSULTING FEES	\$ -	\$ -	\$ -	\$ -	\$ -
SEI INVESTMENT FEES	\$ 132,004	\$ 138,801	\$ -	\$ -	\$ 270,805
FIDUCIARY LIABILITY INSURANCE	\$ 30,990	\$ -	\$ -	\$ -	\$ 30,990
YEAR-END AUDIT	\$ -	\$ 20,000	\$ -	\$ -	\$ 20,000
PAYROLL AUDITS	\$ -	\$ -	\$ -	\$ -	\$ -
PBGC INSURANCE	\$ -	\$ -	\$ -	\$ -	\$ -
FIDELITY BOND INSURANCE	\$ -	\$ -	\$ -	\$ -	\$ -
CONVENTION & SEMINARS	\$ -	\$ -	\$ -	\$ -	\$ -
PRINTING & STATIONERY	\$ 298	\$ 938	\$ -	\$ -	\$ 1,236
POSTAGE	\$ 667	\$ 625	\$ -	\$ -	\$ 1,292
OFFICE EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -
BANK CHARGES	\$ 623	\$ 682	\$ -	\$ -	\$ 1,305
TRAVEL EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -
MEETING EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -
DUES & MEMBERSHIP	\$ -	\$ 710	\$ -	\$ -	\$ 710
IFEBP REGISTRATION FEES	\$ -	\$ -	\$ -	\$ -	\$ -
ACTUARIAL FEES	\$ 13,097	\$ 35,338	\$ -	\$ -	\$ 48,435
CYBER LIABILITY	\$ -	\$ 2,603	\$ -	\$ -	\$ 2,603
TOTAL EXPENSE	\$ 2,319,657	\$ 2,296,693	\$ -	\$ -	\$ 4,616,350

SURPLUS (DEFICIT)	\$ (1,253,489)	\$ (490,635)	\$ -	\$ -	\$ (1,744,124)
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	FIRST 2020	SECOND 2020	THIRD 2021	FOURTH 2021	AVG. TOTAL
TOTAL ACTIVE PARTICIPANTS	597	622			610

FUND RESERVE AS OF 12/31/20: \$99,919,514.61

* Cash to Accrual

** Total income does not include realized & unrealized gains/losses on investments. The realized & unrealized gains/losses on investments for October are 58,632.42 & (940,271.26)

** Total income does not include realized & unrealized gains/losses on investments. The realized & unrealized gains/losses on investments for November are 120,592.68 & 6,296,355.71

** Total income does not include realized & unrealized gains/losses on investments. The realized & unrealized gains/losses on investments for December are 1,255,171.41 & 1,353,228.15

**INDUSTRY AND LOCAL 338
Pension Fund**

**PENSION APPLICATIONS SUBMITTED FOR APPROVAL
June 22, 2021**

NAME	AGE	TYPE OF PENSION	EFFECTIVE DATE	YEARS OF SERVICE	BENEFIT AMOUNT	LUMPSUM AMOUNT	J&S OPT	LAST EMPLOYER	LAST DAY WORKED
John Errico	65	Statutory	05-01-2021	11.00	\$258.06	\$516.12	N/A	HP Hood	05-31-1985
Bonnie S Pradhan	64	QDRO	03-01-2020	0.00	\$836.74	\$13,387.84	N/A	Alt Payee of Francis Moon	

APPROVED BY THE BOARD OF TRUSTEES

BARRY RUSSELL

THERESA BRESTEN

ROBERTA DUNKER

CHRIS PALMER

MICKEY SMITH

ALICIA COCHRAN
ACCOUNT EXECUTIVE

**INDUSTRY AND LOCAL 338
Pension Fund**

**PENSION APPLICATIONS SUBMITTED FOR APPROVAL
May 15, 2021**

NAME	AGE	TYPE OF PENSION	EFFECTIVE DATE	YEARS OF SERVICE	BENEFIT AMOUNT	LUMPSUM AMOUNT	J&S OPT	LAST EMPLOYER	LAST DAY WORKED
Brian Gray	65	Statutory	03-01-2021	13.50	\$233.46	\$700.38	75%	Suburban Propane Corp	01-31-1991

APPROVED BY THE BOARD OF TRUSTEES

BARRY RUSSELL

THERESA BRESTEN

ROBERTA DUNKER

CHRIS PALMER

MICKEY SMITH

ALICIA COCHRAN
ACCOUNT EXECUTIVE

INDUSTRY & LOCAL 338 PENSION FUND
JULY 1, 2020 THROUGH JUNE 30, 2021
CASH OPERATING STATEMENT

	JANUARY	FEBRUARY	MARCH	JANUARY - MARCH	YEAR TO DATE
Remittances					
Employer Contributions *	258,490.65	268,401.65	279,988.09	806,880.39	2,437,703.97
Withdrawal Liability Principal	6,570.37	999.73	11,155.29	18,725.39	53,524.36
Withdrawal Liability Interest	10,186.10	1,545.72	16,853.04	28,584.86	83,967.65
Withdrawal Liability Fee	0.00	0.00	0.00	0.00	3,000.00
Payroll Audit	0.00	0.00	0.00	0.00	0.00
Payroll Audit Interest	0.00	0.00	0.00	0.00	0.00
Interest- Delinquent Employer	340.23	105.94	31.22	477.39	1,499.65
Interest Income- BNY Mellon	0.00	0.00	0.00	0.00	0.00
Dividend Income	46,927.41	45,060.22	40,772.66	132,760.29	1,219,138.06
SEI Fund Rebate	0.00	32,452.38	0.00	32,452.38	93,272.74
Net Adjustment Per Custodian	0.00	0.00	0.00	0.00	0.00
Total Income **	322,514.76	348,565.64	348,800.30	1,019,880.70	3,892,106.43
Benefit Expenses					
Pension Benefits	677,829.95	683,438.81	677,587.94	2,038,856.70	6,201,024.01
Total Benefit Expenses	677,829.95	683,438.81	677,587.94	2,038,856.70	6,201,024.01
Administrative Expenses					
AA, LLC- Admin. Fees *	10,298.00	10,298.00	10,298.00	30,894.00	92,682.00
Legal Fees	0.00	0.00	0.00	0.00	15,018.77
Consulting Fees	0.00	0.00	0.00	0.00	0.00
SEI Invest./Custody Fees	0.00	142,877.59	0.00	142,877.59	413,682.17
Fiduciary Liability Insurance	0.00	0.00	0.00	0.00	30,990.05
Year End Audit	20,000.00	0.00	0.00	20,000.00	40,000.00
Payroll Audits	0.00	145.65	260.34	405.99	405.99
PBGC Insurance	0.00	0.00	0.00	0.00	0.00
Fidelity Bond Insurance	0.00	0.00	5,559.32	5,559.32	5,559.32
Convention & Seminars	0.00	0.00	0.00	0.00	0.00
Printing & Stationery	0.00	38.82	0.00	38.82	1,274.70
Postage	1.75	0.00	1.75	3.50	1,296.13
Office Supplies & Expenses	0.00	0.00	0.00	0.00	0.00
Bank Charges	189.75	250.25	190.00	630.00	1,935.00
Meeting Expenses	0.00	0.00	0.00	0.00	0.00
Dues & Membership	0.00	0.00	0.00	0.00	710.00
IFEBP Registration Fee	0.00	0.00	0.00	0.00	0.00
Actuarial Fees	0.00	5,861.17	5,679.67	11,540.84	59,975.61
Cyber Liability	0.00	0.00	0.00	0.00	2,602.80
TOTAL EXPENSES	708,319.45	842,910.29	699,577.02	2,250,806.76	6,867,156.55
INCREASE/(DECREASE)	(385,804.69)	(494,344.65)	(350,776.72)	(1,230,926.06)	(2,975,050.12)

FUND RESERVE AS OF 3/31/21: \$102,606,053.68

* Cash to Accrual

** Total income does not include realized & unrealized gains/losses on investments. The realized & unrealized gains/losses on investments for January are 152,146.36 & 459,301.10

** Total income does not include realized & unrealized gains/losses on investments. The realized & unrealized gains/losses on investments for February are 193,079.08 & 1,234,334.79

** Total income does not include realized & unrealized gains/losses on investments. The realized & unrealized gains/losses on investments for March are 177,332.22 & 1,675,351.48

**INDUSTRY AND LOCAL 338 PENSION FUND
AUTHORIZATION FOR DISBURSEMENTS
JANUARY 31, 2021**

PENSION FUND CHECKING		
CHECK	DESCRIPTION	AMOUNT
	FEDERAL WITHHOLDING TAX (FEBRUARY)	60,001.95
	TOTAL PAYMENTS	60,001.95

**INDUSTRY AND LOCAL 338 PENSION FUND
AUTHORIZATION FOR DISBURSEMENTS
FEBRUARY 28, 2021**

PENSION FUND CHECKING		
CHECK	DESCRIPTION	AMOUNT
	FEDERAL WITHHOLDING TAX (MARCH)	59,421.95
	TOTAL PAYMENTS	59,421.95

**INDUSTRY AND LOCAL 338 PENSION FUND
AUTHORIZATION FOR DISBURSEMENTS
MARCH 31, 2021**

PENSION FUND CHECKING		
CHECK	DESCRIPTION	AMOUNT
	FEDERAL WITHHOLDING TAX (APRIL)	59,832.95
	TOTAL PAYMENTS	59,832.95

Local 338 Delinquency Log

Delinquencies as of 3/31/21

Employer	Month(s) Delinquent
N/A	N/A

Late Fees

Employer	Pension	Total Balance Owed	Month(s) Owed
College of New Rochelle *	\$588.84	\$588.84	6/16-9/16, 11/16, 2/19, 4/19
Montefiore New Rochelle	\$26.76	\$26.76	5/21
Friesland Campina	\$811.25	\$811.25	3/21, 5/21

Status of Withdrawal Liability Payments as of 3/31/21

Employer	Start Date	Amount of W/L Pymt Mthly	Total # of Pymts Required	Pymts Made to Date	Past Due?	Employer ID#	Date of withdrawal
Sodexo	6/1/2013	\$11,251.86	240	95	No	56	8/31/2012
Suburban Propane	8/1/2013	\$2,545.45	240	92	No	7	5/22/2013
Local 338 Welfare Fund	3/1/2014	\$1,479.58	240	85	No	36	6/30/2013

* Proof of Bankruptcy claim has been filed

Local 338 Pension Fund Employer Contribution Rates

Employer	Employer #	Member Count**	Contract Effective Date	Contract Expiration Date	Funding Plan	Contract Rate*	Current CBA on file	Union
HP Hood, LLC	13	94	11/1/2017 11/1/2018 11/1/2019	10/31/2020		303.98 322.67 342.58	No	687
FrieslandCampina Ingredients NA Inc.	25	57	1/1/2019 1/1/2019 1/1/2020 1/1/2021	12/31/2021		205.09 261.33 281.24	Yes	317
L.P. Transportation, Inc.	43	26	8/16/2019 8/16/2019 8/16/2020 8/16/2021	8/15/2022	8.76 9.02 9.29	331.51 340.53 349.82	Yes	445
Montefiore New Rochelle	50	17	7/12/2018 7/12/2018 11/6/2018 11/6/2019	11/5/2020		251.61 270.30 290.21	No	445
Paraco Gas Corporation	54	8	2/1/2021 2/1/2021 2/1/2022 2/1/2023 2/1/2024	1/31/2025		292.51 301.53 310.82 320.39	Yes	445
Westchester Local 860 <i>Currently in negotiations</i>	21	1	10/1/2009 10/1/2009 10/1/2010 10/1/2011 10/1/2012 11/1/2017 4/1/2018 7/1/2018	9/30/2013		154.17 169.59 186.55 205.21 215.47 233.02 243.28	No	445

*Includes Rehab & Surcharge rates until Funding Policy is adopted in CBA

** Participant Count as of 6/29/21

INDUSTRY AND LOCAL 338 PENSION FUND NUMBER OF ACTIVE MEMBERS & RETIREES RECEIVING BENEFITS JANUARY 2021 - DECEMBER 2021		
MONTH	<u>ACTIVES</u> PENSION	PENSION PAID
January-21	207	648
February-21	208	644
March-21	211	645
April-21		
May-21		
June-21		
July-21		
August-21		
September-21		
October-21		
November-21		
December-21		

INDUSTRY AND LOCAL 338

PENSION FUND

THIRD QUARTER 2020-21

ADMINISTRATIVE MANAGER'S REPORT

INDUSTRY & LOCAL 338 PENSION FUND
JANUARY 2021
CONTRIBUTIONS

EMPLOYER CONTRIBUTIONS *

	<u>RATE</u>	<u>PARTICIPANTS</u>	<u>CONTRIBUTIONS</u>
WESTCHESTER LOCAL 860	\$ 243.28	1	\$ 973
LP TRANSPORTATION	\$ 340.53	27	\$ 35,075
HP HOOD, LLC	\$ 342.58	91	\$ 123,671
MONTEFIORE NEW ROCHELLE	\$ 290.21	17	\$ 19,734
PARACO GAS	\$ 283.75	7	\$ 7,040
FRIESLAND CAMPINA USA	\$ 281.24	64	\$ 71,998
SUB TOTAL		207	\$ 258,491

TOTAL CONTRIBUTIONS	\$ 258,491
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* Cash to Accrual

INDUSTRY & LOCAL 338 PENSION FUND
FEBRUARY 2021
CONTRIBUTIONS

EMPLOYER CONTRIBUTIONS *

	<u>RATE</u>	<u>PARTICIPANTS</u>	<u>CONTRIBUTIONS</u>
WESTCHESTER LOCAL 860	\$ 243.28	1	\$ 973
LP TRANSPORTATION	\$ 340.53	27	\$ 43,928
HP HOOD, LLC	\$ 342.58	93	\$ 125,727
MONTEFIORE NEW ROCHELLE	\$ 290.21	17	\$ 19,734
PARACO GAS	\$ 292.51	7	\$ 7,167
FRIESLAND CAMPINA USA	\$ 281.24	63	\$ 70,873
SUB TOTAL		208	\$ 268,402

TOTAL CONTRIBUTIONS	\$ 268,402
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* Cash to Accrual

INDUSTRY & LOCAL 338 PENSION FUND
MARCH 2021
CONTRIBUTIONS

EMPLOYER CONTRIBUTIONS *

	<u>RATE</u>	<u>PARTICIPANTS</u>	<u>CONTRIBUTIONS</u>
WESTCHESTER LOCAL 860	\$ 243.28	1	\$ 973
LP TRANSPORTATION	\$ 340.53	27	\$ 36,096
HP HOOD, LLC	\$ 342.58	95	\$ 126,755
MONTEFIORE NEW ROCHELLE	\$ 290.21	17	\$ 19,734
PARACO GAS	\$ 292.51	7	\$ 7,839
FRIESLAND CAMPINA USA	\$ 281.24	64	\$ 88,591
SUB TOTAL		211	\$ 279,988

TOTAL CONTRIBUTIONS	\$ 279,988
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* Cash to Accrual

INDUSTRY & LOCAL 338 PENSION FUND
JANUARY 2021
EXPENSES

BENEFIT EXPENSES

<u>BENEFIT</u>	<u>RATE</u>	<u>EXPENSE</u>	<u>COMMENT</u>
PENSION BENEFITS		\$ 677,830	
SUB TOTAL		\$ 677,830	

ADMINISTRATIVE EXPENSES

AA, LLC ADMIN FEES *		\$ 10,298	
LEGAL FEES		\$ -	
CONSULTING FEES		\$ -	
SEI INVESTMENT FEES		\$ -	
FIDUCIARY LIAB. INSURANCE		\$ -	
YEAR-END AUDIT		\$ 20,000	
PAYROLL AUDITS		\$ -	
PBGC INSURANCE		\$ -	
FIDELITY BOND INSURANCE		\$ -	
CONVENTION & SEMINARS		\$ -	
PRINTING & STATIONERY		\$ -	
POSTAGE		\$ 2	
OFFICE EXPENSES		\$ -	
BANK CHARGES		\$ 190	
TRAVEL EXPENSES		\$ -	
MEETING EXPENSES		\$ -	
DUES & MEMBERSHIP		\$ -	
IFEBP REGISTRATION FEES		\$ -	
ACTUARIAL FEES		\$ -	
CYBER LIABILITY		\$ -	
SUB TOTAL		\$ 30,490	

TOTAL EXPENSES	\$ 708,320
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* Cash to Accrual

INDUSTRY & LOCAL 338 PENSION FUND
FEBRUARY 2021
EXPENSES

BENEFIT EXPENSES

<u>BENEFIT</u>	<u>RATE</u>	<u>EXPENSE</u>	<u>COMMENT</u>
PENSION BENEFITS		\$ 683,439	
SUB TOTAL		\$ 683,439	

ADMINISTRATIVE EXPENSES

AA, LLC ADMIN FEES *		\$ 10,298	
LEGAL FEES		\$ -	
CONSULTING FEES		\$ -	
SEI INVESTMENT FEES		\$ 142,877	
FIDUCIARY LIAB. INSURANCE		\$ -	
YEAR-END AUDIT		\$ -	
PAYROLL AUDITS		\$ 146	
PBGC INSURANCE		\$ -	
FIDELITY BOND INSURANCE		\$ -	
CONVENTION & SEMINARS		\$ -	
PRINTING & STATIONERY		\$ 39	
POSTAGE		\$ -	
OFFICE EXPENSES		\$ -	
BANK CHARGES		\$ 250	
TRAVEL EXPENSES		\$ -	
MEETING EXPENSES		\$ -	
DUES & MEMBERSHIP		\$ -	
IFEBP REGISTRATION FEES		\$ -	
ACTUARIAL FEES		\$ 5,861	
CYBER LIABILITY		\$ -	
SUB TOTAL		\$ 159,471	

TOTAL EXPENSES	\$ 842,910
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* Cash to Accrual

INDUSTRY & LOCAL 338 PENSION FUND MARCH 2021 EXPENSES

BENEFIT EXPENSES

<u>BENEFIT</u>	<u>RATE</u>	<u>EXPENSE</u>	<u>COMMENT</u>
PENSION BENEFITS		\$ 677,588	
SUB TOTAL		\$ 677,588	

ADMINISTRATIVE EXPENSES

AA, LLC ADMIN FEES *		\$ 10,298	
LEGAL FEES		\$ -	
CONSULTING FEES		\$ -	
SEI INVESTMENT FEES		\$ -	
FIDUCIARY LIAB. INSURANCE		\$ -	
YEAR-END AUDIT		\$ -	
PAYROLL AUDITS		\$ 260	
PBGC INSURANCE		\$ -	
FIDELITY BOND INSURANCE		\$ 5,559	
CONVENTION & SEMINARS		\$ -	
PRINTING & STATIONERY		\$ -	
POSTAGE		\$ 2	
OFFICE EXPENSES		\$ -	
BANK CHARGES		\$ 190	
TRAVEL EXPENSES		\$ -	
MEETING EXPENSES		\$ -	
DUES & MEMBERSHIP		\$ -	
IFEBP REGISTRATION FEES		\$ -	
ACTUARIAL FEES		\$ 5,680	
CYBER LIABILITY		\$ -	
SUB TOTAL		\$ 21,989	

TOTAL EXPENSES	\$ 699,577
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* Cash to Accrual

INDUSTRY & LOCAL 338 PENSION FUND 2020-21 QUARTERLY RECAP
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INCOME	FIRST 2020	SECOND 2020	THIRD 2021	FOURTH 2021	TOTAL
EMPLOYER CONTRIBUTIONS *	\$ 780,015	\$ 850,809	\$ 806,881	\$ -	\$ 2,437,705
SUPPLEMENTAL CONTRIBUTIONS *	\$ -	\$ -	\$ -	\$ -	\$ -
W/L PRINCIPAL & INTEREST	\$ 45,831	\$ 44,350	\$ 47,310	\$ -	\$ 137,491
W/L FEE	\$ 3,000	\$ -	\$ -	\$ -	\$ 3,000
W/L - CULINART	\$ -	\$ -	\$ -	\$ -	\$ -
INTEREST INCOME- BNY	\$ -	\$ -	\$ -	\$ -	\$ -
PAYROLL AUDIT & INTEREST	\$ -	\$ -	\$ -	\$ -	\$ -
INTEREST & DIVIDENDS	\$ 207,722	\$ 879,678	\$ 133,238	\$ -	\$ 1,220,638
SEI FUND REBATE	\$ 29,600	\$ 31,221	\$ 32,452	\$ -	\$ 93,273
NET ADJUSTMENT PER CUSTODIAN	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL INCOME **	\$ 1,066,168	\$ 1,806,058	\$ 1,019,881	\$ -	\$ 3,892,107

EXPENSES	FIRST 2020	SECOND 2020	THIRD 2021	FOURTH 2021	TOTAL
PENSION BENEFITS	\$ 2,103,584	\$ 2,058,583	\$ 2,038,857	\$ -	\$ 6,201,024
AA, LLC ADMIN FEES *	\$ 30,894	\$ 30,894	\$ 30,894	\$ -	\$ 92,682
LEGAL FEES	\$ 7,500	\$ 7,519	\$ -	\$ -	\$ 15,019
CONSULTING FEES	\$ -	\$ -	\$ -	\$ -	\$ -
SEI INVESTMENT FEES	\$ 132,004	\$ 138,801	\$ 142,877	\$ -	\$ 413,682
FIDUCIARY LIABILITY INSURANCE	\$ 30,990	\$ -	\$ -	\$ -	\$ 30,990
YEAR-END AUDIT	\$ -	\$ 20,000	\$ 20,000	\$ -	\$ 40,000
PAYROLL AUDITS	\$ -	\$ -	\$ 406	\$ -	\$ 406
PBGC INSURANCE	\$ -	\$ -	\$ -	\$ -	\$ -
FIDELITY BOND INSURANCE	\$ -	\$ -	\$ 5,559	\$ -	\$ 5,559
CONVENTION & SEMINARS	\$ -	\$ -	\$ -	\$ -	\$ -
PRINTING & STATIONERY	\$ 298	\$ 938	\$ 39	\$ -	\$ 1,275
POSTAGE	\$ 667	\$ 625	\$ 4	\$ -	\$ 1,296
OFFICE EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -
BANK CHARGES	\$ 623	\$ 682	\$ 630	\$ -	\$ 1,935
TRAVEL EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -
MEETING EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -
DUES & MEMBERSHIP	\$ -	\$ 710	\$ -	\$ -	\$ 710
IFEBP REGISTRATION FEES	\$ -	\$ -	\$ -	\$ -	\$ -
ACTUARIAL FEES	\$ 13,097	\$ 35,338	\$ 11,541	\$ -	\$ 59,976
CYBER LIABILITY	\$ -	\$ 2,603	\$ -	\$ -	\$ 2,603
TOTAL EXPENSE	\$ 2,319,657	\$ 2,296,693	\$ 2,250,807	\$ -	\$ 6,867,157

SURPLUS (DEFICIT)	\$ (1,253,489)	\$ (490,635)	\$ (1,230,926)	\$ -	\$ (2,975,050)
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	FIRST 2020	SECOND 2020	THIRD 2021	FOURTH 2021	AVG. TOTAL
TOTAL ACTIVE PARTICIPANTS	597	622	626		615

FUND RESERVE AS OF 3/31/21: \$102,606,053.68

* Cash to Accrual

** Total income does not include realized & unrealized gains/losses on investments. The realized & unrealized gains/losses on investments for January are 152,146.36 & 459,301.10

** Total income does not include realized & unrealized gains/losses on investments. The realized & unrealized gains/losses on investments for February are 193,079.08 & 1,234,334.79

** Total income does not include realized & unrealized gains/losses on investments. The realized & unrealized gains/losses on investments for March are 177,332.22 & 1,675,351.48

PROPRIETARY INFORMATION: THIS REPORT BELONGS TO INDUSTRY AND LOCAL 338 PENSION FUND

UNAUDITED STATEMENT

**Industry And Local 338
Pension Fund**
911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone No. (855) 412-3797 (toll free)
www.associated-admin.com

REPORT OF SUMMARY PLAN INFORMATION
TO CONTRIBUTING EMPLOYERS AND LOCAL 445, I.B.T., LOCAL 317,
I.B.T., AND LOCAL 687, I.B.T.
2019 Plan Year

In accordance with Section 104(d) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), the Trustees of the Industry and Local 338 Pension Fund (the "Plan") are providing the following Report of Summary Plan Information to unions that represent Plan participants and to employers obligated to contribute to the Plan. Except as otherwise specified, all information in this Report pertains to the Plan Year beginning on July 1, 2019 and ending on June 30, 2020 ("2019 Plan Year").

1. Contribution Schedule and Benefit Formula Information.

Contribution rate schedules for the Plan are established by collective bargaining agreements. The contribution rates under the Plan range from \$6.08 per hour to \$8.07 per hour, averaging \$6.93 per hour as of July 1, 2019.

During the 2019 Plan Year, the Plan's benefit formula was as follows: Effective on and after July 1, 2016, benefit accruals are equal to 0.9% of employer contributions. For pension credits earned between July 1, 2010 and June 30, 2016, the accrual rate is \$37.00 for each \$1.00 of hourly employer contributions for each year of pension credit earned. For pension credits earned between July 1, 1997 and June 30, 2010, the accrual rate is \$49.00 for each \$1.00 of hourly employer contributions. For pension credits earned prior to July 1, 1997, the accrued benefit based on the prior plan formula increased by 20.75%. The maximum pension credits for benefit purposes is 35.

For benefits commencing on or after January 1, 2019, benefits payable prior to Normal Retirement Age (65) are the actuarial equivalent of the Regular Pension to which a participant would otherwise be entitled.

2. Number of Contributing Employers.

For the 2019 Plan Year, seven (7) employers were obligated to contribute to the Plan.

3. Employers Contributing More than 5% of the Total Contributions to the Plan.

During the 2019 Plan Year, the employers listed below contributed more than 5% of total contributions to the Plan:

HP Hood LLC
Friesland Campina US
L.P. Transportation, Inc.
Montefiore New Rochelle

4. Participants for Whom No Contributions Were Made.

The chart below sets forth the number of participants with respect to whom no employer contributions were made by an employer as the participant's employer for the last three plan years:

	2019 Plan Year	2018 Plan Year	2017 Plan Year
Participants	0	0	0

5. Plan Funding Status; Actions Taken to Improve Plan's Funding Status; Rehabilitation Plan; Funding Policy.

The Plan was certified in the "Green Zone" during the 2019 Plan Year.

As we previously advised, on September 27, 2019, the Plan was certified by its actuary to have emerged from Critical Status. As a result of this certification, the Board of Trustees of the Plan adopted a Funding Policy that may reasonably be expected, based on the Plan's reasonably anticipated experience and reasonable actuarial assumptions, to enable the Plan to continue to improve its funded position and secure benefits promised to Plan participants.

You may obtain a copy of the Funding Policy by submitting a written request to:

Industry and Local 338 Pension Fund
911 Ridgebrook Rd.
Sparks, MD 21152

6. Number of Employers That Withdrew in Preceding Plan Year and Total Withdrawal Liability Assessed.

During the Plan Year beginning on July 1, 2018 and ending on June 30, 2019 ("2018 Plan Year"), one employer withdrew from the Plan. The withdrawal liability assessed from the withdrawn employer is \$3,207,145.

7. Transaction Information.

The Plan did not merge with another plan and did not receive a transfer of the assets and liabilities of any other plan during the 2019 Plan Year.

8. Amortization Extension or Shortfall Funding Method Information.

The Plan has not sought or received an amortization extension under Section 304(d) of ERISA or Section 431(d) of the Internal Revenue Code of 1986, as amended for the 2019 Plan Year. The Plan did not use the shortfall funding method (as described in Section 305 of ERISA) for the 2019 Plan Year.

9. Right to Additional Information.

Any contributing employer or participating union under the Plan may request from the Plan Administrator, in writing, a copy of the documents listed below, but not more than one time during any one 12-month period. The Plan may charge a reasonable amount to cover the cost of providing the document requested.

- ☐ The Plan's 2019 Form 5500.
- ☐ The Plan's Summary Plan Description.
- ☐ Any Summaries of Material Modification to the Plan.

Please submit any written requests to the Industry and Local 338 Pension Fund at:

911 Ridgebrook Rd.
Sparks, MD 21152

Additionally, if you have any questions regarding the information contained in this notice, please contact the Fund Office at 410-683-7763.



Horizon Actuarial Services, LLC
8601 Georgia Avenue, Suite 700
Silver Spring, MD 20910
Phone/Fax: 240.247.4600
www.horizonactuarial.com

June 8, 2021

VIA ELECTRONIC MAIL

Alicia Cochran, Administrator
Industry & Local 338 Pension Plan
Associated Administrators, LLC
911 Ridgebrook Rd.
Sparks, MD 21152

**Re: Industry & Local 338 Pension Plan: Employer Withdrawal Liability
LP Transportation, LLC – Estimate for Withdrawal in 2020-2021 Plan Year**

Dear Alicia:

As requested, we have determined the estimated Employer Withdrawal Liability from the Industry & Local 338 Pension Plan (the "Plan") for LP Transportation, LLC for a withdrawal from the Plan during the July 1, 2020 through June 30, 2021 plan year. The withdrawal liability estimate is therefore based on the Unfunded Vested Benefits ("UVBs") of the Plan determined as of June 30, 2020. The Plan's contribution history was based on information in audits of the Plan included in Form 5500 filings.

As you are aware, the Plan first emerged from Critical status in the Plan year beginning July 1, 2019. Based on our understanding of the statute and regulations, we have reflected the contribution increases required by the Rehabilitation Plan during the period while that Plan was in Critical status for purposes of allocating the Plan's UVBs. These increases are not included for purposes of determining the highest contribution rate when determining the annual withdrawal liability payment. Since Horizon Actuarial does not engage in the practice of law, we of course defer to fund counsel regarding any interpretations of the statute and regulations.

The Plan Administrator, Associated Administrators, LLC, provided the contribution and hours-worked history for LP Transportation, LLC. We have included contributions for all contracts and locations identified as LP Transportation, LLC locations at which contributions were required to be made to the Plan in the past 10 years. If there are additional locations or if LP Transportation, LLC is related to any other contributing employer, withdrawal liability could be materially different than what is shown on the enclosed exhibit. If there are additional contribution amounts which should be included or if there are any other omissions or errors, a revised calculation should be performed.

The net estimated withdrawal liability for a complete withdrawal of LP Transportation, LLC during the July 1, 2020 to June 30, 2021 plan year is \$9,901,415. This does not reflect any adjustment that may be applicable due to the application of the 20-year cap in accordance with ERISA 4219(c)(1)(B). We have enclosed an exhibit showing the details of our calculations and a summary of the assumptions used in the calculation.

Alicia Cochran, Administrator
Local 338 Pension Plan
June 8, 2021
Page 2 of 2

Please let us know if you have any comments.

Sincerely,

A handwritten signature in black ink that reads "Mary Ann Dunleavy". The script is cursive and fluid, with the first letters of each word being capitalized and prominent.

Mary Ann Dunleavy, ASA, MAAA
Consulting Actuary

Enclosures

cc: Elizabeth O'Leary (w/ attachments)

Industry & Local 338 Pension Plan
Estimate of Employer Withdrawal Liability for
LP Transport
for a Complete Withdrawal in the 2020 - 2021 Plan Year

Exhibit I

Contributions							
Year Ended	Unfunded Vested Benefits		Previously Withdrawn	Merged Plan for 5 Full Preceding Plan Years	Total, Adjusted for Withdrawn Employers and Mergers	Withdrawing Employer	Withdrawing Employer's Share of UVBs
<u>6/30</u>	<u>(UVBs)</u>	<u>Total for Plan</u>	<u>Employers</u>	<u>Plan Years</u>	<u>[(3) - (4) + (5)]</u>	<u>Employer</u>	<u>[(2) ÷ (6) x (7)]</u>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2016		\$ 2,969,275	\$ 321,742	\$ -		\$ 345,743	
2017		3,276,496	332,802	-		363,497	
2018		3,238,894	398,048	-		488,170	
2019		3,538,306	383,195	-		529,210	
2020		3,153,174	143,758	-		435,635	
Totals	\$ 54,775,389	\$ 16,176,145	\$ 1,579,544	\$ -	\$ 14,596,601	\$ 2,162,255	
(8) <u>Allocation of Unfunded Vested Benefits = [(2) ÷ (6) x (7)]</u>							
						\$	8,114,104
(9) <u>De Minimis Reduction</u>							
A. Excess liability (Over \$100,000, but not less than zero)						\$	8,014,104
B. Lesser of \$50,000 and .75% of UVBs							50,000
C. De Minimis Reduction (9)(B) - (9)(A), not less than zero							0
(10) <u>Allocation of Affected Benefits</u>							
A. Outstanding Balance of Affected Benefits Pool as of June 30, 2019						\$	12,065,489
B. Allocation of Affected Benefits Pool to Withdrawing Employer							
= [(10)(A) ÷ (6) x (7)]							1,787,311
(11) <u>Net Withdrawal Liability = (8) - (9)(C), but not less than zero, + (10)(B)</u>							
						\$	9,901,415

Industry and Local 338 Pension Plan
Summary of Key Actuarial Assumptions & Methods
Withdrawal Liability During the July 1, 2020 – June 30, 2021 Plan Year

- a) Interest Rate
- For liabilities up to the market value of assets, valued using PBGC interest rates as of June, 2020 of 2.11% and 1.92% (for 20 years and thereafter, respectively).
- For liabilities in excess of the market value of assets, valued using 7.25% for all years.
- b) Non-Disabled Mortality
- Non-annuitant: 125% of the sex-distinct RP-2014 Blue Collar Employee Mortality Table.
- Annuitant: 125% of the sex-distinct RP-2014 Blue Collar Annuitant Mortality Table
- Adjusted to future years using generational projection under Scale MP-2014 to anticipate future mortality improvement.
- c) Disabled Mortality
- 125% of the sex-distinct RP-2014 Disabled Mortality Tables.
- Adjusted to future years using generational projection under Scale MP-2014 to anticipate future mortality improvement.
- d) Termination
- Sample Rates as follows:
- | Age | Probability |
|-----|-------------|
| 20 | 6.58% |
| 25 | 5.27% |
| 30 | 4.83% |
| 35 | 4.47% |
| 40 | 3.84% |
| 45 | 3.21% |
| 50 | 1.52% |
| 55 | 0.33% |
| 60 | 0.00% |
- e) Form of Payment
- All unmarried participants are assumed to elect a Life Annuity.
- All married participants are assumed to elect an actuarially reduced 75% Joint and Survivor Annuity.
- f) Marriage / Spouse Ages
- 75% of non-retired participants are assumed to be married.
- Male spouses are assumed to be three years older than female spouses if age is unknown.

Industry and Local 338 Pension Plan
Summary of Key Actuarial Assumptions & Methods
Withdrawal Liability During the July 1, 2020 – June 30, 2021 Plan Year

g) Retirement Age

Sample Rates as follows:

Age	Probability
55-59	10%
60-61	20%
62	75%
63-65	50%
66-69	25%
70	100%

h) Disability

Sample Rates as follows:

Age	Probability
20	0.05%
25	0.05%
30	0.05%
35	0.06%
40	0.09%
45	0.18%
50	0.40%
55	0.85%
60	1.74%

Vested benefit valued at decrement

i) Operating Expenses

As prescribed by PBGC formula (29 CFR Part 4044, Appendix C); applied only to liabilities valued with PBGC interest rates.

j) Value of Assets

Market Value

k) Allocation Method

Rolling-Five, with application of de minimis

Additional detail on assumptions used in the development of liabilities for withdrawal liability purposes is disclosed in the July 1, 2020 actuarial valuation report for the Plan.

July 8, 2021

Alicia Cochran, Administrator
Industry & Local 338 Pension Plan
Associated Administrators, LLC
911 Ridgebrook Rd.
Sparks, MD 21152

**Re: Industry & Local 338 Pension Plan: Employer Withdrawal Liability
FrieslandCampina Ingredients North America – Estimate for Withdrawal in 2020-2021 Plan Year**

Dear Alicia:

As requested, we have estimated Employer Withdrawal Liability from the Industry & Local 338 Pension Plan (the “Plan”) FrieslandCampina Ingredients North America for a withdrawal from the Plan during the July 1, 2020 through June 30, 2021 plan year. The withdrawal liability estimate is therefore based on the Unfunded Vested Benefits (“UVBs”) of the Plan determined as of June 30, 2020. The Plan’s contribution history was based on information in audits of the Plan included in Form 5500 filings.

1. Date of Withdrawal:	Calculated for a withdrawal in July 1, 2020 – June 30, 2021 Plan Year
2. Unfunded Liabilities determined as of:	June 30, 2020
3. Employer Withdrawal Liability prior to De Minimis Reduction:	\$ 13,159,267
4. De Minimis Reduction:	0
5. Preliminary Employer Withdrawal Liability:	\$ 13,159,267
6. Allocation of Affected Benefits Pool:	\$ 2,898,619
7. Complete Withdrawal Liability:	\$ 16,057,886

In addition, we are providing the withdrawal liability payment amount and payment period associated with the estimate.

8. Annual payment determined under Section 4219(c)(1)(C)(i) of ERISA	\$ 713,610
9. Monthly installment required by the Plan	59,824
10. Number of full monthly payments:	240

We have enclosed exhibits showing the details of our calculations and a summary of the assumptions used in the calculation.

The Plan Administrator, Associated Administrators, LLC, provided the contribution and hours-worked history for FrieslandCampina Ingredients North America. We have included contributions for all contracts and locations identified as FrieslandCampina Ingredients North America locations at which

Alicia Cochran, Administrator
Local 338 Pension Plan
July 8, 2021
Page 2 of 2

contributions were required to be made to the Plan in the past 10 years. If there are additional contribution amounts which should be included or if there are any other omissions or errors, a revised calculation should be performed.

As you are aware, the Plan first emerged from Critical status in the Plan year beginning July 1, 2019. Based on our understanding of the statute and regulations, we have reflected the contribution increases required by the Rehabilitation Plan during the period while that Plan was in Critical status for purposes of allocating the Plan's UVBs. These increases are not included for purposes of determining the highest contribution rate when determining the annual withdrawal liability payment. Since Horizon Actuarial does not engage in the practice of law, we of course defer to fund counsel regarding any interpretations of the statute and regulations.

Please let us know if you have any comments.

Sincerely,



Mary Ann Dunleavy, ASA, MAAA
Consulting Actuary

Enclosures

cc: Elizabeth O'Leary (w/ attachments)

Industry & Local 338 Pension Plan
Estimate of Employer Withdrawal Liability for
FrieslandCampina
for a Complete Withdrawal in the 2020 - 2021 Plan Year

Exhibit I

Contributions							
Year Ended	Unfunded Vested Benefits		Previously Withdrawn	Merged Plan for 5 Full Preceding Plan Years	Total, Adjusted for Withdrawn Employers and Mergers	Withdrawing Employer	Withdrawing Employer's Share of UVBs
<u>6/30</u>	<u>(UVBs)</u>	<u>Total for Plan</u>	<u>Employers</u>	<u>Plan Years</u>	<u>[(3) - (4) + (5)]</u>	<u>Employer</u>	<u>[(2) ÷ (6) x (7)]</u>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2016		\$ 2,969,275	\$ 321,742	\$ -		\$ 625,716	
2017		3,276,496	332,802	-		659,259	
2018		3,238,894	398,048	-		665,172	
2019		3,538,306	383,195	-		747,322	
2020		3,153,174	143,758	-		809,226	
Totals	\$ 54,775,389	\$ 16,176,145	\$ 1,579,544	\$ -	\$ 14,596,601	\$ 3,506,695	
(8) <u>Allocation of Unfunded Vested Benefits = [(2) ÷ (6) x (7)]</u>							
							\$ 13,159,267
(9) <u>De Minimis Reduction</u>							
A. Excess liability (Over \$100,000, but not less than zero)							\$ 13,059,267
B. Lesser of \$50,000 and .75% of UVBs							50,000
C. De Minimis Reduction (9)(B) - (9)(A), not less than zero							0
(10) <u>Allocation of Affected Benefits</u>							
A. Outstanding Balance of Affected Benefits Pool as of June 30, 2020							\$ 12,065,489
B. Allocation of Affected Benefits Pool to Withdrawing Employer							
= [(10)(A) ÷ (6) x (7)]							2,898,619
(11) <u>Net Withdrawal Liability = (8) - (9)(C), but not less than zero, + (10)(B)</u>							
							\$ 16,057,886

Industry & Local 338 Pension Plan
Estimate of Employer Withdrawal Liability for
FrieslandCampina
for a Complete Withdrawal in the 2020 - 2021 Plan Year

Exhibit II

(1) Employer contribution history:

Year <u>Ended 6/30</u>	Base <u>Units</u>	3-Year Ave <u>Base Units</u>	Contribution <u>Rate</u>
2011	2,909.00	N/A	N/A
2012	2,998.00	N/A	\$ 143.17
2013	3,137.00	3,014.67	161.23
2014	3,082.00	3,072.33	177.35
2015	2,975.00	3,064.67	195.09
2016	3,125.00	3,060.67	205.09
2017	3,151.00	3,083.67	215.09
2018	3,020.00	3,098.67	225.09
2019	3,278.00	3,149.67	225.09
2020	3,213.00	3,170.33	225.09
2021	N/A	N/A	225.09

(2) Average base units for highest 3 consecutive years during 10 years preceding July 1, 2021

3,170.33

(3) Highest contribution rate in 10 years ending in year of withdrawal

\$ 225.09

(4) Required annual payment = (2) x (3)

\$ 713,610

(5) Net Withdrawal Liability

\$ 16,057,886

(6) Amortization factor = (5) / (4)

22.502341

(7) Number of annual payments based on (6), assuming 7.25% interest rate, maximum 20

Perpetuity

(8) Cumulative factor at 7.25% interest rate for number of years in (7)

Perpetuity

(9) Final annual payment:

(a) Withdrawal liability with interest =
(5) x {1.0725 to the power of (7)}

N/A

(b) Annual payments with interest = (4) x (8)

N/A

(c) Total annual payment in last year =
(a) - (b), but not less than zero

N/A

(10) Quarterly Payment Schedule:

(a) Quarterly payment = (4) / 4

\$ 178,402

(b) Number of full quarterly payments in final year = (9)(c) / (10)(a)

4

(c) Final quarterly payment = (9)(c) - (10)(a) x (10)(b)

\$ -

(d) Number of full quarterly payments
= 4 x (7) + (10)(b)

80

(11) Monthly Payment Schedule:

(a) Monthly payment = (10)(a) amortized over 3 months

\$ 59,824

(b) Calculate the amount of the last monthly payment:

Beginning of
Month Balance
Perpetuity
Perpetuity
Perpetuity

Beginning of
Month Payment
Perpetuity
Perpetuity
Perpetuity

Balance After
Payment
Perpetuity
Perpetuity
Perpetuity

Interest to
End of Month
Perpetuity
Perpetuity
Perpetuity

Amount of final monthly payment if number of full monthly payments is less than 240

\$ -

(c) Number of full monthly payments = 3 x (10)(d)

+ number of complete months shown in (11)(b) (not more than 240)

240

Industry and Local 338 Pension Plan
Summary of Key Actuarial Assumptions & Methods
Withdrawal Liability During the July 1, 2020 – June 30, 2021 Plan Year

- a) Interest Rate
- For liabilities up to the market value of assets, valued using PBGC interest rates as of June, 2020 of 2.11% and 1.92% (for 20 years and thereafter, respectively).
- For liabilities in excess of the market value of assets, valued using 7.25% for all years.
- b) Non-Disabled Mortality
- Non-annuitant: 125% of the sex-distinct RP-2014 Blue Collar Employee Mortality Table.
- Annuitant: 125% of the sex-distinct RP-2014 Blue Collar Annuitant Mortality Table
- Adjusted to future years using generational projection under Scale MP-2014 to anticipate future mortality improvement.
- c) Disabled Mortality
- 125% of the sex-distinct RP-2014 Disabled Mortality Tables.
- Adjusted to future years using generational projection under Scale MP-2014 to anticipate future mortality improvement.
- d) Termination
- Sample Rates as follows:
- | Age | Probability |
|-----|-------------|
| 20 | 6.58% |
| 25 | 5.27% |
| 30 | 4.83% |
| 35 | 4.47% |
| 40 | 3.84% |
| 45 | 3.21% |
| 50 | 1.52% |
| 55 | 0.33% |
| 60 | 0.00% |
- e) Form of Payment
- All unmarried participants are assumed to elect a Life Annuity.
- All married participants are assumed to elect an actuarially reduced 75% Joint and Survivor Annuity.
- f) Marriage / Spouse Ages
- 75% of non-retired participants are assumed to be married.
- Male spouses are assumed to be three years older than female spouses if age is unknown.

Industry and Local 338 Pension Plan
Summary of Key Actuarial Assumptions & Methods
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g) Retirement Age

Sample Rates as follows:

Age	Probability
55-59	10%
60-61	20%
62	75%
63-65	50%
66-69	25%
70	100%

h) Disability

Sample Rates as follows:

Age	Probability
20	0.05%
25	0.05%
30	0.05%
35	0.06%
40	0.09%
45	0.18%
50	0.40%
55	0.85%
60	1.74%

Vested benefit valued at decrement

i) Operating Expenses

As prescribed by PBGC formula (29 CFR Part 4044, Appendix C); applied only to liabilities valued with PBGC interest rates.

j) Value of Assets

Market Value

k) Allocation Method

Rolling-Five, with application of de minimis

Additional detail on assumptions used in the development of liabilities for withdrawal liability purposes is disclosed in the July 1, 2020 actuarial valuation report for the Plan.