

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>LOCAL 360 401(K) AND SEVERANCE PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>009</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1982</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>009</u>	1c Effective date of plan <u>01/01/1982</u>	
1b Three-digit plan number (PN) ▶	<u>009</u>				
1c Effective date of plan <u>01/01/1982</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LOCAL 360 401(K) AND SEVERANCE PLAN</u> <u>48 STILES LANE, SUITE 204</u> <u>PINE BROOK, NJ 07058</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>22-2450938</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>973-299-6700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>445110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>22-2450938</u>	2c Plan Sponsor's telephone number <u>973-299-6700</u>	2d Business code (see instructions) <u>445110</u>	
2b Employer Identification Number (EIN) <u>22-2450938</u>					
2c Plan Sponsor's telephone number <u>973-299-6700</u>					
2d Business code (see instructions) <u>445110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/09/2022	SAM FERRAINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/09/2022	JOAN WILLIAMS
	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 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor BOARD OF TRUSTEES OF THE LOCAL 360 401(K) AND SEVERANCE PLAN 48 STILES LANE SUITE 204 PINE BROOK, NJ 07058	3b Administrator's EIN 22-2714749
	3c Administrator's telephone number 973-299-6700
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 LOCAL 1245 SEVERANCE PLAN c Plan Name LOCAL 1245 SEVERANCE PLAN	4b EIN 22-2450938 4d PN 009
5 Total number of participants at the beginning of the plan year	5 603
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 603
a(2) Total number of active participants at the end of the plan year	6a(2) 651
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 651
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 651
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 651
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C	
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
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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan LOCAL 360 401(K) AND SEVERANCE PLAN	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 360 401(K) AND SEVERANCE PLAN	D Employer Identification Number (EIN) 22-2450938	

Part I	Service Provider Information (see instructions)
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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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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)

TRI-STATE ADMINISTRATORS INC

22-3478819

(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 50	NONE	132447	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN LEWIS & BOCKIUS LLP

23-0891050

(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	70053	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARATZ & ASSOCIATES, P.A.

22-2212404

(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	34375	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)

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 27 51	NONE	21259	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPEAR WILDERMAN

1040 KINGS HIGHWAY
856-482-8799
CHERRY HILL, NJ 08034

(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	60484	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAMER WARNER ASSOC

23-1742926

(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 50	NONE	6134	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan LOCAL 360 401(K) AND SEVERANCE PLAN	B Three-digit plan number (PN) ►	009
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 360 401(K) AND SEVERANCE PLAN	D Employer Identification Number (EIN) 22-2450938	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	17476	169686
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	22809	71239
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	9214	3912
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2438440	375363
(2) U.S. Government securities	1c(2)		500015
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	757916	203806
(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)		
(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)	5295691	7449725
(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	
f	Total assets (add all amounts in lines 1a through 1e)	1f	8541546 8773746
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	26643 61948
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	26643 61948
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	8514903 8711798

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	688612
	(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)	688612
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	7969
	(B) U.S. Government securities	2b(1)(B)	1914
	(C) Corporate debt instruments	2b(1)(C)	8058
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	17941
(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)	280102
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	280102
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	827000
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	835839
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-8839
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-11155
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-11155

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		39827
c Other income.....	2c		250000
d Total income. Add all income amounts in column (b) and enter total.....	2d		1256488
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	718553	
(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)		718553
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)	165889	
(2) Contract administrator fees.....	2i(2)	137628	
(3) Investment advisory and management fees.....	2i(3)	21259	
(4) Other.....	2i(4)	16264	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		341040
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1059593
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		196895
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BARATZ & ASSOCIATES, P.A.**

(2) EIN: **22-2212404**

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☒ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**Local 360 401(k) and Severance Plan
Financial Statements
and
Supplementary Information
For the Year Ended
December 31, 2021 and 2020**

**Local 360 401(k) and Severance Plan
For the Years Ended
December 31, 2021 and 2020**

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To the Trustees of The
Local 360 401 (k) and Severance Plan
Pine Brook, NJ

Opinion

We have audited the accompanying financial statements of The Local 360 401 (k) and Severance Plan (formerly UFCW 1245 Severance Fund), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of The Local 360 401 (k) and Severance Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Local 360 401 (k) and Severance Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Local 360 401 (k) and Severance Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Local 360 401 (k) and Severance Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Local 360 401 (k) and Severance Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year and reportable transactions as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Baratz & Associates, P.A.

BARATZ & ASSOCIATES, P.A.
MARLTON, NJ

Local 360 401(k) and Severance Plan
Statements of Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	<u>12/31/2021</u>	<u>12/31/2020</u>
Assets		
Cash	\$ <u>169,686</u>	\$ <u>17,476</u>
Investments at fair value		
Cash money market	130,640	1,700,979
Certificate of deposit	244,723	737,461
Corporate bonds	203,806	757,916
Government bonds	500,015	-
Mutual funds	<u>7,449,725</u>	<u>5,295,691</u>
Total Investments	<u>8,528,909</u>	<u>8,492,047</u>
Receivables:		
Employer's contribution	71,239	22,809
Due from Related Parties	3,298	-
Accrued interest	<u>614</u>	<u>9,214</u>
Total Receivables	<u>75,151</u>	<u>32,023</u>
Total Assets	<u>8,773,746</u>	<u>8,541,546</u>
Liabilities		
Accounts Payable	<u>61,948</u>	<u>26,643</u>
Net Assets Available for Benefits	\$ <u><u>8,711,798</u></u>	\$ <u><u>8,514,903</u></u>

Local 360 401(k) and Severance Plan
Statements of Changes in Net Assets Available For Benefits
Years Ended December 31, 2021 and 2020

	<u>12/31/2021</u>	<u>12/31/2020</u>
Additions to Net Assets Attributed To:		
Employer's Contributions	\$ <u>688,612</u>	\$ <u>654,052</u>
Investment Income:		
Net realized and unrealized gains (losses)	19,833	466,535
Interest and dividends	298,043	242,661
Investment fees	<u>(21,259)</u>	<u>(21,777)</u>
Total Investment Income	<u>296,617</u>	<u>687,419</u>
Miscellaneous Income	<u>250,000</u>	<u>-</u>
Total Additions	<u>1,235,229</u>	<u>1,341,471</u>
Deductions From Net Assets Attributed To:		
Benefits paid to participants	718,553	803,270
Administrative fees		
Accounting fees	34,375	27,500
Administrative fees	137,629	80,465
Computer expenses	5,898	-
Insurance	6,134	5,637
Legal fees	131,514	152,759
Printing and office expenses	4,231	4,208
Total Administrative Expenses	<u>319,781</u>	<u>270,569</u>
Total Deductions	<u>1,038,334</u>	<u>1,073,839</u>
Net Increase in Net Assets	196,895	267,632
Net Assets Available for Benefits, Beginning of Year	<u>8,514,903</u>	<u>8,247,271</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 8,711,798</u></u>	<u><u>\$ 8,514,903</u></u>

Local 360 401(k) and Severance Plan
Notes to Financial Statements
Years Ended December 31, 2021 and 2020

1. Description of Plan

Local 360 401(k) and Severance Plan (formerly UFCW 1245 Severance Fund) was established on January 1, 1982 as a defined contribution plan. The following description of the Local 360 401(k) and Severance Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a deferred contribution Plan covering participating full-time and part-time employees per their eligibility as defined by their Collective Bargaining Agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan agreement between UFCW Local 360 (formerly UFCW Local 1245) and the participating employers provides that contributions be made to the Plan in a specified amount.

Participant Accounts

The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. The Trustees maintain an individual account for each participant which consists of:

- a. The employer contributions made on behalf of the participant,
- b. A proportionate amount (based on the amount of individual account balances) of the total investment income earned by the Plan,
- c. A proportionate amount (based on the amount of individual account balances) of the total expenses of operating the Plan first being reduced by the amount of any account balances forfeited by terminating non-vested participants. There was no forfeiture during the years ended December 31, 2021 and 2020.

Vesting

A participant is vested, based on their employer's collective bargaining agreement in effect.

Benefits Paid

Upon Termination of employment of a "vested" participant, a lump sum amount equal to the value of the participant's account will be paid to the participant or, if the participant terminated employment by death, the participant's beneficiary.

Local 360 401(k) and Severance Plan
Notes to Financial Statements
Years Ended December 31, 2021 and 2020

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Contributions

The employer contributions are made in accordance with the collective bargaining agreements or amendments between participating employers and the Union. These contributions are recognized as an addition to net assets in the month they become due.

Employer contributions receivable represent contributions due to the Plan at year end. Bad debts are accounted for by the reserve method and shown netted against contributions and other sources of receivables. The allowance for doubtful accounts was \$0 for the years ended December 31, 2021 and 2020.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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 includes the plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan and are recorded in the accompanying statement of changes in net assets available for benefits as administrative expenses. The Plan absorbs recordkeeping, accounting, legal and trustee fees.

Payment of Benefits

Benefits are recorded when paid.

Concentrations

Five employers make up 99% and 97% of the employer contributions included on the statement of changes in net assets for the years ended December 31, 2021 and 2020. Two employers accounted for 80% and four employers accounted for 98% of the employer contributions receivable included on the statements of net assets available for benefits as of December 31, 2021 and 2020.

Local 360 401(k) and Severance Plan
Notes to Financial Statements
Years Ended December 31, 2021 and 2020

3. Fair Value Measurements

The methods used to measure fair value may produce an amount 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.

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1	Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
Level 2	Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as: a. Quoted prices for similar assets or liabilities in active markets b. Quoted prices for identical or similar assets or liabilities in inactive markets c. Inputs other than quoted prices that are observable for the asset or liability d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs that are unobservable inputs for the asset or liability.

Fair Value Measurements at 2021 Reporting Date Using:

	Fair Value	Level I	Level II	Level III
Cash equivalents	\$ 130,640	\$ 130,640	\$ -	\$ -
Corporate Bonds	203,806	-	203,806	-
Certificates of deposit	244,723	-	244,723	-
Government Bonds	500,015	-	500,015	-
Mutual Funds	7,449,725	7,449,725	-	-
Total Investments	\$ 8,528,909	\$ 7,580,365	\$ 948,544	\$ -

Local 360 401(k) and Severance Plan
Notes to Financial Statements
Years Ended December 31, 2021 and 2020

3. Fair Value Measurements (continued)

Fair Value Measurements at 2020 Reporting Date Using:

	Fair Value	Level I	Level II	Level III
Cash equivalents	\$ 1,700,979	\$ 1,700,979	\$ -	\$ -
Corporate Bonds	757,916	-	757,916	-
Certificates of deposit	737,461	-	737,461	-
Mutual Funds	<u>5,295,691</u>	<u>5,295,691</u>	<u>-</u>	<u>-</u>
Total Investments	<u>\$ 8,492,047</u>	<u>\$ 6,996,670</u>	<u>\$ 1,495,377</u>	<u>\$ -</u>

4. Investments

During the years ended December 31, 2021 and 2020 the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$19,833 in 2021 and \$466,535 in 2020 respectively.

5. Related Party Transactions

The former contract administrator, Benefit Plan Administration of NJ (BPA of NJ), was related to a former Plan Trustee. BPA of NJ provided third party administration for the Plan. Fees for these services were \$11,268 and \$80,465 for the years ended December 31, 2021 and 2020.

6. Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect. However, in the event the obligation of employers to make contributions shall terminate, the Trustees shall continue to apply the Plan to the purpose for which it was formed. Upon disbursement of the entire Plan, the Trust shall terminate. Discontinuance or termination shall not permit any part of the Plan to be used for, or diverted to, purposes other than exclusive benefit of the participants.

7. Risks and Uncertainties

The Plan invests in various investment securities which 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

Local 360 401(k) and Severance Plan
Notes to Financial Statements
Years Ended December 31, 2021 and 2020

8. Tax Status

The Plan obtained a determination letter from the Internal Revenue Service which stated that the Plan, as originally designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2019.

9. Miscellaneous Income

During the year ended December 31, 2021 the Plan received \$250,000 of insurance proceeds to reimburse it for overpayments made to past participants and for expenses related to calculating the overpayment. This amount is included in miscellaneous income on the Statement of Changes for Net Assets.

10. Subsequent Event

As of January 1, 2022 the Plan was amended to add 401(k) features where participants will have the ability to make contributions and allocate their balance and contributions to investments of their choice.

11. Date of Management's Review

The Fund has evaluated subsequent events through September 13, 2022, which is the date the financial statements were available to be issued.

Local 360 401(k) and Severance Plan
EIN/PLAN No.: 22-2450938 Plan 001
(Attachment for Schedule H, Line 4i)
Schedule of Assets (At End of Year)
December 31, 2021

(A)	(B)	(C)	(D)	(E)
	Identity of Issue			
*	Borrower, Lessor, or Similar Party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Cash Equivalents	CASH	\$ 6,603	\$ 6,603
	Cash Equivalents	CAPITAL ONE MONEY MARKET	69,191	69,191
	Cash Equivalents	ML BANK DEPOSIT PROGRAM	54,846	54,846
		Total Cash Equivalents	130,640	130,640
	Certificates of Deposit	CD MAINSTREET BANK FAIRFAX, VA 2.40% DUE APR 26 2022	242,271	244,723
		Total Certificates of Deposit	242,271	244,723
	Government Bonds	US TREASURY NOTE .125% DUE AOR 30 2022	500,079	500,015
		Total Government Bonds	500,079	500,015
	Corporate Bonds	AMERICAN EXPRESS CO 2.65% DEC 02 2022	198,426	203,806
		Total Corporate Bonds	198,426	203,806
	Mutual Funds	VANECK VECTORS MORNINGSTAR WIDE MOAT	93,588	152,220
	Mutual Funds	CALAMOS DYNAMIC CONV & INCOME FUND	44,450	62,980
	Mutual Funds	PGIM ULTRA SHORT BOND FUND	992,600	989,800
	Mutual Funds	PGIM JENNISON FUND CL Z	147,384	197,814
	Mutual Funds	PGIM TOTAL RETURN BOND FUND CL Z	99,954	102,989
	Mutual Funds	PGIM SHORT TERM CORP BOND FUND CL Z	2,400,000	2,365,509
	Mutual Funds	TRANSAMERICA SHORT TERM BOND FUND CL I	450,000	454,564
	Mutual Funds	MFS GROWTH FUND CL I	348,085	739,327
	Mutual Funds	GOLDMAN SACHS SMALL/MID CAP GROWTH FUND INSTL CL	174,652	194,479
	Mutual Funds	JP MORGAN U.S. LARGE CAP CORE PLUS FUND I CL	255,854	241,650
	Mutual Funds	DAVIS GLOBAL FUND CL Y	453,501	514,191
	Mutual Funds	LORD ABBETT AFFILIATED FUND CL F	100,000	119,562
	Mutual Funds	LORD ABBETT SHORT DURATION INCOME FUND CL F	650,000	625,571
	Mutual Funds	AMERICAN GROWTH FUND OF AMERICA CL F2	132,279	185,404
	Mutual Funds	BLACKROCK LOW DURATION BD INSTL CL	499,838	503,665
		Total Mutual Funds	6,842,185	7,449,725
Total			\$ 7,913,601	\$ 8,528,909

**Local 360 401(k) and Severance Plan
EIN/PLAN No.: 22-2450938 Plan 001
(Attachment for Schedule H, Line 4j)
Schedule of Reportable Transactions
December 31, 2021**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(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)
Mutual Funds	PGIM Short Term Corp Bd Cl Z	250,000	-	-	-	250,000	250,000	-
Mutual Funds	PGIM Short Term Corp Bd Cl Z	250,000	-	-	-	250,000	250,000	-
Mutual Funds	PGIM Short Term Corp Bd Cl Z	300,000	-	-	-	300,000	300,000	-
Mutual Funds	PGIM Short Term Corp Bd Cl Z	300,000	-	-	-	300,000	300,000	-
Mutual Funds	PGIM Short Term Corp Bd Cl Z	300,000	-	-	-	300,000	300,000	-
Mutual Funds	PGIM Ultra Short Bond	497,300	-	-	-	497,300	497,300	-

40805 Local 360 401(k) and Severance
22-2450938
FYE: 12/31/2021

Federal Statements
LOCAL 360 401(k) and Severance Plan
Plan: 009

Plan transactions in excess of 5% of plan assets

<u>Name</u>			<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain or Loss</u>
	<u>Description</u>								
MUTUAL FUNDS	PGIM SHORT TERM CORP BD CL	\$ 250,000	\$	\$	\$	\$ 250,000	\$ 250,000	\$	
MUTUAL FUNDS	PGIM SHORT TERM CORP BD CL	250,000				250,000	250,000		
MUTUAL FUNDS	PGIM SHORT TERM CORP BD CL	300,000				300,000	300,000		
MUTUAL FUNDS	PGIM SHORT TERM CORP BD CL	300,000				300,000	300,000		
MUTUAL FUNDS	PGIM SHORT TERM CORP BD CL	300,000				300,000	300,000		
MUTUAL FUNDS	PGIM ULTRA SHORT BOND	497,300				497,300	497,300		

40805 Local 360 401(k) and Severance

22-2450938

FYE: 12/31/2021

Federal Statements

LOCAL 360 401(k) and Severance Plan Plan: 009

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	CASH EQUIVALENTS	CASH	\$ 6,603	\$ 6,603
	CASH EQUIVALENTS	CAPITAL ONE MONEY MA	69,191	69,191
	CASH EQUIVALENTS	ML BANK DEPOSIT PROG	54,846	54,846
	CERTIFICATES OF DEPO	CD MAINSTREET BANK F	242,271	244,723
	GOVERNMENT BONDS	US TREASURY NOTE .12	500,079	500,015
	CORPORATE BONDS	AMERICAN EXPRESS CO	198,426	203,806
	MUTUAL FUNDS	VANECK VECTORS MORN	93,588	152,220
	MUTUAL FUNDS	CALAMOS DYNAMIC CONV	44,450	62,980
	MUTUAL FUNDS	PGIM ULTRA SHORT BON	992,600	989,800
	MUTUAL FUNDS	PGIM JENNISON FUND C	147,384	197,814
	MUTUAL FUNDS	PGIM TOTAL RETURN BO	99,954	102,989
	MUTUAL FUNDS	PGIM SHORT TERM CORP	2,400,000	2,365,509
	MUTUAL FUNDS	TRANSAMERICA SHORT T	450,000	454,564
	MUTUAL FUNDS	MFS GROWTH FUND CL I	348,085	739,327
	MUTUAL FUNDS	GOLDMAN SACHS SMALL/	174,652	194,479
	MUTUAL FUNDS	JP MORGAN U.S. LARGE	255,854	241,650
	MUTUAL FUNDS	DAVIS GLOBAL FUND CL	453,501	514,191
	MUTUAL FUNDS	LORD ABBETT AFFILIAT	100,000	119,562
	MUTUAL FUNDS	LORD ABBETT SHORT DU	650,000	625,571
	MUTUAL FUNDS	AMERICAN GROWTH FUND	132,279	185,404
	MUTUAL FUNDS	BLACKROCK LOW DURATI	499,838	503,665