

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
---	---	---

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	1b Three-digit plan number (PN) ▶ <u>001</u> <u>BAKERY DRIVERS LOCAL 802 PENSION FUND</u>
	1c Effective date of plan <u>02/15/1956</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)	2b Employer Identification Number (EIN) <u>51-6112573</u> 2c Plan Sponsor's telephone number <u>516-378-2011</u> 2d Business code (see instructions) <u>484110</u>
<u>BOARD OF TRUSTEES BAKERY DRIVERS LOCAL 802 PENSION FUND</u> <u>2151 MARION PLACE</u> <u>BALDWIN, NY 11510-2957</u>	<u>2151 MARION PLACE</u> <u>BALDWIN, NY 11510-2957</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.	10/06/2022	GERARD FASANO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1502
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) 333 6a(2) 350 6b 682 6c 264 6d 1296 6e 198 6f 1494 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 6

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
---	---

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 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 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

▶ **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 BAKERY DRIVERS LOCAL 802 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 BAKERY DRIVERS LOCAL 802 PENSION FUND	D Employer Identification Number (EIN) 51-6112573

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

1a Enter the valuation date: Month 01 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	83412226
(2) Actuarial value of assets for funding standard account	1b(2)	80482729
c (1) Accrued liability for plan using immediate gain methods	1c(1)	126731587
(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)	126731587
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)	195642160
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	1066542
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	
(3) Expected plan disbursements for the plan year.....	1d(3)	9190271

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	09/28/2022
Signature of actuary	Date
VINCENT REGALBUTO	20-08116
Type or print name of actuary	Most recent enrollment number
O'SULLIVAN ASSOCIATES	856-795-7777
Firm name	Telephone number (including area code)
1236 BRACE ROAD, UNIT E, CHERRY HILL, NJ 08034	
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 ☐

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

Schedule MB (Form 5500) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	83412226
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	929	107793958
(2) For terminated vested participants	268	30321275
(3) For active participants:		
(a) Non-vested benefits.....		4137918
(b) Vested benefits.....		53389009
(c) Total active	333	57526927
(4) Total	1530	195642160
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	42.64 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2021	5199573				
07/01/2021	41581				
			Totals ▶	3(b)	5241154
				3(c)	
				3(d)	41581

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	63.5 %
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	C
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	2037

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	2.08 %
	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)	6P2015	6P2015	
(2) Females	6c(2)	6FP2015	6FP2015	
d Valuation liability interest rate	6d	6.00 %	6.00 %	
e Expense loading	6e	95.9 % ☐ 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	7.1 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.2 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-825669	-80201
4	-637439	-61917

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	21570592
b Employer's normal cost for plan year as of valuation date.....	9b	919190
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)	33175197
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	1638876
e Total charges. Add lines 9a through 9d.....	9e	28953477

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	
g	Employer contributions. Total from column (b) of line 3.....	9g	5241154
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	8496931
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	236338
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	49998130
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	96994240
(3)	FFL credit	9j(3)	
k	(1) Waived funding deficiency	9k(1)	
	(2) Other credits	9k(2)	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	7039534
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	21913943
9o	Current year's accumulated reconciliation account:		
(1)	Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	
(3)	Total as of valuation date	9o(3)	
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	21913943
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No	

SCHEDULE C (Form 5500) 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 BAKERY DRIVERS LOCAL 802 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 BAKERY DRIVERS LOCAL 802 PENSION FUND	D Employer Identification Number (EIN) 51-6112573	

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

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

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

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

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

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

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

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

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

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

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

MORGAN STANLEY SMITH BARNEY, LLC

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 27 33 49 50 64 72	NONE	185429	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CHRISTINA MADERICH

51-6112573

(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?
30 50	EMPLOYEE	61000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARBARA THOMPSON

51-6112573

(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?
30 50	EMPLOYEE	50066	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)

THERESA WALTERS

51-6112573

(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?
30 50	EMPLOYEE	46821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'SULLIVAN ASSOCIATES INC.

20-8199367

(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	42900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	40392	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)

ANDREW ADAMS

51-6112573

(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?
30 50	EMPLOYEE	40232	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KLEIN, ZELMAN, ROTHERMEL, JACOBS

13-2998136

(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	13666	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARY KANE PLLC

20-1942442

(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	LEGAL COUNSEL	12200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
--	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan BAKERY DRIVERS LOCAL 802 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 BAKERY DRIVERS LOCAL 802 PENSION FUND	D Employer Identification Number (EIN) 51-6112573	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	1006598	1057695
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	746916	726213
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	47122	50438
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	
(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)		
(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)	80890013	85162256
(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	1106402 1082094
f	Total assets (add all amounts in lines 1a through 1e)	1f	83797051 88078696
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	41429 62151
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	41429 62151
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	83755622 88016545

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)	5218221
	(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)	5218221
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)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	
(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)	1522199
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1522199
(3)	Rents	2b(3)	-857
(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)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	1628
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	1628

		(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)		7090273
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		13831464
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8850350	
(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)		8850350
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)	109158	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	175215	
(4) Other.....	2i(4)	435818	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		720191
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9570541
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4260923
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: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

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		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		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		X	
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 446832 _____.			

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 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 BAKERY DRIVERS LOCAL 802 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 BAKERY DRIVERS LOCAL 802 PENSION FUND	D Employer Identification Number (EIN) 51-6112573

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.)
----------------	---

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

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

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 **BIMBO BAKERIES USA, INC**

b EIN **75-2491201**

c Dollar amount contributed by employer **5076900**

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 **27** Year **2025**

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

(1) Contribution rate (in dollars and cents) **300.00**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

252

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

241

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

253

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

1.02

b The corresponding number for the second preceding plan year.....

15b

0.99

- 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

0

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: 51.0 % Investment-Grade Debt: 39.0 % High-Yield Debt: 0.0 % Real Estate: 5.0 % Other: 5.0 %

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 _____



BAKERY DRIVERS LOCAL 802 PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2021





BAKERY DRIVERS LOCAL 802 PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Supplemental Information	
Schedule of Assets (Held at End of Year)	17





INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Bakery Drivers Local 802 Pension Fund

Opinion

We have audited the accompanying financial statements of Bakery Drivers Local 802 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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





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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



Supplemental Schedule Required by ERISA

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

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

CalibreCPAGroup, PLLC

New York, NY
September 19, 2022



BAKERY DRIVERS LOCAL 802 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	2021	2020
Assets		
Investments, at fair value		
Mutual funds	<u>\$ 85,162,256</u>	<u>\$ 80,890,013</u>
Receivables		
Withdrawal liability	320,463	343,396
Employer contributions	405,750	403,520
Due from related parties	<u>50,438</u>	<u>47,122</u>
Total receivables	<u>776,651</u>	<u>794,038</u>
Property and equipment (net of accumulated depreciation of \$401,224 and \$363,546)	<u>1,076,943</u>	<u>1,102,272</u>
Cash	<u>1,057,695</u>	<u>1,006,598</u>
Prepaid expenses and other assets	<u>5,151</u>	<u>4,130</u>
Total assets	<u>88,078,696</u>	<u>83,797,051</u>
Liabilities		
Accounts payable and accrued expenses	<u>62,151</u>	<u>41,429</u>
Net assets available for benefits	<u><u>\$ 88,016,545</u></u>	<u><u>\$ 83,755,622</u></u>

See accompanying notes to financial statements.



BAKERY DRIVERS LOCAL 802 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 7,090,273	\$ 5,572,973
Interest and dividends	1,522,199	1,729,945
Other	1,628	367
	<u>8,614,100</u>	<u>7,303,285</u>
Less: investment expenses	<u>175,215</u>	<u>133,252</u>
Net investment income	8,438,885	7,170,033
Employer contributions	5,199,573	5,114,438
Withdrawal liability income	18,648	20,936
Net rental income (loss)	<u>(857)</u>	<u>(1,012)</u>
Total additions	<u>13,656,249</u>	<u>12,304,395</u>
Deductions		
Benefits paid to participants	8,850,350	8,879,489
Administrative expenses	<u>544,976</u>	<u>507,156</u>
Total deductions	<u>9,395,326</u>	<u>9,386,645</u>
Net change	4,260,923	2,917,750
Net assets available for benefits		
Beginning of year	<u>83,755,622</u>	<u>80,837,872</u>
End of year	<u>\$ 88,016,545</u>	<u>\$ 83,755,622</u>

See accompanying notes to financial statements.



BAKERY DRIVERS LOCAL 802 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

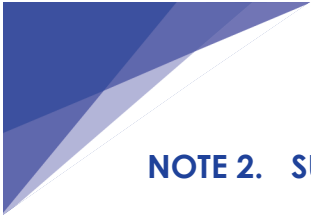
NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of Bakery Drivers Local 802 Pension Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer defined benefit pension plan established under the provisions of an Agreement and Declaration of Trust effective February 15, 1956, as amended, between Bakery Drivers Union Local 802 (the Union), affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America, and various employers primarily in the bakery industry, who are parties to Collective Bargaining Agreements (CBAs) requiring contributions to the Plan. The Union and the employers agreed to participate in the operation of a trust fund for the purpose of providing pension retirement benefits to eligible employees of employers who are members of the Union. The Plan is administered by a Board of Trustees (Trustees) consisting of union and employer representatives and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits - The Plan provides various forms of retirement pension benefits as well as survivor benefits to eligible participants and beneficiaries as defined in the Plan Document. These include normal pensions, service pensions, and disability pensions. These benefits are payable in the form of life annuities and joint and survivor annuities. The Plan requires (unless waived) participant and spousal benefits providing for actuarial reduced pensions to participants during their lifetime after which the surviving spouse receives 50% or 75% of the calculated benefit for life.

Funding Policy - Funding to provide the benefits is made through monthly contributions by participating employers on behalf of each covered employee as provided for in the applicable prevailing collective bargaining agreements with the Union. Funding is also provided through the collection of withdrawal liability obligations from former contributing employers. Contributions are also made by the Plan's sponsoring Union and other related benefit funds in their capacity as employers. The Plan is non-contributory for employees and is funded from contributions received from employers. The Plan's contributions for the years ended December 31, 2021 and 2020 did not meet the minimum funding requirements of ERISA. The Plan is operating under the terms of a rehabilitation plan as required by the Pension Protection Act of 2006 (PPA), as amended.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, revenue is recorded when earned and expenses are recorded as incurred, regardless of when cash is exchanged.

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

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines its valuation policies utilizing information provided by the investment managers and custodian.

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.

Contributions and Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. Therefore, an allowance for doubtful accounts is not considered necessary. Contributions due the Plan resulting from payroll audits of contributing employers are accrued at year end as Plan assets and additions to Plan assets only when collection in the subsequent period can be observed.

Withdrawal Liability Income and Receivable - The Plan records withdrawal liability receivables when entitlement has been determined, the amount is reasonably determinable, and the future collectability is evaluated. The Plan recorded withdrawal liability receivables of \$320,462 and \$343,396 at December 31, 2021 and 2020, respectively and an allowance for doubtful accounts of \$186,824 and \$205,472 at December 31, 2021 and 2020, respectively.

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related benefit funds in accordance with a time allocation study.

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

NOTE 3. ACTUARIAL INFORMATION

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered to contributing employers. Accumulated plan benefits include benefits expected to be paid to (a) pensioners or their beneficiaries, (b) inactive participants with rights to immediate or deferred pensions or their beneficiaries, and (c) active participants or their beneficiaries. Benefits under the Plan vary in amount, depending on the pension for which the participant qualifies, based on the number of pension credits or years of vesting service attained, the participant's age at retirement and the pension option selected.

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

The significant actuarial assumptions used in the valuation as of December 31, 2020 are as follows:

Mortality Rates:

Actives: RP-2014 Blue Collar Employee Sex Distinct Table, using scale MP-2020 improvement from year 2015.

Disabled: RP-2014 Disabled Retiree Sex Distinct Table using scale MP-2020 improvement from year 2015.

Retirees: RP-2014 Blue Collar Annuitant Sex Distinct Table using scale MP-2020 improvement from year 2015.

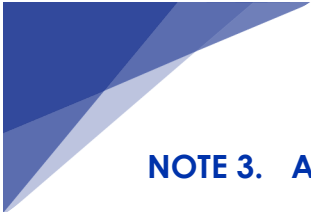
Retirement Rates for Actives:

Based on the following table except the rates are increased by 50% for participants the year they become eligible for the unreduced Thirty-Five Year Service Pension.

Age	% of Those Eligible Retiring	Age	% of Those Eligible Retiring
55	10	61	2
56	2	62	25
57	2	63	2
58	2	64	2
59	2	65+	100
60	25		

Withdrawal Rates:

Table T-8.



NOTE 3. ACTUARIAL INFORMATION (CONTINUED)

Administrative Expenses:	\$450,000 payable at the beginning of the year, increasing by 2% annually for four years, increasing annually by 1% after, including a 35% increase in PBGC premiums in 2031.
Net Investment Return:	6.00%, compounded annually.
Assumption Changes:	The mortality improvement scale was changed from MP-2019 to MP-2020 to conform to industry standard. The future annual expense assumption was updated to include the scheduled increase in PBGC premiums in 2031 as called for in the American Rescue Plan Act.

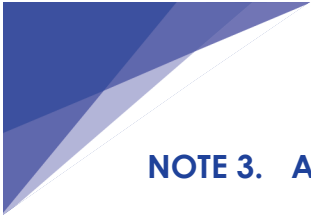
The foregoing actuarial assumptions are based on the presumption that the Plan will continue. In the event the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of December 31, 2020 is shown below:

Actuarial present value of vested accumulated plan benefits	
Participants currently receiving benefits	\$ 83,075,559
Other vested participants	<u>49,902,040</u>
Total vested accumulated plan benefits	132,977,599
Actuarial present value of nonvested accumulated plan benefits	<u>2,108,774</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 135,086,373</u></u>

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

Actuarial present value of accumulated plan benefits - January 1, 2020	<u>\$ 136,522,279</u>
Changes during year due to:	
Benefits accumulated and net gains	607,304
Benefits paid	(9,386,645)
Assumption changes	(581,518)
Interest	<u>7,924,953</u>
Net change	<u>(1,435,906)</u>
Actuarial present value of accumulated plan benefits - December 31, 2020	<u><u>\$ 135,086,373</u></u>



NOTE 3. ACTUARIAL INFORMATION (CONTINUED)

Since information on the accumulated plan benefits at December 31, 2021, and changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2021, and changes in its financial status for the year then ended. As permitted under accounting standards, the financial statements present the complete financial status of the Plan as of December 31, 2020.

Pension Protection Act Filings

For the years ended December 31, 2021 and 2020, the Plan was certified by its actuary to be in critical status (informally known as being in the red zone), within the meaning of the PPA. As required by the PPA, the Trustees adopted a rehabilitation plan designed to forestall insolvency and eventually emerge from critical status.

NOTE 4. FAIR VALUE MEASUREMENTS

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

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include: <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability; and• inputs that are derived principally from or corroborated by observable market data by correlation or other means. |

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation approaches used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan uses valuation approaches to measure fair value that are consistent with the market approach. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable securities.

NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)

Following are descriptions of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2021 and 2020.

Mutual funds - Valued at the daily closing price reported in the active market in which the funds are traded. The mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish its daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

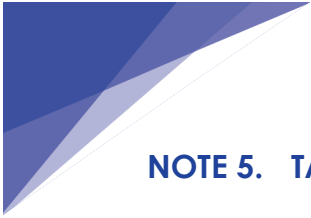
Description	Assets at Fair Value as of December 31, 2021			
	Total	Level 1	Level 2	Level 3
Mutual funds	<u>\$85,162,256</u>	<u>\$85,162,256</u>	<u>\$ -</u>	<u>\$ -</u>

Description	Assets at Fair Value as of December 31, 2020			
	Total	Level 1	Level 2	Level 3
Mutual funds	<u>\$80,890,013</u>	<u>\$80,890,013</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE 5. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by a determination letter dated January 19, 2016, that the Plan meets the requirements of Internal Revenue Code (IRC) Section 401(a) and is exempt from federal income taxes under IRC Section 501(a). The Plan has been amended since receiving the determination letter. However, the Trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax



NOTE 5. TAX STATUS (CONTINUED)

positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 the values of investment securities could be different at the reporting date and that such changes could materially affect the amounts reported in the financial statements.

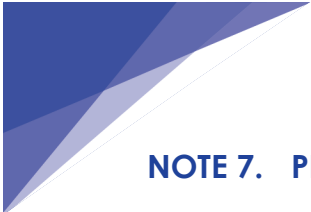
The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably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

The COVID-19 pandemic, whose effects first became known in January 2020, is having a broad and negative impact on commerce and financial markets around the world. The extent of the impact of the pandemic on the Plan's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak and its impacts on the Plan's contributing employers and participants, all of which, at present, cannot be determined. Accordingly, the extent to which the pandemic may impact the Plan's financial position is uncertain, and the accompanying financial statements include no adjustments relating to the effects of this pandemic.

NOTE 7. PLAN TERMINATION

Although they have not expressed any intention to do so, the Trustees reserve the right to terminate the Plan. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations.

The Pension Benefit Guaranty Corporation (PBGC) provides financial assistance to plans that become insolvent and guarantees certain benefits provided by insolvent plans. Generally, the PBGC guarantees a portion of vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years.



NOTE 7. PLAN TERMINATION (CONTINUED)

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency of the Plan's net assets to provide those benefits and the level and type of benefits guaranteed by the PBGC at that time.

NOTE 8. PROPERTY AND EQUIPMENT

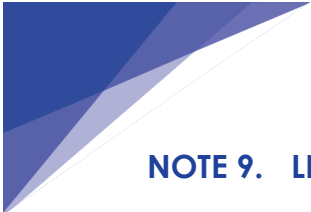
In April 2008, the Plan purchased a building in Baldwin, NY through its wholly-owned limited liability company Teamsters Local 802 LLC. The building is used to facilitate the Plan's operations and that of its affiliated Bakery Drivers Local 802 Welfare Fund, Teamsters Local 802 Annuity Fund, and Local 138 Pension Trust Fund (Affiliated Funds) and the Union. Property assets are carried at cost less accumulated depreciation as classified below:

	2021	2020
Depreciable asset classes		
Building	\$ 627,080	\$ 627,080
Building improvements	599,797	587,447
Land	199,305	199,305
Computer equipment	28,805	28,805
Furniture and equipment	23,181	23,181
	<u>1,478,168</u>	<u>1,465,818</u>
Less: accumulated depreciation	<u>401,225</u>	<u>363,546</u>
Property and equipment, net	<u><u>\$1,076,943</u></u>	<u><u>\$1,102,272</u></u>

Depreciation expense for the years ended December 31, 2021 and 2020, totaled \$37,678 and \$34,874, respectively.

NOTE 9. LEASE INCOME

The Plan leases office space at 2151 Marion Place, Baldwin, NY, to its affiliated funds and its sponsoring Union under operating leases. The Plan entered into a five-year lease agreement with its affiliated funds and sponsoring Union which expired December 31, 2020. The Plan entered into a new lease agreement with its affiliated funds and sponsoring Union effective January 1, 2021, through December 31, 2025. Rental income received by the Plan totaled \$112,509 and \$112,448 for the years ended December 31, 2021 and 2020, respectively. Future minimum lease payments due the Plan, inclusive of real estate taxes and operating expense escalations, are as follows on the next page:



NOTE 9. LEASE INCOME (CONTINUED)

Year Ended December 31,	Funds Amount *	Union Amount
2022	\$ 93,790	\$ 22,094
2023	96,603	22,756
2024	99,502	23,439
2025	102,487	24,142
Total future minimum lease income	<u>\$ 392,382</u>	<u>\$ 92,431</u>

*The Plan is responsible for its proportionate share of the rent.

NOTE 10. SIGNIFICANT CONTRIBUTING EMPLOYER

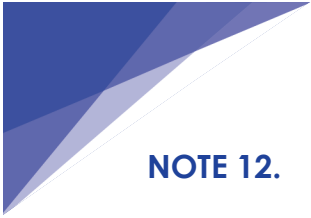
Contributions from one contributing employer accounted for approximately 98% and 97% of total employer contributions for the years ended December 31, 2021 and 2020, respectively.

NOTE 11. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan shares office space and administration with other related benefit funds. As part of a cost sharing arrangement, the Plan acts as paying agent for certain common administrative expenses. The related benefit funds reimburse the Plan for their allocable share of these common administrative expenses paid on their behalf, as determined by the Trustees under a cost sharing agreement. Allocable administrative expenses include payroll and payroll related costs, occupancy costs, as well as other administrative expenses.

Reimbursable administrative expenses paid by the affiliated funds for the years ended December 31, 2021 and 2020 totaled \$402,275 and \$463,696, respectively. Amounts due from the affiliated funds at December 31, 2021 and 2020 totaled \$50,438 and \$47,122 respectively. These amounts were subsequently reimbursed to the Plan.

As disclosed in Note 2, the Plan pays certain administrative, investment, and professional fees to various service providers. These transactions are considered exempt party-in-interest transactions under ERISA.



NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2021	2020
Net assets available for benefits per the financial statements	\$ 88,016,545	\$ 83,755,622
Fair market value adjustment for building property	<u>(158,040)</u>	<u>(177,608)</u>
Net assets available for benefits per the Form 5500	<u>\$ 87,858,505</u>	<u>\$ 83,578,014</u>

The following is a reconciliation of changes in net assets per the financial statements to Form 5500:

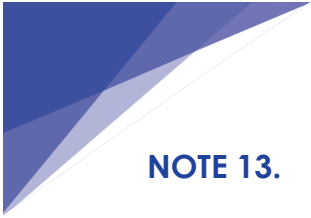
	2021	2020
Net change in net assets available for benefits per the financial statements	\$ 4,260,923	\$ 2,917,750
Add: unrealized gain on real estate	<u>19,568</u>	<u>70,683</u>
Net change in net assets available for benefits per Form 5500	<u>\$ 4,280,491</u>	<u>\$ 2,988,433</u>

NOTE 13. PARTICIPATION IN MULTIEMPLOYER PLAN

The Plan, on behalf of its office employees which it shares with the affiliated funds, contributes to a multiemployer defined benefit pension plan. The risks of participating in multiemployer plans are different from single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in these multiemployer plans, the Plan may be required to pay an amount, referred to as withdrawal liability, based on the unfunded status of the Plan. The Plan has no intention of stopping its participation in this multiemployer plan.

The Plan's participation in this Plan for the annual periods ended December 31, 2021 and 2020, is outlined in the table on the next page. The "EIN and Pension Plan Number" rows provide the Employer Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available in 2021 and 2020 is for the Plan's year end at December 31, 2021 and 2020, respectively. The zone status is based on information that the Plan received from the multiemployer plans and is certified by the Plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The FIP/RP Status row



NOTE 13. PARTICIPATION IN MULTIEMPLOYER PLAN (CONTINUED)

indicates plans for which a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. There have been no significant changes that affect the comparability of 2021 and 2020 contributions. Contributions reported below represent the Plan's proportionate share of the contributions made to this multiemployer plan.

Legal Name of Plan:	Bakery Drivers Local 802 Pension Fund
EIN:	51-6112573
Pension Plan Number:	001
PPA Zone Status:	
2021	Critical Status (Red Zone)
2020	Critical Status (Red Zone)
FIP/RP Status:	Implemented
Contributions:	
2021	\$31,532
2020	\$26,177
Surcharge Imposed:	No

NOTE 14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 19, 2022, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



7.6. Summary of Plan Provisions (Line 6)

Plan Year	January 1 through December 31						
Participant	After completion of 22 weeks of service in a Plan year.						
Vesting Service	One year of Vesting Service for each Calendar Year during the Contribution Period in which he completed at least 22 weeks of Covered Employment						
Pension Credit	One Pension Credit for each Calendar Year in which he worked at least 22 weeks in Covered Employment.						
Vesting	100% vesting after 5 years of vesting service.						
Break Year	Any calendar year with less than 11 weeks of Service in Covered Employment. Five consecutive break years results in a permanent break-in-service.						
Normal "Statutory"/ Early Pension:	<i>The Plan calls this provision "Statutory." It is the legal Normal Retirement benefit with all rights afforded to a Normal Retirement benefit.</i>						
Eligibility	Age 55 with at least 15 Pension Credits, or age 65 with at least 5 Vesting Credits						
Amount	For retirements on or after August 1, 2010 the accrued benefit is calculated by a multiplier times pension service up to a maximum of 33 1/3 years of service. Actuarially reduced from age 65.						
	<table> <tr> <th><u>For Service Earned</u></th><th><u>Unreduced Multiplier (at age 65)</u></th></tr> <tr> <td>Prior to August 1, 2011</td><td>\$ 69</td></tr> <tr> <td>After July 31, 2011</td><td>\$ 33</td></tr> </table>	<u>For Service Earned</u>	<u>Unreduced Multiplier (at age 65)</u>	Prior to August 1, 2011	\$ 69	After July 31, 2011	\$ 33
<u>For Service Earned</u>	<u>Unreduced Multiplier (at age 65)</u>						
Prior to August 1, 2011	\$ 69						
After July 31, 2011	\$ 33						
Normal Form	Payable for life with a minimum guarantee of 36 months.						
Regular "Normal"/Early Retirement:	<i>While Plan calls this provision "Normal" the legal Normal Retirement provision is described above. – see provision called "Statutory." This provision is an enhanced pension. This accrual rate compresses the same amount of benefit accrued over 33 1/3 years into 25 years. There is a potential violation of back loading limits by this provision.</i>						
Eligibility	Age 55 with at least 15 Pension Credits and has worked at least 22 weeks in Covered Employment within the two year period immediately prior to the Annuity Starting Date of Pension Benefits.						
Amount	For retirements on or after August 1, 2010 the accrued benefit is calculated by a multiplier times pension service up to a maximum of 25 years of service. Actuarially reduced from age 65 for retirements prior to age 65						

<u>For Service Earned</u>	<u>Multiplier</u>
Prior to August 1, 2011	\$ 92
After July 31, 2011	\$ 44

35 Year Service Pension:

Eligibility 35 Pension Credits

Amount For retirements on or after August 1, 2010 the accrued benefit is calculated by a multiplier times pension service up to a maximum of 35 years of service. Actuarially reduced from age 60.

<u>For Service Earned</u>	<u>Multiplier</u>
Prior to August 1, 2011	\$ 65.71
After July 31, 2011	\$ 31.43

30 Year Service Pension:

Eligibility 30 Pension Credits

Amount For retirements on or after August 1, 2010 the accrued benefit is calculated by a multiplier times pension service up to a maximum of 30 years of service. Actuarially reduced from age 60.

<u>For Service Earned</u>	<u>Multiplier</u>
Prior to August 1, 2011	\$ 57.50
After July 31, 2011	\$ 27.50

25 Year Service Pension:

Eligibility 25 Pension Credits

Amount For retirements on or after August 1, 2010 the accrued benefit is calculated by a multiplier times pension service up to a maximum of 25 years of service. Actuarially reduced from age 60.

<u>For Service Earned</u>	<u>Multiplier</u>
Prior to August 1, 2011	\$ 50.16
After July 31, 2011	\$ 24.00

Disability Pension:

Eligibility 15 Pension Credits

Amount \$10 for each Pension Credit to maximum of \$328, if a participant has 25 or more Pension Credits, the amount is equal to the 25-year service pension.

Pre-Retirement Death:
Surviving Spouse

Eligibility	Death of a vested participant with a surviving spouse of one year
Amount	The 50% husband and wife option
Start Date	When the participant would have attained earliest pension age (or immediately if already at such age)
Duration of Payment	For the life of the surviving spouse

Optional Form of Benefit: 50% J&S with Pop-Up
75% J&S

The Joint and Survivor Factors are as follows:

For Non-Disabled Participants

<u>J&S Survivor</u> <u>Percent</u>	<u>Same age</u> <u>Factor</u>	<u>Age</u> <u>Adjustment</u>
50%	89%	0.4%
75%	84%	0.5%

For Disabled Participants

<u>J&S Survivor</u> <u>Percent</u>	<u>Same age</u> <u>Factor</u>	<u>Age</u> <u>Adjustment</u>
50%	77.5%	0.4%
75%	75.0%	0.5%

For Pensioners retiring on a Statutory Pension

<u>J&S Survivor</u> <u>Percent</u>	<u>Same age</u> <u>Factor</u>	<u>Age</u> <u>Adjustment</u>
50%	88%	0.4%
75%	83%	0.5%

Suspension of Benefits A member's benefit is suspended while working over the hour threshold while in Disqualifying Employment.

Hours Threshold

- Under Normal Retirement Age: 40 hours
- Over Normal Retirement Age: 40 hours

Disqualifying Employment Any employment meeting the following criteria:

- The same industry covered by the plan at the effective date of the Employee's pension;
- The same professional trade or craft in which the effected

Employee worked at any time that was classed as Benefit Service for him;

Recalculation of Benefit

- The same geographic area covered by the Plan as when his benefits commenced.
- If the pension was first payable after Normal Retirement Age, resumption shall be at the same monthly amount.
- Otherwise the amount shall be determined as if it were then being determined for the first time, but on the basis of an adjusted age.

Recent Plan Changes

<u>Effective</u>	<u>Description</u>
1/1/2012	Reciprocal Agreements will no longer honored for new participants starting 2012
1/1/2011	Actives:

The benefit accruing after 2010 per month are as follows

<u>Pension Benefit</u>	<u>Future Accrual Rate</u>
Normal	\$ 44.00
35-Year Service	\$ 31.43
30-Year Service	\$ 27.50
25-Year Service	\$ 24.00
Statutory	\$ 33.00

Early retirement subsidies provided under the Early Retirement Pension are eliminated.

Early retirement subsidies provided under the Service Pensions are eliminated for retirements prior to the age of 60.

Terminated Vested:

Early retirement subsidies provided under the Early Retirement and Service Pensions are eliminated.

The Disability Pension is eliminated.

The 36-month benefit guarantee is eliminated.

The 50% Joint and Survivor option with "Pop Up" is eliminated.

Holdings

Cash, Deposits, Money Market Funds, and Certificates of Deposit

BANK DEPOSITS

Security Description	Account Number	Market Value
MORGAN STANLEY BANK N.A.		\$101,705.53
MORGAN STANLEY PRIVATE BANK NA		0.19
Total Bank Deposits		\$101,705.72

	Percentage of Assets	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)	Accrued Income
Total Cash, Deposits, Money Market Funds and Certificates of Deposit	0.12%	\$0.00	\$0.00	\$101,705.72	\$0.00	\$0.00	\$0.00

Mutual Funds

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
BLACKROCK CORE BOND PTF I (BFMCX)	232-118233-349	410,821.643	\$9.770	\$4,100,000.00	\$4,099,012.86	\$4,013,727.45	\$(86,272.55)	\$(85,285.41)
Purchases		410,821.643		4,100,000.00	4,099,012.86	4,013,727.45	(86,272.55)	(85,285.41)
Short Term Reinvestments		7,620.107		75,043.22	76,030.36	74,448.45	(594.77)	(1,581.91)
Total		418,441.750		4,175,043.22	4,175,043.22	4,088,175.90	(86,867.32)	(86,867.32)
Total Purchases vs Market Value				4,100,000.00		4,088,175.90		
Net Value Increase/(Decrease)						(11,824.10)		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref</i>								
BLACKROCK INFLAT PROT BOND I (BPRIX)	232-118233-349	138,404.786	11.820	1,462,096.61	1,648,347.16	1,635,944.58	173,847.97	(12,402.58)
Purchases		138,404.786		1,462,096.61	1,648,347.16	1,635,944.58	173,847.97	(12,402.58)
Long Term Reinvestments		336.034		3,984.88	4,002.03	3,971.92	(12.96)	(30.11)
Short Term Reinvestments		8,007.078		95,307.21	95,361.18	94,643.66	(663.55)	(717.52)
Total		146,747.898		1,561,388.70	1,747,710.38	1,734,560.15	173,171.46	(13,150.23)
Total Purchases vs Market Value				1,462,096.61		1,734,560.15		
Net Value Increase/(Decrease)						272,463.54		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref</i>								

CONTINUED

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.



Holdings

Mutual Funds (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
COHEN & STEERS PREF SEC&INC I (CPXIX)		284,920.083	14.110	4,100,000.00	4,098,251.32	4,020,222.38	(79,777.62)	(78,028.94)
Purchases		284,920.083		4,100,000.00	4,098,251.32	4,020,222.38	(79,777.62)	(78,028.94)
Short Term Reinvestments		14,657.332		209,080.37	210,829.05	206,814.95	(2,265.42)	(4,014.10)
Total		299,577.415		4,309,080.37	4,309,080.37	4,227,037.33	(82,043.04)	(82,043.04)
Total Purchases vs Market Value				4,100,000.00		4,227,037.33		
Net Value Increase/(Decrease)						127,037.33		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref</i>								
FIDELITY INF-PROC INDEX BOND (FIPDX)		212,841.849	11.160	2,152,877.34	2,350,357.33	2,375,315.05	222,437.71	24,957.72
Purchases		212,841.849		2,152,877.34	2,350,357.33	2,375,315.05	222,437.71	24,957.72
Long Term Reinvestments		2,151.850		23,671.24	23,762.32	24,014.65	343.41	252.33
Short Term Reinvestments		10,292.882		114,250.84	113,661.63	114,868.56	617.72	1,206.93
Total		225,286.581		2,290,799.42	2,487,781.28	2,514,198.24	223,398.84	26,416.96
Total Purchases vs Market Value				2,152,877.34		2,514,198.24		
Net Value Increase/(Decrease)						361,320.90		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref</i>								
INVESCO TREASURY PTF INSTL (TRPXX)		7,787,990.990	1.000	N/A	7,787,990.99	7,787,990.99	N/A	0.00
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Cash</i>								
MAINSTAY MCKAY CONVERTIBLE I (MCNVX)		155,388.126	20.520	2,733,287.17	3,497,832.46	3,188,564.34	455,277.17	(309,268.12)
Purchases		155,388.126		2,733,287.17	3,497,832.46	3,188,564.34	455,277.17	(309,268.12)
Long Term Reinvestments		15,241.302		338,052.09	343,086.19	312,751.52	(25,300.57)	(30,334.67)
Short Term Reinvestments		41,012.387		822,579.77	923,200.90	841,574.18	18,994.41	(81,626.72)
Total		211,641.815		3,893,919.03	4,764,119.56	4,342,890.04	448,971.01	(421,229.52)
Total Purchases vs Market Value				2,733,287.17		4,342,890.04		
Net Value Increase/(Decrease)						1,609,602.87		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities</i>								
PIMCO REAL RETURN INST (PRRIX)		165,997.550	12.320	1,822,489.20	2,036,904.88	2,045,089.80	222,600.60	8,184.92
Purchases		165,997.550		1,822,489.20	2,036,904.88	2,045,089.80	222,600.60	8,184.92
Long Term Reinvestments		2,343.703		28,692.11	28,758.86	28,874.42	182.31	115.56
Short Term Reinvestments		7,270.480		89,330.39	89,213.82	89,572.31	241.92	358.49
Total		175,611.733		1,940,511.70	2,154,877.56	2,163,536.55	223,024.83	8,658.99
Total Purchases vs Market Value				1,822,489.20		2,163,536.55		
Net Value Increase/(Decrease)						341,047.35		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref</i>								

CONTINUED

Holdings

Mutual Funds (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
VANGUARD DEVELOPED MKT IDX ADM (VTMGX)		262,950.605	16.440	3,450,959.78	4,012,281.57	4,322,907.94	871,948.16	310,626.37
Purchases		262,950.605		3,450,959.78	4,012,281.57	4,322,907.94	871,948.16	310,626.37
Long Term Reinvestments		2,519.734		37,947.20	38,447.84	41,424.43	3,477.23	2,976.59
Short Term Reinvestments		8,953.733		144,660.23	136,622.23	147,199.37	2,539.14	10,577.14
Total		274,424.072		3,633,567.21	4,187,351.64	4,511,531.74	877,964.53	324,180.10
Total Purchases vs Market Value				3,450,959.78		4,511,531.74		
Net Value Increase/(Decrease)						1,060,571.96		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities</i>								
VANGUARD GROWTH INDEX ADM (VIGAX)		36,628.628	165.150	3,060,309.93	4,781,983.56	6,049,217.92	2,988,907.99	1,267,234.36
Purchases		36,628.628		3,060,309.93	4,781,983.56	6,049,217.92	2,988,907.99	1,267,234.36
Long Term Reinvestments		82.484		10,618.15	10,768.55	13,622.23	3,004.08	2,853.68
Short Term Reinvestments		218.771		32,202.89	28,561.25	36,130.03	3,927.14	7,568.78
Total		36,929.883		3,103,130.97	4,821,313.36	6,098,970.18	2,995,839.21	1,277,656.82
Total Purchases vs Market Value				3,060,309.93		6,098,970.18		
Net Value Increase/(Decrease)						3,038,660.25		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities</i>								
VANGUARD MID CAP INDEX ADM (VIMAX)		11,676.679	315.460	2,148,716.13	2,999,167.47	3,683,525.15	1,534,809.02	684,357.68
Purchases		11,676.679		2,148,716.13	2,999,167.47	3,683,525.15	1,534,809.02	684,357.68
Long Term Reinvestments		52.692		13,485.40	13,534.00	16,622.22	3,136.82	3,088.22
Short Term Reinvestments		140.648		41,416.34	36,125.59	44,368.82	2,952.48	8,243.23
Total		11,870.019		2,203,617.87	3,048,827.06	3,744,516.19	1,540,898.32	695,689.13
Total Purchases vs Market Value				2,148,716.13		3,744,516.19		
Net Value Increase/(Decrease)						1,595,800.06		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities</i>								
VANGUARD REIT INDEX ADMIRAL (VGSLX)		30,590.413	164.270	3,738,752.52	3,705,490.67	5,025,087.17	1,286,334.65	1,319,596.50
Purchases		30,590.413		3,738,752.52	3,705,490.67	5,025,087.17	1,286,334.65	1,319,596.50
Long Term Reinvestments		522.202		61,515.43	63,255.59	85,782.12	24,266.69	22,526.53
Short Term Reinvestments		922.403		135,545.96	111,732.91	151,523.14	15,977.18	39,790.23
Total		32,035.018		3,935,813.91	3,880,479.17	5,262,392.41	1,326,578.52	1,381,913.24
Total Purchases vs Market Value				3,738,752.52		5,262,392.41		
Net Value Increase/(Decrease)						1,523,639.89		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Alt</i>								

CONTINUED



Holdings

Mutual Funds (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
VANGUARD SH TM FEDERAL ADM (VSGDX)		1,133,658.126	10.790	12,235,764.56	12,479,385.40	12,232,171.18	(3,593.38)	(247,214.22)
Purchases		1,133,658.126		12,235,764.56	12,479,385.40	12,232,171.18	(3,593.38)	(247,214.22)
Long Term Reinvestments		6,630.917		73,009.92	72,993.58	71,547.59	(1,462.33)	(1,445.99)
Short Term Reinvestments		17,429.456		189,651.50	191,864.63	188,063.83	(1,587.67)	(3,800.80)
Total		1,157,718.499		12,498,425.98	12,744,243.61	12,491,782.60	(6,643.38)	(252,461.01)
Total Purchases vs Market Value				12,235,764.56		12,491,782.60		
Net Value Increase/(Decrease)						256,018.04		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref</i>								
VANGUARD SH TM TSY ADM (VFIRX)		475,284.417	10.620	5,156,487.54	5,118,669.32	5,047,520.53	(108,967.01)	(71,148.79)
Purchases		475,284.417		5,156,487.54	5,118,669.32	5,047,520.53	(108,967.01)	(71,148.79)
Long Term Reinvestments		20,187.981		217,438.31	217,418.45	214,396.36	(3,041.95)	(3,022.09)
Short Term Reinvestments		3,181.811		34,117.19	34,267.14	33,790.83	(326.36)	(476.31)
Total		498,654.209		5,408,043.04	5,370,354.91	5,295,707.70	(112,335.32)	(74,647.21)
Total Purchases vs Market Value				5,156,487.54		5,295,707.70		
Net Value Increase/(Decrease)						139,220.16		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref</i>								
VANGUARD SMALL CAP INDX ADM (VSMAX)		31,750.830	108.370	2,354,870.31	2,964,763.59	3,440,837.45	1,085,967.14	476,073.86
Purchases		31,750.830		2,354,870.31	2,964,763.59	3,440,837.45	1,085,967.14	476,073.86
Long Term Reinvestments		144.722		13,589.36	13,513.55	15,683.52	2,094.16	2,169.97
Short Term Reinvestments		406.293		42,911.77	37,937.99	44,029.97	1,118.20	6,091.98
Total		32,301.845		2,411,371.44	3,016,215.13	3,500,550.94	1,089,179.50	484,335.81
Total Purchases vs Market Value				2,354,870.31		3,500,550.94		
Net Value Increase/(Decrease)						1,145,680.63		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities</i>								
VANGUARD VALUE INDEX ADM (VVIAX)		113,232.588	57.380	4,417,747.02	5,273,322.95	6,497,285.89	2,079,538.87	1,223,962.94
Purchases		113,232.588		4,417,747.02	5,273,322.95	6,497,285.89	2,079,538.87	1,223,962.94
Long Term Reinvestments		761.002		34,739.76	35,440.41	43,666.29	8,926.53	8,225.88
Short Term Reinvestments		2,634.444		141,008.80	122,687.95	151,164.40	10,155.60	28,476.45
Total		116,628.034		4,593,495.58	5,431,451.31	6,692,116.59	2,098,621.00	1,260,665.28
Total Purchases vs Market Value				4,417,747.02		6,692,116.59		
Net Value Increase/(Decrease)						2,274,369.57		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities</i>								

CONTINUED

Holdings

Mutual Funds (CONTINUED)

Security Description	Account Number	Quantity	Share Price	Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
VANGUARD 500 INDX ADMIRAL (VFIA)		14,540.865	439.830	3,840,638.64	5,049,075.03	6,395,508.65	2,554,870.01	1,346,433.62
Purchases		14,540.865		3,840,638.64	5,049,075.03	6,395,508.65	2,554,870.01	1,346,433.62
Long Term Reinvestments		63.050		21,487.50	21,893.07	27,731.28	6,243.78	5,838.21
Short Term Reinvestments		211.763		83,598.14	73,531.20	93,139.72	9,541.58	19,608.52
Total		14,815.678		3,945,724.28	5,144,499.30	6,516,379.65	2,570,655.37	1,371,880.35
Total Purchases vs Market Value				3,840,638.64		6,516,379.65		
Net Value Increase/(Decrease)						2,675,741.01		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: Equities</i>								
WESTERN ASSET CORE BD I (WATFX)	232-118233-349	306,427.504	13.090	4,100,000.00	4,098,933.62	4,011,136.03	(88,863.97)	(87,797.59)
Purchases		306,427.504		4,100,000.00	4,098,933.62	4,011,136.03	(88,863.97)	(87,797.59)
Short Term Reinvestments		5,888.231		77,697.66	78,764.04	77,076.94	(620.72)	(1,687.10)
Total		312,315.735		4,177,697.66	4,177,697.66	4,088,212.97	(89,484.69)	(89,484.69)
Total Purchases vs Market Value				4,100,000.00		4,088,212.97		
Net Value Increase/(Decrease)						(11,787.03)		
<i>Enrolled In MS Dividend Reinvestment; Capital Gains Reinvest; Asset Class: FI & Pref</i>								
		Percentage of Assets		Original Total Cost	Carrying Value	Market Value	Unrealized Gain/(Loss)	5500 Unrealized Gain/(Loss)
Total Mutual Funds		99.88%		\$64,081,630.38	\$79,249,036.51	\$85,060,550.17	\$13,190,928.84	\$5,811,513.66

Additional information and disclosures about this report and the information contained herein can be found in the section entitled Messages at the end of this report.

7.9. Schedule of Active Participant Data (Line 8b(2))

Age	0-1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	-	5	-	-	-	-	-	-	-	-	5
25-29	-	20	-	-	-	-	-	-	-	-	20
30-34	-	14	4	-	-	-	-	-	-	-	18
35-39	-	20	-	2	2	-	-	-	-	-	24
40-44	-	13	1	3	2	4	-	-	-	-	23
45-49	-	13	2	3	8	13	1	-	-	-	40
50-54	-	5	6	3	6	16	8	1	-	-	45
55-59	-	9	1	5	8	20	21	13	-	-	77
60-64	-	1	3	-	10	20	14	12	7	1	68
65+	-	-	-	1	2	3	1	3	2	1	13
Unknown	-	-	-	-	-	-	-	-	-	-	-
Total	-	100	17	17	38	76	45	29	9	2	333

Zone Certification
as of January 1, 2021
for
Bakery Drivers Local 802 Pension Fund
EIN: 51-6112573 / PN: 001

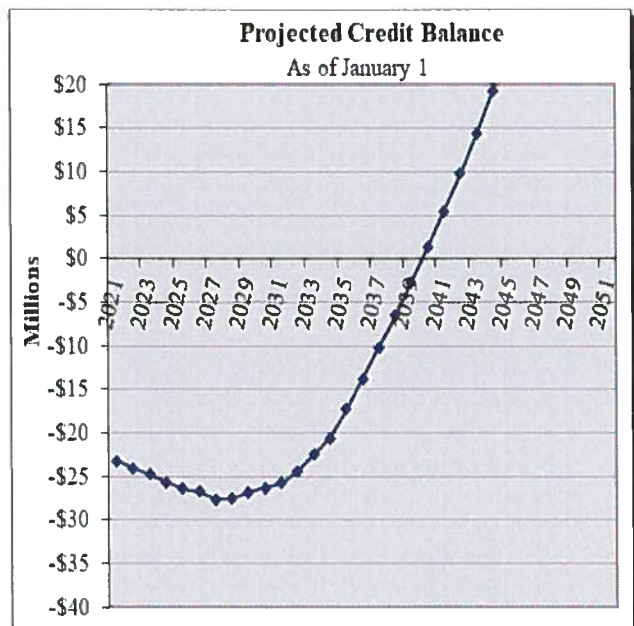
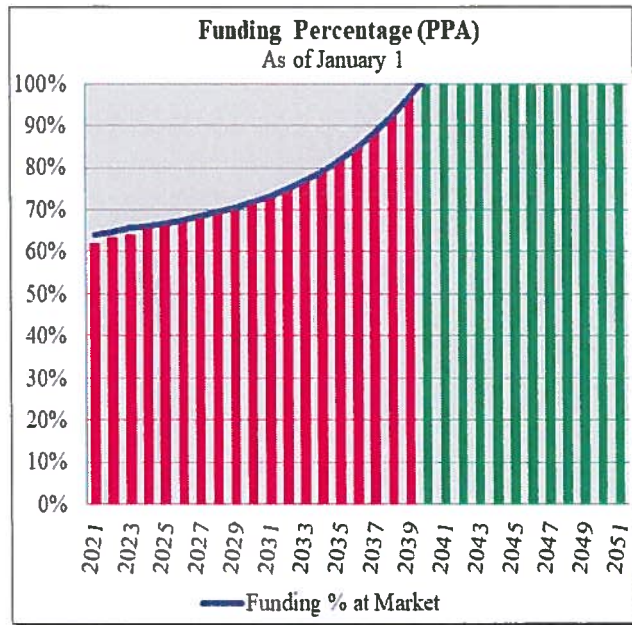
Initial Critical Zone Certification: January 1, 2008
Adoption Period: 03/30/2008 – 12/31/2010
Rehabilitation Period: 01/01/2011 – 12/31/2020
Initial Critical Zone Certification January 1, 2011

Based on the following actuarial measures, the Plan is classified as “Critical” (a Red Zone category) as per the Multiemployer Pension Reform Act of 2014 (MEPRA).

- The Plan has not passed the “Emergence Test.” The Plan is projected to have a funding deficiency within the nine years succeeding the current Plan year.

The Plan has taken reasonable measures to improve its funding status as called for by IRC §432(e)(3)(A)(ii). As demonstrated in our graphs below, the Plan is projected to eventually become 100% funded, and its credit balance is expected to eventually become positive, therefore meeting the funding benchmarks of the PPA.

Based upon the provisions of IRC §432(e)(3)(A)(ii), the Plan is making required progress in its Rehabilitation Plan.



This certification was prepared on behalf of the Bakery Drivers Local 802 Pension Fund based on employee data, asset statements and plan documents provided by the Plan Sponsor or its representatives. We relied upon the data as submitted, without formal audit. However, the data was tested for reasonableness, and we have no reason to believe that any other information which would have had a material effect on the results of this valuation was overlooked.

Therefore, to the best of our knowledge and belief, the information presented in this certification is complete and accurate, and each assumption used represents our best estimate of anticipated experience under the Plan.

The assumptions used are those used in the December 31, 2019 actuarial valuation including a 6.0% interest rate assumption.

Certified by:



Vincent Regalbuto, ASA, MAAA, EA
Enrolled Actuary No.: 20-8116
1236 Brace Rd. Unit E
Cherry Hill, NJ 08034
Phone (856) 795-7777

March 31, 2021

On Behalf of Plan Sponsor:

Board of Trustees
Bakery Drivers Local 802 Pension Fund
2151 Marion Place
North Baldwin, NY 11510
Phone (516) 377-7700

cc: Secretary of the Treasury- EPCU@irs.gov

Zone Certification
as of January 1, 2021
for
Bakery Drivers Local 802 Pension Fund
EIN: 51-6112573

The Pension Protection Act of 2006 ("PPA") added special rules that define funding zones. A plan is first tested for the worst funding zone, and then successively better zones.

	Test Met?
I. Critical & Declining Status: (if Plan meets test 1 & 2, or 1 & 3)	FALSE
1. The Plan meets the Critical Status criteria below.	TRUE
2. The Plan is projected to go insolvent in the current or next 14 years.	FALSE
3. The Plan is projected to go insolvent in the current or next 19 years, and have a funding percentage below 80% or have a ratio of active to inactive in excess of 2 to 1.	FALSE
II. Critical Status—The Plan will be certified as Critical if it meets any one of the five following tests:	TRUE
1. The Plan has a funded ratio of less than 65%, and the value of Plan assets plus projected contributions is less than the value of projected Plan benefits and expenses to be paid for the current and six succeeding plan years.	FALSE
2. The Plan has a funded ratio of less than 65%, and is projected to have an accumulated funding deficiency for the current year or in any of the four succeeding plan years.	TRUE
3. The Plan is projected to have an accumulated funding deficiency for the current plan year or in any of the three succeeding plan years.	TRUE
4. Normal cost plus interest on the unfunded liabilities exceeds contributions, the present value of the vested benefits of inactive employees exceeds the present value of vested benefits of active employees, and the Plan is projected to have an accumulated funded deficiency for the current plan year or in any of the four succeeding plan years.	FALSE
5. The Value of Plan assets plus projected contributions is less than the value of projected benefits and expenses to be paid for the current and four succeeding plan years.	FALSE
6. The Plan was in Critical Status last year and fails the Emergence Test	TRUE
III. Seriously Endangered Status— Meets both Endangered criterion	TRUE
IV. Endangered Status— Meets either test	TRUE
1. The ratio of assets to liabilities is less than 80% on the first day of the plan year.	TRUE
2. The Plan is projected to have an accumulated funding deficiency for the current plan year or in any of the six succeeding plan years.	TRUE
As per the criteria above the Plan is certified as:.....	Critical

7. Government (5500) Reporting

7.1. Illustration Supporting Actuarial Certification of Status (Line 4b)

Based on the following actuarial measures, the Plan is classified as “Critical” (Red Zone) as per the Pension Protection Act.

- The Plan has a funded ratio of less than 65%, and is projected to have an accumulated funding deficiency for the current year or in any of the four succeeding plan years.
- The Plan is projected to have an accumulated funding deficiency for the current plan year or in any of the three succeeding plan years.
- The Value of Plan assets plus projected contributions is less than the value of projected benefits and expenses to be paid for the current and four succeeding plan years.

Below is a ten year projection of the Plan’s Funded Percentage and Credit Balance supporting the Actuarial Certification.

As of Jan. 1	Funded %	Credit Balance
2021	63.5%	\$ (21,570,592)
2022	65.0%	(22,171,257)
2023	66.1%	(22,713,806)
2024	68.0%	(23,459,502)
2025	69.3%	(23,911,177)
2026	70.3%	(24,033,286)
2027	71.4%	(24,639,681)
2028	72.7%	(24,284,552)
2029	74.1%	(23,290,375)
2030	75.7%	(22,512,754)

Schedule MB (2021) Line 3 –
Withdrawal Liability Amounts

Bakery Drivers Local 802 Pension Plan
EIN: 51-6112573 PN: 001

<u>Employer</u>	<u>Date Of Payment</u>	<u>Amount Paid</u>
Resiman	1/1/2021	\$2,374.00
	4/1/2021	\$2,374.00
	7/1/2021	\$2,374.00
	10/1/2021	\$2,374.00
Morrison Pastry Corp.	1/1/2021	\$2,288.00
	4/1/2021	\$2,288.00
	7/1/2021	\$2,288.00
	10/1/2021	\$2,288.00
Operative Cake	1/1/2021	\$5,733.00
	4/1/2021	\$5,733.00
	7/1/2021	\$5,733.00
	10/1/2021	<u>\$5,733.00</u>
	Total	\$ 41,581.00

7.10. Schedule of Funding Standard Account Bases (Lines 9c and 9h)
Amortization Charges as of 1/1/2021

Year Established	Base Type	Outstanding Balance	Years Remaining	Amortization Amount
2009	Experience Loss	512,877	3	181,012
2010	Experience Loss	1,229,065	4	334,620
2011	Experience Loss	1,272,683	5	285,029
2012	Experience Loss	1,482,066	6	284,337
2012	Assumption Change	3,391,764	6	650,715
2013	Experience Loss	3,411,061	7	576,453
2015	Experience Loss	63,039	9	8,744
2015	Assumption Change	186,939	9	25,928
2016	Experience Loss	714,191	10	91,543
2016	Assumption Change	5,180,788	10	664,060
2017	Experience Loss	298,448	11	35,699
2017	Assumption Change	3,327,933	11	398,074
2019	Experience Loss	2,102,806	13	224,088
2019	Assumption Change	9,743,576	13	1,038,335
2020	Experience Loss	257,961	14	26,182
Total Charges		\$ 33,175,197		\$ 4,824,819

Amortization Credits as of 1/1/2021

Year Established	Base Type	Outstanding Balance	Years Remaining	Amortization Amount
2008	Gain	\$ (399,670)	2	\$ (205,655)
2009	Plan Amendment	(167,358)	3	(56,216)
2011	Method Change	(2,673,416)	5	(598,735)
2011	Plan Amendment - RP	(637,053)	5	(142,674)
2014	Assumption Change	(1,671,586)	8	(253,949)
2014	Experience Gain	(10,884)	8	(1,654)
2018	Experience Gain	(1,038,237)	12	(116,828)
2020	Assumption Change	(435,619)	14	(44,213)
2021	Experience Gain	(825,669)	15	(80,201)
2021	Assumption Change	(637,439)	15	(61,917)
Total Credits		\$ (8,496,931)		\$ (1,562,042)
Net Charge/(Credit)		\$ 24,678,266		\$ 3,262,777

7.5. Justification for Change in Actuarial Assumptions (Line 11)

The following assumptions were changed from the previous valuation to better reflect anticipated Plan experience or conform to new industry standard.

- The Mortality Improvement Scale was changed from MP-2019 to MP-2020 to conform to new industry standard.
- Future Employment Assumption increased from 16,300 units to 16,600 units annually.
- The future annual expense assumption was updated to include the scheduled increase in
- PBGC premiums in 2031 as called for the in the American Rescue Plan Act.

7.4. Statement of Actuarial Assumptions/Methods (Line 6)

These are the assumptions used for the ongoing valuation calculations, unless otherwise noted.

Measurement Date December 31, 2020

Mortality Actives: RP- 2014 Blue Collar Employee Sex Distinct Table
 Disabled: RP- 2014 Disabled Retiree Sex Distinct Table
 Retirees: RP- 2014 Blue Collar Annuitant Sex Distinct Table,

All tables us Scale MP-2020 improvement from year 2015.

Withdrawal Table T-8

Disability Sample rates as follows:

<u>Age</u>	<u>Rate</u>
25	0.03%
30	0.03%
35	0.03%
40	0.05%
45	0.09%
50	0.20%
55	0.43%
60	0.87%

Retirement Age
 Actives

Based on the following table except the rates are increased by 50% for participants the year they become eligible for the unreduced Thirty-Five Year Service Pension.

% of Those Eligible		% of Those Eligible	
<u>Age</u>	<u>Retiring</u>	<u>Age</u>	<u>Retiring</u>
55	10%	61	2%
56	2	62	25
57	2	63	2
58	2	64	2
59	2	65+	100
60	25		

Inactive Vested Age 65

Future
 Employment 16,650 total employment units annually.

Definition of Active Any participant completed at least 22 weeks of service in covered employment in the most recent plan year, excluded those who have retired as of the valuation date.

Exclusion of Inactive
 Vested Inactive participants over the age of 70 are excluded from the valuation.

Percent Married	
Male	75%
Female	80%
Age of Spouse	Females are 3 years younger than their spouses.
Optional Form Election	100% of participants elect Life with 36 months guaranteed.
Net Investment Return	6.00%
Administrative Expenses	\$450,000 payable at the beginning of the year, increasing by 2% annually for four years, increasing annually by 1% after, including a 35% increase in PBGC premiums in 2031.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last four years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized over a four year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Unit Credit
<u>Assumption Changes</u>	
Mortality	The Mortality Improvement Scale was changed from MP-2019 to MP-2020 to conform to new industry standard.
Future Employment	Increased from 16,300 weeks to 16,650 to better reflect expected plan experience
Administrative Expenses	The future annual expense assumption was update to include the scheduled increase in PBGC premiums in 2031 as called for the in the American Rescue Plan Act.
<u>RPA '94 Current Liability Assumptions</u>	
Interest	2.08%, last year 2.95% was used
Mortality	As per IRS Regulation §1.430(h)(3)-1

Rationale for Assumptions

Demographic	The demographic rates utilized are standard tables that approximate recent historical demographic experience, and adjusted to reflect anticipated future experience and professional judgment. A comparison of actual vs. expected decrements, and aggregate liability gain/loss analysis were used to validate the demographic assumptions.
Administrative Expense and Employment	The Administrative Expense and Employment assumptions approximate recent historical experience, and adjusted to reflect anticipated future experience and professional judgment. When appropriate we include the expectations of Trustees and co-professionals for these assumptions.
Investment Return	The investment return assumption is a long-term estimate that is based on historical experience, future market expectations, and professional judgment. We have utilized the investment manager's capital market expectations, and have compared those expectations with a broader market survey.

BAKERY DRIVERS LOCAL 802 PENSION FUND

Rehabilitation Plan Schedules

DEFAULT SCHEDULE

Affected Participants

Subject to any notice required by law, the benefit changes described in this Default Schedule apply to participants retiring or terminating employment after the date the Default Schedule is adopted by, or imposed upon, their employer. Participants who retired on or after October 1, 2009 from Covered Employment with an employer to whom the Default Schedule is subsequently applicable, but prior to the adoption or imposition of the Default Schedule, shall have their benefits adjusted prospectively based on the terms of the Default Schedule. In addition, the benefit changes described in this Default Schedule apply to participants who left or leave employment with a right to a deferred vested benefit before their employer adopts a collective bargaining agreement consistent with the provisions of the Rehabilitation Plan and who retire on or after October 1, 2009.

Benefit Changes*

1. **The benefit accrual rate under the Normal pension is reduced from \$92 to \$22 per pension credit.** Proportionate reductions are also made to the future benefit accruals for the 35-Year Service pension, 30-Year Service pension and 25-Year Service pension as follows:

	Monthly Accrual Rate	Maximum Accrual
35-Year Service pension	\$15.71	\$550.00
30-Year Service pension	\$13.75	\$412.50
25-Year Service pension	\$12.00	\$300.00

2. **Early Retirement subsidies provided under the Early Retirement pension, 35-Year Service pension, 30-Year Service pension and 25-Year Service pension are eliminated.** All retirement benefits payable prior to age 65 are equal to the actuarial equivalent of the accrued benefit payable at age 65.
3. **The Disability pension is eliminated.** Participants becoming disabled will be eligible for a deferred vested pension (i.e., Statutory pension).

4. **36-month benefit guarantee is eliminated.** Under the current plan, if a participant receiving a pension benefit dies before receiving 36 months of payments, the remainder of the 36-month period is paid to his named beneficiary. This guarantee is eliminated.
5. **50% Joint-and-Survivor option with Popup feature is eliminated.**
6. The plan of benefits may be amended for any further benefit changes required for the Fund to continue meeting the requirements to maintain its tax qualification under the Internal Revenue Code and comply with other applicable law.

DEFAULT SCHEDULE

Contributions

Effective Date	Alternative Contribution Rate Increases	
Year	Weekly Rate	Weekly Rate
1	\$95	\$95
2	117	110
3	139	125
4	161	150
5	183	175
6	205	200
7	227	225
8	249	250
9	271	275
10	293	300
11	315	325
12	337	350
13	359	375
14	381	400
15	403	425
16	425	450
17	447	475
18	469	500
19	491	525

*Proportionate reduction and early commencement actuarial reduction applies to Statutory Pension.

Revised: 2010

PREFERRED SCHEDULE

Affected Participants

Subject to any notice required by law, the benefit changes described in this Preferred Schedule apply to participants retiring or terminating employment after the date the Preferred Schedule is adopted by the collective bargaining parties. Participants who retired on or after October 1, 2009 from Covered Employment with an employer that subsequently adopts the Preferred Schedule, but prior to the adoption of the Preferred Schedule, will have their benefits adjusted prospectively based on the terms of the Preferred Schedule.

Benefit Changes*

1. The future benefit accrual rate under the Normal pension is reduced from \$92 to \$44 per pension credit. Proportionate reductions are also made to the future benefit accruals for the 35-Year Service pension, 30-Year Service pension and 25-Year Service pension as follows:

	Monthly Accrual Rate	Maximum Accrual
35-Year Service pension	\$31.43	\$1,100.00
30-Year Service pension	\$27.50	\$825.00
25-Year Service pension	\$24.00	\$600.00

2. Early Retirement subsidies provided under the Early Retirement pension are eliminated. All early retirement benefits payable prior to age 65 are equal to the actuarial equivalent of the accrued benefit payable at age 65.
3. Early Retirement subsidies provided under the 35-Year Service pension, 30-Year Service pension and 25-Year Service pension are eliminated for retirement prior to age 60. Service pensions payable prior to age 60 are equal to the actuarial equivalent of the accrued benefit payable at age 60. Service pensions payable on or after age 60 are not reduced.

4. The plan of benefits may be amended for any further benefit changes required for the Fund to continue meeting the requirements to maintain its tax qualification under the Internal Revenue Code and comply with other applicable law.

PREFERRED SCHEDULE

Contributions

Effective Date	Alternative Contribution Rate Increases	
Year	Weekly Rate	Weekly Rate
1	\$95	\$95
2	121	110
3	147	125
4	173	154
5	199	183
6	225	212
7	251	241
8	277	270
9	303	299
10	329	328
11	355	357
12	381	386
13	407	415
14	433	444
15	459	473
16	485	502
17	511	531
18	537	560
19	563	589

*Proportionate reduction and early commencement actuarial reduction applies to Statutory Pension.

Revised: 2010

DEFAULT SCHEDULE

Affected Participants

The benefit changes described in this schedule apply to participants retiring or terminating employment after the later of the date the Default Schedule is adopted or imposed and the date that benefits can be eliminated allowing for legally required advance notification and whose employer elected this schedule. (For Participants retiring after March 1, 2009 and before the later of the date the Default Schedule is adopted or imposed and the date that benefits can be eliminated allowing for legally required advance notification, then their retirement benefit shall be reduced in the same manner prospectively from the effective date of the new collective bargaining agreement or the date the schedule is implemented or imposed).

Benefit Changes

1. The future benefit accrual rate under the Normal pension is reduced from \$92 to \$22 per pension credit. Proportionate reductions are also made to the future benefit accruals for the 35-Year Service pension, 30-Year Service pension and 25-Year Service pension as follows:

	Monthly Accrual Rate	Maximum Accrual
35-Year Service pension	\$15.71	\$550.00
30-Year Service pension	\$13.75	\$412.50
25-Year Service pension	\$12.00	\$300.00

2. Early Retirement subsidies provided under the Early Retirement pension, 35-Year Service pension, 30-Year Service pension and 25-Year Service pension are eliminated. All retirement benefits payable prior to age 65 are equal to the actuarial equivalent of the accrued benefit payable at age 65.
3. The Disability pension is eliminated. Participants becoming disabled will be eligible for a deferred vested pension (i.e., Statutory pension).
4. 36-month benefit guarantee is eliminated. Under the current plan, if a participant receiving a pension benefit dies before receiving 36 months of payments, the remainder of the 36-month period is paid to his named beneficiary. This guarantee is eliminated.
5. 50% Joint-and-Survivor option with Popup feature is eliminated.
6. The plan of benefits may be amended for any further benefit changes required for the Fund to continue meeting the requirements to maintain its tax qualification under the Internal Revenue Code and comply with other applicable law.

Contribution Schedule

Effective Date	Weekly Contribution Rate
Year 1	\$95
Year 2	124
Year 3	153
Year 4	182
Year 5	211
Year 6	240
Year 7	269
Year 8	298

Year 9	327
Year 10	356

Proportionate reduction and early commencement actuarial reduction applies to Statutory Pension.

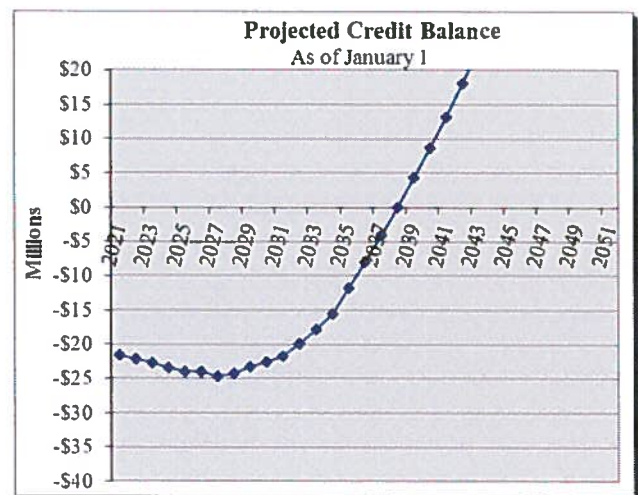
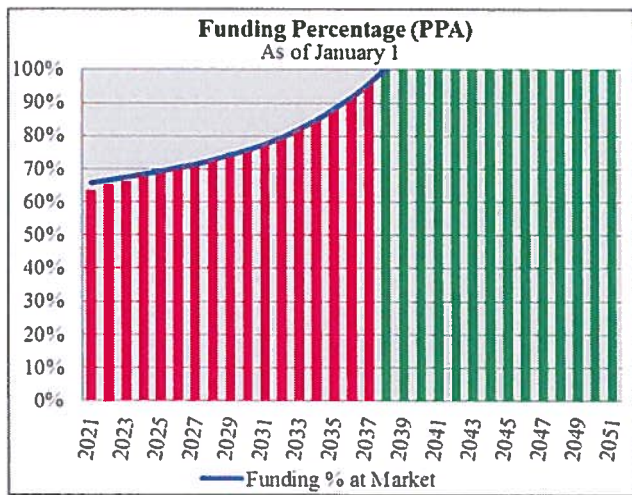
7.3. Cash Flows (Line 4f)

Plan Year Ending Dec. 31	Market Value of Assets Beginning of Year	Contributions	EWL Payments & Other	Benefits	Expenses	Market Investment Income	Market Value of Assets End of Year
2021	\$ 83,412,226	\$ 4,949,075	\$41,581	\$(9,190,271)	\$(450,000)	\$4,865,245	\$83,627,856
2022	83,627,856	4,960,675	41,581	(9,511,930)	(459,000)	4,868,611	83,527,793
2023	83,527,793	4,972,275	41,581	(9,844,848)	(468,180)	4,852,692	83,081,313
2024	83,081,313	4,983,875	41,581	(9,847,801)	(477,544)	4,825,882	82,607,306
2025	82,607,306	4,995,475	41,581	(10,043,772)	(482,319)	4,791,767	81,910,038
2026	81,910,038	5,007,075	41,581	(10,034,733)	(487,142)	4,750,406	81,187,225
2027	81,187,225	5,018,675	41,581	(9,983,556)	(492,013)	4,708,774	80,480,686
2028	80,480,686	5,030,275	41,581	(9,956,600)	(496,933)	4,667,391	79,766,400
2029	79,766,400	5,030,275	41,581	(9,850,064)	(501,902)	4,627,581	79,113,871
2030	79,113,871	5,030,275	41,581	(9,671,778)	(506,921)	4,593,627	78,600,655
2031	78,600,655	5,030,275	41,581	(9,481,244)	(529,930)	4,567,860	78,229,197
2032	78,229,197	5,030,275	41,581	(9,293,515)	(535,229)	4,551,045	78,023,354
2033	78,023,354	5,030,275	22,933	(8,989,617)	(540,581)	4,547,092	78,093,456
2034	78,093,456	5,030,275	22,933	(8,747,796)	(545,987)	4,558,390	78,411,271
2035	78,411,271	5,030,275	11,467	(8,489,736)	(551,447)	4,584,693	78,996,523
2036	78,996,523	5,030,275	-	(8,252,872)	(556,961)	4,626,405	79,843,370
2037	79,843,370	5,030,275	-	(7,957,419)	(562,531)	4,685,912	81,039,607
2038	81,039,607	5,030,275	-	(7,612,067)	(568,156)	4,767,878	82,657,537
2039	82,657,537	5,030,275	-	(7,274,091)	(573,838)	4,874,923	84,714,806
2040	\$ 84,714,806	\$ 5,030,275	\$ -	\$(6,916,206)	\$(579,576)	\$5,008,923	\$87,258,222

7.2. Documentation Regarding Progress under Rehabilitation Plan (Line 4c)

The Trustees have adopted a Rehabilitation Plan to meet funding progress benchmark required by §432 of the code.

The following charts project the funded percentage and credit balance into the future assuming that there are no gains or losses on demographic assumptions and that the market value of assets returns the assumed rate of 6.0%.



The Rehabilitation Plan is considered a “reasonable measures” plan as allowed by §432(e)(3)(A)(ii), and the charts above show the Plan is making schedule progress to forestall insolvency and eventually emerge from critical status.

As per IRC §432(b)(3)(A)(ii), we have certified the Plan is meeting its scheduled progress.

7.8. Schedule of Projection of Expected Benefit Payments (Line 8b(1))

Plan Year Ending Dec. 31	Expected Benefit Payments
2021	\$ 9,190,271
2022	9,511,930
2023	9,844,848
2024	9,847,801
2025	10,043,772
2026	10,034,733
2027	9,983,556
2028	9,956,600
2029	9,850,064
2030	\$ 9,671,778

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. 1510-0110 1510-0089 2021 This Form is Open to Public Inspection
---	---	---

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 instr.) ☐ 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 BAKERY DRIVERS LOCAL 802 PENSION FUND 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 BAKERY DRIVERS LOCAL 802 PENSION 2151 MARION PLACE BALDWIN NY 11510-2921	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="text-align: center; padding: 2px;">001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 02/15/1956</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) 51-6112573</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number (516) 378-2011</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) 484110</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 02/15/1956		2b Employer Identification Number (EIN) 51-6112573		2c Plan Sponsor's telephone number (516) 378-2011		2d Business code (see instructions) 484110	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 02/15/1956											
2b Employer Identification Number (EIN) 51-6112573											
2c Plan Sponsor's telephone number (516) 378-2011											
2d Business code (see instructions) 484110											

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

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

SIGN HERE	 Signature of plan administrator	10/06/2022 Date	GERARD FASANO Enter name of individual signing as plan administrator
SIGN HERE	_____ 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

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

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

▶ **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 Bakery Drivers Local 802 Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOT of the Bakery Drivers Local 802 Pension Fund	D Employer Identification Number (EIN) 51-6112573

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 1 Day 1 Year 2021**b** Assets

(1) Current value of assets	1b(1) 83,412,226
(2) Actuarial value of assets for funding standard account	1b(2) 80,482,729

c (1) Accrued liability for plan using immediate gain methods	1c(1) 126,731,587
--	--------------------------

(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) 126,731,587
---	--------------------------

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) 195,642,160
-----------------------------	-----------------------------

(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1,066,542
--	---------------------------

(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)
---	-----------------

(3) Expected plan disbursements for the plan year	1d(3) 9,190,271
---	------------------------

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

Vincent Regalbuto

Type or print name of actuary

O'Sullivan Associates

Firm name

1236 Brace Road, Unit E

Cherry Hill

NJ 08034

Address of the firm

9/28/2022

Date

20-08116

Most recent enrollment number

(856) 795-7777

Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2021
v. 200204

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	83,412,226
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	929	107,793,958
(2) For terminated vested participants	268	30,321,275
(3) For active participants:		
(a) Non-vested benefits		4,137,918
(b) Vested benefits		53,389,009
(c) Total active	333	57,526,927
(4) Total	1,530	195,642,160
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	42.64 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07-01-2021	5,199,573				
07-01-2021	41,581				
Totals ▶			3(b)	5,241,154	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					41,581

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	63.5 %
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	C
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	2037

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	2.08 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	6P2015
(2) Females	6c(2)	6FP2015
d Valuation liability interest rate	6d	6.00 %
e Expense loading	6e	95.9 % ☐ 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	7.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.2 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-825,669	-80,201
4	-637,439	-61,917

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	21,570,592
b Employer's normal cost for plan year as of valuation date.....	9b	919,190
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	33,175,197
(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	1,638,876
e Total charges. Add lines 9a through 9d.....	9e	28,953,477

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	0
g Employer contributions. Total from column (b) of line 3.....	9g	5,241,154
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	8,496,931
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	236,338
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	49,998,130
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	96,994,240
(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	7,039,534
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	21,913,943
9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2020 plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10	21,913,943
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....		☒ Yes ☐ No