

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>04/01/2021</u> and ending <u>03/31/2022</u>	

A This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

☐ a single-employer plan ☐ a DFE (specify) _____

B This return/report is: ☐ the first return/report ☐ the final return/report

☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶ ☒

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program

☐ special extension (enter description) _____

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

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>LOCAL 584 PENSION TRUST FUND</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF LOCAL 584 PENSION TRUST FUND</u> <u>265 WEST 14TH STREET, SUITE 902</u> <u>NEW YORK, NY 10011</u> <u>265 WEST 14TH STREET, SUITE 902</u> <u>NEW YORK, NY 10011</u>	1b Three-digit plan number (PN) ▶ <u>001</u>		
	1c Effective date of plan <u>05/03/1950</u>		
	2b Employer Identification Number (EIN) <u>51-6123679</u>		
	2c Plan Sponsor's telephone number <u>212-528-1998</u>		
	2d Business code (see instructions) <u>311500</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.	10/26/2022	DEMOS DEMOPOULOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/26/2022	ROBERT PATRIZIO
	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.

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 2106
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) 411 6a(2) 328 6b 805 6c 562 6d 1695 6e 289 6f 1984 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 7

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022

▶ **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 LOCAL 584 PENSION TRUST FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF LOCAL 584 PENSION TRUST FUND	D Employer Identification Number (EIN) 51-6123679

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

1a Enter the valuation date: Month 04 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	4286210
(2) Actuarial value of assets for funding standard account	1b(2)	4286210
c (1) Accrued liability for plan using immediate gain methods	1c(1)	299883262
(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)	299883262
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)	293540749
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	1775968
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	14736616
(3) Expected plan disbursements for the plan year.....	1d(3)	15736616

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	10/20/2022
Signature of actuary	Date
MICHAEL CARROLL, ASA, MAAA	20-08547
Type or print name of actuary	Most recent enrollment number
SEGAL	212-251-5000
Firm name	Telephone number (including area code)
333 WEST 34TH STREET, NEW YORK, NY 10001-2402	
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	4693337
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1140	209162066
(2) For terminated vested participants	553	49621348
(3) For active participants:		
(a) Non-vested benefits.....		5839208
(b) Vested benefits.....		28918127
(c) Total active	384	34757335
(4) Total	2077	293540749
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	1.60 %

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
10/15/2021	2834900				
			Totals ▶	3(b)	2834900
					3(c)
					3(d)
					815150

(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	1.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
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	2021

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	2.36 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement ☐ Yes ☐ No ☒ N/A		Post-retirement ☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	2.00 %	2.00 %	
e Expense loading	6e	53.1 %	☐ 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	4.6 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	21.8 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
5	-857242	-93563
1	-4944285	-377246
5	-7089634	-773789

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	156440688
b Employer's normal cost for plan year as of valuation date.....	9b	2851687
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)	190730899
(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	3639900
e Total charges. Add lines 9a through 9d.....	9e	185634889

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	
g Employer contributions. Total from column (b) of line 3.....	9g	2834900
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	51574535
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	176903
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	304417714
(2) "RPA '94" override (90% current liability FFL)	9j(2)	270158536
(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	10557629
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	175077260
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	175077260
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 04/01/2021 and ending 03/31/2022		
A Name of plan LOCAL 584 PENSION TRUST FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 584 PENSION TRUST FUND	D Employer Identification Number (EIN) 51-6123679	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

FRIEDMAN & ANSPACH

13-3403675

(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	247831	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(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 17 50	NONE	178926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANDRA L. NICOSIA

51-6123679

(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	88777	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)

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	80447	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NELLI BRAGINSKAYA

51-6123679

(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	76890	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK, NA

31-0841368

(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 19 50	NONE	31942	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	29904	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

MR. MICROCHIP SOFTWARE CENTER, INC.

59-3084068

(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 50	NONE	29505	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NANESS, CHAIET, NANESS, LLC

11-3382260

(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	22500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	8333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	10106

(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.
CHUBB 202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889 13-1963496	COMMISSION FROM PLACEMENT OF FIDUCIARY LIABILITY AND FIDELITY BONDING INSURANCE.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	12851

(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.
EUCLID/HUDSON 234 SPRING LAKE DRIVE ITASCA, IL 60143 45-3957469	COMMISSION FROM PLACEMENT OF EXCESS FIDUCIARY LIABILITY INSURANCE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	8363

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ULLICO /MARKEL 8403 COLEVILLE ROAD SILVER SPRING, MD 20910 13-2988846	COMMISSION FROM PLACEMENT OF EXCESS FIDUCIARY LIABILITY INSURANCE

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	584
(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.	
AMWINS 13-4279678 PO BOX 603094 CHARLOTTE, NC 28260	COMMISSION FROM PLACEMENT OF CYBER LIABILITY INSURANCE	
(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:

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

Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022		
A Name of plan LOCAL 584 PENSION TRUST FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 584 PENSION TRUST FUND	D Employer Identification Number (EIN) 51-6123679	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	685764	378733
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	558043	574707
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	6203	224592908
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1421542	735106
(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)	2039142	0
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	75048	100639
f Total assets (add all amounts in lines 1a through 1e)	1f	4785742	226382093

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	92405	50356
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	92405	50356

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4693337	226331737
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2833981	
(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)		2833981
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	270	
(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)		270
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		19917
(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)		
c Other income.....	2c		229727999
d Total income. Add all income amounts in column (b) and enter total.....	2d		232582167
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9807017	
(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)		9807017
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)	528353	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	16840	
(4) Other.....	2i(4)	591557	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1136750
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10943767
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		221638400
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.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
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 <u>452458</u> .			

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.
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022

A Name of plan <u>LOCAL 584 PENSION TRUST FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF LOCAL 584 PENSION TRUST FUND</u>	D Employer Identification Number (EIN) <u>51-6123679</u>

Part I	Distributions
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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	<u>0</u>
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	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ 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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

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 **BARTLETT DAIRY**

b EIN **11-3024832**

c Dollar amount contributed by employer **1010282**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **08** Day **31** Year **2024**

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 **DERLE FARMS**

b EIN **11-1743605**

c Dollar amount contributed by employer **448868**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **08** Day **31** Year **2023**

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

(1) Contribution rate (in dollars and cents) **4.70**

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

a Name of contributing employer **NORRIS FOOD SERVICES**

b EIN **11-3139859**

c Dollar amount contributed by employer **321561**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **01** Day **15** Year **2024**

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

(1) Contribution rate (in dollars and cents) **1.95**

(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

876

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

790

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

836

- 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

0.92

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

3

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

40814354

- 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: _____% Investment-Grade Debt: 100.0 % High-Yield Debt: _____% Real Estate: _____% Other: _____%

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 _____

LOCAL 584 PENSION TRUST FUND

FINANCIAL STATEMENTS

MARCH 31, 2022





LOCAL 584 PENSION TRUST FUND

FINANCIAL STATEMENTS

YEARS ENDED MARCH 31, 2022 AND 2021

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Local 584 Pension Trust Fund

Opinion

We have audited the accompanying financial statements of Local 584 Pension Trust 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 March 31, 2022 and 2021, 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 March 31, 2022 and 2021, 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.

Emphasis of Matter

As discussed in Note 10 to the financial statements, the Plan became insolvent in June 2021 and began receiving financial assistance from the Pension Benefit Guarantee Corporation (PBGC). In addition, the Plan applied for special financial assistance from the PBGC under The American Rescue Plan Act (ARPA). This funding is not a loan and there is no requirement to pay back any financial assistance received. The Trustees of the Plan originally applied to the PBGC for special financial assistance under ARPA on September 29, 2021. The application was resubmitted to the PBGC on December 23, 2021 and was approved on March 14, 2022. On April 13, 2022, the Plan received \$229.8 million in special financial assistance from the PBGC. Our opinion is not modified with respect to this matter.



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 Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of March 31, 2022, and reportable transactions for the year ended March 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the March 31, 2022 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

CalibreCPAGroup, PLLC

New York, NY
October 26, 2022



LOCAL 584 PENSION TRUST FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MARCH 31, 2022 AND 2021

	2022	2021
Assets		
Investments, at fair value		
Money market fund	\$ 735,106	\$ 1,421,542
Collective trust fund	-	2,039,142
Total investments	<u>735,106</u>	<u>3,460,684</u>
Receivables		
Withdrawal liability	406,208	407,127
Employer contributions	168,499	150,916
PBGC Special Financial Assistance	224,587,113	-
Due from related fund	5,751	6,182
Interest and dividends	<u>44</u>	<u>21</u>
Total receivables	<u>225,167,615</u>	<u>564,246</u>
Cash	<u>378,733</u>	<u>685,764</u>
Prepaid expenses and other assets	<u>100,639</u>	<u>75,048</u>
Total assets	226,382,093	4,785,742
Liabilities		
Accounts payable and accrued expenses	<u>50,356</u>	<u>92,405</u>
Net assets available for benefits	<u>\$ 226,331,737</u>	<u>\$ 4,693,337</u>

See accompanying notes to financial statements.



LOCAL 584 PENSION TRUST FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED MARCH 31, 2022 AND 2021

	2022	2021
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 19,917	\$ 2,000,931
Interest and dividends	271	8,518
	20,188	2,009,449
Less: investment expenses	16,840	98,536
Net investment income	3,348	1,910,913
Employer contributions	2,019,750	2,071,217
PBGC Special Financial Assistance	229,727,999	-
Withdrawal liability income	814,231	857,097
Total additions	232,565,328	4,839,227
Deductions		
Benefits paid to participants	9,807,018	14,753,958
Administrative expenses	1,119,910	1,008,676
Total deductions	10,926,928	15,762,634
Net change	221,638,400	(10,923,407)
Net assets available for benefits		
Beginning of year	4,693,337	15,616,744
End of year	\$ 226,331,737	\$ 4,693,337

See accompanying notes to financial statements.



LOCAL 584 PENSION TRUST FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED MARCH 31, 2022 AND 2021

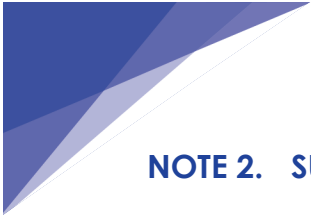
NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of Local 584 Pension Trust 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 May 3, 1950, as amended, between the Milk Drivers Dairy Employees Union Local 584 International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America (Local Union 584), and various employers in the Milk Industry who are parties to collective bargaining agreements with the Union requiring contributions to the Plan. Local Union 584 and the employers agreed to participate in the operation of a trust fund for the purpose of providing retirement benefits to employees of contributing employers who are represented by the Union. On July 31, 2014, Local Union 584 merged into Local Union 553 (the Union). Consequently, all collective bargaining agreements are administered by 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 to eligible participants as well as pre-retirement and post-retirement death benefits as defined in the Plan Document. Pension benefits include normal pensions, early retirement pensions, 25, 30, or 35-year service pensions, disability pensions, and vesting (statutory) retirement pensions. 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%, 75%, or 100% 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. Contributions are also made by the Plan's Fund Office staff in their capacity as employer. The Plan is non-contributory for employees and is funded from contributions received from employers. The Plan's contributions for the years ended March 31, 2022 and 2021, did not meet the minimum funding requirements of ERISA, and therefore, the Plan had a funding deficiency during these years. The Plan implemented a Rehabilitation Plan in accordance with the Pension Protection Act on January 27, 2009 (see Note 4).



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.

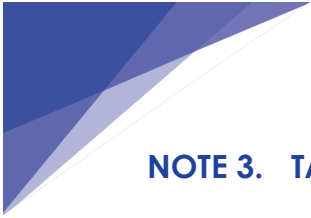
Purchases and sales of securities are recognized on a trade-date-basis. Interest income is reported on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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 necessary. Contributions due the Plan as a result of 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 - Withdrawal liability amounts due from former contributing employers are accrued as plan assets and additions to plan assets for those amounts deemed collectible by plan management at year end. As of March 31, 2022, the Plan accrued \$406,208 in withdrawal liability income net of \$22,173,468, which was estimated as a reserve for payments deemed uncertain of collection. As of March 31, 2021, the Plan accrued \$407,127 in withdrawal liability income net of an estimated reserve of \$19,504,823.

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

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recognized as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with a related benefit fund based on the results of an annual cost allocation study.



NOTE 3. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by a determination letter dated November 18, 2015, 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 positions taken by the Plan, and has concluded that as of March 31, 2022 and 2021, 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 4. 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, Segal Consulting, 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 March 31, 2021 are as follows:

Interest Rate: 2.00% per annum, compounded annually.

Mortality Rates: Healthy Annuitant - 100% of RP-2006 Blue Collar Healthy Annuitant Table with generational projection using Scale MP-2018.

Non-Annuitant - 100% of RP-2006 Blue Collar Employee Mortality Table with generational projection using Scale MP-2018.

NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

Mortality Rates (continued): Disabled Annuitant - 100% of RP-2006 Disabled Retiree Mortality Table with generational projection using Scale MP-2018.

Termination Rates Before Retirement:

Age	Rate (%)			
	<u>Mortality</u>		<u>Disability</u>	<u>Withdrawal*</u>
	<u>Male</u>	<u>Female</u>		
20	0.07	0.02	0.03	7.94
25	0.07	0.02	0.03	7.72
30	0.06	0.02	0.03	7.22
35	0.07	0.03	0.03	6.28
40	0.10	0.05	0.05	5.15
45	0.16	0.09	0.09	3.98
50	0.26	0.13	0.20	2.56
55	0.38	0.19	0.43	0.94
60	0.64	0.31	0.87	0.09

*Withdrawal rates cut out at first eligibility for an immediate pension.

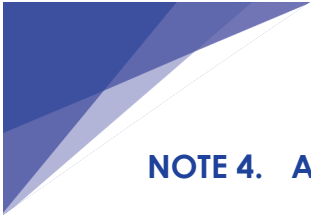
Retirement Rates:

<u>Age**</u>	<u>Actives</u>	<u>Inactive Vested</u>
50-53	15%	N/A
54	35%	N/A
55-61	15%	15%
62-64	12%	12%
65-69	50%	50%
70	100%	100%

** if eligible

Administrative Expenses: \$1,000,000, payable monthly

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 computation of the actuarial present value of accumulated plan benefits was made as of April 1, 2021. Had the valuation been performed as of March 31, 2021, there would be no material differences.



NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

The actuarial present value of accumulated plan benefits as of March 31, 2021 is shown below:

Actuarial present value of vested benefits	
Participants currently receiving benefits	\$211,728,719
Other vested benefits	<u>81,928,744</u>
Total vested benefits	293,657,463
 Actuarial present value of non-vested benefits	 <u>6,225,800</u>
Actuarial present value of accumulated plan benefits	<u><u>\$ 299,883,263</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:

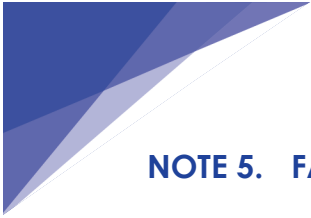
Actuarial present value of accumulated plan benefits - April 1, 2020	<u>\$ 309,375,143</u>
 Change during the year attributable to	
Benefits accumulated, net experience gain or loss, changes in data	(765,590)
Benefits paid	(14,753,958)
Changes in actuarial assumptions	-
Interest	<u>6,027,668</u>
Net change	<u>(9,491,880)</u>
 Actuarial present value of accumulated plan benefits - March 31, 2021	 <u><u>\$ 299,883,263</u></u>

Since information on the accumulated plan benefits at March 31, 2022, and changes therein for the year then ended are not included above, the financial statements do not purport to present the complete presentation of the financial status of the Plan as of March 31, 2022, 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 March 31, 2021.

Pension Protection Act Filings

On June 27, 2008, the Plan was certified by its actuaries to be in critical status (red zone) under the Pension Protection Act of 2006 for the plan year beginning April 1, 2008. The Plan continues to be in the Red Zone (also known as critical and declining status) for the Plan year beginning April 1, 2021. The red zone status of the Plan has been addressed by the Trustees through a Rehabilitation Plan first adopted on January 27, 2009, that is designed to forestall insolvency of the Plan.

The actuarial information does not contain the effects of the Special Financial Assistance ("SFA") received from the Pension Benefit Guaranty Corporation ("PBGC") (see Note 10).



NOTE 5. 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:
- quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability; and
 - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan uses valuation techniques 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.

Accounting standards permit the Plan, as a practical expedient, to estimate the fair value of their investments in certain entities that calculate net asset value (NAV) per share by using the NAV as reported by the management of entity.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2022 and 2021.

Money market fund - Valued at the at the daily closing price as reported by the active exchange on which the fund trades.

Collective trust fund - Valued at the NAV per share at year end as reported by the fund. The NAV, as provided by the fund, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying securities.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

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 at March 31, 2022 and 2021:

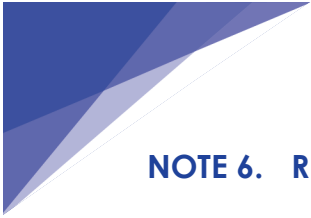
Description	Assets at Fair Value as of March 31, 2022			
	Total	Level 1	Level 2	Level 3
Money market fund	<u>\$ 735,106</u>	<u>\$ 735,106</u>	<u>\$ -</u>	<u>\$ -</u>
Description	Assets at Fair Value as of March 31, 2021			
	Total	Level 1	Level 2	Level 3
Money market fund	<u>\$1,421,542</u>	<u>\$1,421,542</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV*	<u>2,039,142</u>			
Total assets at fair value	<u>\$3,460,684</u>			

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

Fair Value of Investments that Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of March 31, 2022 and 2021. Each investment entity is measured at fair value by using the NAV practical expedient and also files U.S. Department of Labor Form 5500 as a direct filing entity (DFE). At March 31, 2022 and 2021, there were no unfunded commitments towards these investment entities.

Description	Fair Value		Redemption Frequency	Redemption Notice Period
	March 31, 2022	March 31, 2021		
Collective Trust Funds				
Loomis Multisector Bond Fund	<u>\$ -</u>	<u>\$ 2,039,142</u>	Daily	1-3 days



NOTE 6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan shares office space and administration with the Milk Industry Office Employees Pension Plan (Milk Pension Fund), a related benefit fund. As part of a cost sharing arrangement, the Plan acts as paying agent for payroll related expenses, occupancy expenses, and other shared administrative expenses. The Plan is reimbursed by the Milk Pension Fund for their allocable share of these common administrative expenses paid on their behalf. Administrative expenses reflected in these financial statements represent the Plan's allocated share.

For the years ended March 31, 2022 and 2021, reimbursable expenses totaled \$31,251 and \$29,457, respectively. Amounts due to the Plan at March 31, 2022 and 2021 totaled \$5,751 and \$6,182, respectively. These amounts were settled in the subsequent period.

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.

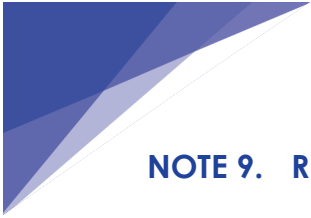
NOTE 7. PLAN TERMINATION

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. 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. LEASE COMMITMENT

The Plan is a signatory to a 1-year operating lease for office space at 80 Eighth Avenue, New York, NY 10011, which it shares with a related benefit fund based on results of an annual time study. The lease is non-cancelable. The lease was extended one year until March 31, 2023 with an option to renew the lease at a reasonable percentage increase. The Plan's allocable lease and electricity expense totaled \$97,416 and \$97,092 for the years ended March 31, 2022 and 2021, respectively. At March 31, 2022, the remaining minimum lease payments, exclusive of reimbursements from the related benefit fund, is \$97,419.



NOTE 9. 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 employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

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 10. PLAN INSOLVENCY AND THE AMERICAN RESCUE PLAN ACT

The Plan became insolvent in June 2021. In February 2021, the Plan filed its Initial Application for Financial Assistance with the PBGC. During the fiscal year ended March 31, 2022, the Plan received \$5,075,600 in financial assistance from the PBGC and is considered a loan. In addition, retiree benefit amounts were reduced in accordance with PBGC requirements.

The American Rescue Plan Act (ARPA) was passed by the U.S. Senate and the House of Representatives and signed into law by the President on March 11, 2021. Legislation to help struggling multiemployer pension funds, titled the "Butch Lewis Emergency Pension Plan Relief Act of 2021" was included in ARPA. This legislation created a special financial assistance program under which cash payments would be made by the Pension Benefit Guaranty Corporation (PBGC) to financially troubled multiemployer pension plans so that such plans may continue paying full benefits. The financial assistance paid to eligible plans would be paid in a single, lump sum payment in the amount sufficient to pay all benefits due, without reductions, and administrative expenses through the plan year ending in 2051. This funding is not a loan and there is no requirement to pay back any financial assistance received. The Trustees of the Plan originally applied to the PBGC for special financial assistance under ARPA on September 29, 2021. The application was resubmitted to the PBGC on December 23, 2021, and was approved on March 14, 2022. On April 13, 2022, the Plan received \$229.8 million in special financial assistance from the PBGC, which was immediately



NOTE 10. PLAN INSOLVENCY AND THE AMERICAN RESCUE PLAN ACT (CONTINUED)

reduced by \$5.2 million to satisfy the original loan received by the Plan including interest as well as the PBGC premium that was not paid by the Plan due January 15, 2022, since the Plan was receiving PBGC financial assistance. In addition, retiree benefit amounts were restored to the original benefits amounts and retroactive payments were made for amounts that were not received due to the PBGC required reductions.

NOTE 11. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 26, 2022, which is the date the financial statements were available to be issued. This review and evaluation revealed, with the exception of the Plan receiving special financial assistance from the PBGC in Note 10, no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					3,460,705.55		
COMPARATIVE VALUE (5%)					173,035.27		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 31846V567 - First Am Govt Ob Fd Cl Z							
04/01/2021 001050998130	S	- 1,213,012.910	1.0000		1,213,013 *	1,213,013	
04/22/2021 001050998132	B	1,225,000.000	1.0000		- 1,225,000 *	1,225,000	
04/23/2021 001050998130	B	1,225,000.000	1.0000		- 1,225,000 *	1,225,000	
04/23/2021 001050998132	S	- 1,225,000.000	1.0000		1,225,000 *	1,225,000	
05/03/2021 001050998130	S	- 1,218,079.800	1.0000		1,218,080 *	1,218,080	
05/19/2021 001050998130	B	425,000.000	1.0000		- 425,000 *	425,000	
05/21/2021 001050998130	B	1,002,775.180	1.0000		- 1,002,775 *	1,002,775	
06/01/2021 001050998130	S	- 1,202,955.050	1.0000		1,202,955 *	1,202,955	
06/14/2021 001050998130	B	2,901,200.000	1.0000		- 2,901,200 *	2,901,200	
07/01/2021 001050998130	S	- 695,589.050	1.0000		695,589 *	695,589	
08/02/2021 001050998130	S	- 704,263.530	1.0000		704,264 *	704,264	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/01/2021 001050998130	S	- 692,837.530	1.0000		692,838 *	692,838	
09/27/2021 001050998130	B	758,300.000	1.0000		- 758,300 *	758,300	
10/01/2021 001050998130	S	- 692,675.970	1.0000		692,676 *	692,676	
11/01/2021 001050998130	S	- 700,671.460	1.0000		700,671 *	700,671	
11/17/2021 001050998130	B	400,707.500	1.0000		- 400,708 *	400,708	
12/01/2021 001050998130	S	- 686,200.120	1.0000		686,200 *	686,200	
12/31/2021 001050998130	B	1,416,100.000	1.0000		- 1,416,100 *	1,416,100	
01/03/2022 001050998130	S	- 684,458.910	1.0000		684,459 *	684,459	
02/01/2022 001050998130	S	- 681,355.750	1.0000		681,356 *	681,356	
02/28/2022 001050998130	B	550,000.000	1.0000		- 550,000 *	550,000	
03/01/2022 001050998130	S	- 679,935.120	1.0000		679,935 *	679,935	
03/17/2022 001050998130	B	640,000.000	1.0000		- 640,000 *	640,000	
Issue: 97MSCQGS3 - Loomis Multisectr Full Discretn Tr B							
04/21/2021 001050998132	S	- 45,169.617	27.1200		1,225,000 *	867,874	357,126
05/31/2021 001050998132	S	- 30,804.386	27.0700		833,875 *	591,865	242,009

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
GRAND TOTAL				0	23,679,994	23,080,858	599,135

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer

Issue: 97MSCQGS3 - Loomis Multisectr Full Discretn Tr B							
04/21/2021	S	- 45,169.617	27.1200		1,225,000 *	867,874	357,126
001050998132							
Issue: 97MSCQGS3 - Loomis Multisectr Full Discretn Tr B							
05/31/2021	S	- 30,804.386	27.0700		833,875 *	591,865	242,009
001050998132							
Total For Direct From Issuer				0	2,058,875	1,459,739	599,135

GRAND TOTAL				0	2,058,875	1,459,739	599,135
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CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V567 - First Am Govt Ob Fd Cl Z

04/05/2021	B	17.150	1.0000		- 17	17	
001050998130							
04/05/2021	B	4.290	1.0000		- 4	4	
001050998131							
04/05/2021	B	.010	1.0000				
001050998132							
04/05/2021	B	.010	1.0000				
001050998133							
04/08/2021	B	2,175.000	1.0000		- 2,175	2,175	
001050998130							

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/13/2021 001050998130	B	100.000	1.0000		- 100	100	
04/22/2021 001050998132	B	1,225,000.000	1.0000		- 1,225,000 *	1,225,000	
04/23/2021 001050998130	B	1,225,000.000	1.0000		- 1,225,000 *	1,225,000	
04/28/2021 001050998130	B	200.000	1.0000		- 200	200	
04/28/2021 001050998130	B	177.500	1.0000		- 178	178	
05/03/2021 001050998130	B	1,480.000	1.0000		- 1,480	1,480	
05/04/2021 001050998130	B	7.900	1.0000		- 8	8	
05/04/2021 001050998131	B	3.820	1.0000		- 4	4	
05/04/2021 001050998132	B	.880	1.0000		- 1	1	
05/04/2021 001050998133	B	.010	1.0000				
05/10/2021 001050998130	B	3,072.000	1.0000		- 3,072	3,072	
05/11/2021 001050998130	B	2,092.190	1.0000		- 2,092	2,092	
05/12/2021 001050998130	B	1,401.200	1.0000		- 1,401	1,401	
05/13/2021 001050998130	B	1,134.000	1.0000		- 1,134	1,134	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/18/2021 001050998130	B	3,045.000	1.0000		- 3,045	3,045	
05/19/2021 001050998130	B	425,000.000	1.0000		- 425,000 *	425,000	
05/20/2021 001050998130	B	100.000	1.0000		- 100	100	
05/21/2021 001050998130	B	1,002,775.180	1.0000		- 1,002,775 *	1,002,775	
06/01/2021 001050998130	B	78.130	1.0000		- 78	78	
06/02/2021 001050998130	B	13.480	1.0000		- 13	13	
06/02/2021 001050998131	B	2.400	1.0000		- 2	2	
06/02/2021 001050998132	B	.010	1.0000				
06/02/2021 001050998133	B	.010	1.0000				
06/08/2021 001050998130	B	3,075.080	1.0000		- 3,075	3,075	
06/14/2021 001050998130	B	2,901,200.000	1.0000		- 2,901,200 *	2,901,200	
07/01/2021 001050998130	B	5,929.400	1.0000		- 5,929	5,929	
07/02/2021 001050998130	B	31.650	1.0000		- 32	32	
07/02/2021 001050998132	B	.010	1.0000				

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/06/2021 001050998130	B	608.790	1.0000		- 609	609	
07/06/2021 001050998130	B	126.520	1.0000		- 127	127	
07/30/2021 001050998130	B	16.310	1.0000		- 16	16	
08/02/2021 001050998130	B	817.530	1.0000		- 818	818	
08/03/2021 001050998130	B	42.330	1.0000		- 42	42	
08/03/2021 001050998132	B	.010	1.0000				
08/09/2021 001050998130	B	813.630	1.0000		- 814	814	
08/11/2021 001050998130	B	562.600	1.0000		- 563	563	
08/27/2021 001050998130	B	200.000	1.0000		- 200	200	
08/31/2021 001050998130	B	213.500	1.0000		- 214	214	
09/01/2021 001050998130	B	2,084.930	1.0000		- 2,085	2,085	
09/02/2021 001050998130	B	30.750	1.0000		- 31	31	
09/02/2021 001050998130	B	455.760	1.0000		- 456	456	
09/03/2021 001050998130	B	155.200	1.0000		- 155	155	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/09/2021 001050998130	B	514.500	1.0000		- 515	515	
09/14/2021 001050998130	B	190.940	1.0000		- 191	191	
09/15/2021 001050998130	B	598.880	1.0000		- 599	599	
09/27/2021 001050998130	B	758,300.000	1.0000		- 758,300 *	758,300	
09/30/2021 001050998130	B	117.400	1.0000		- 117	117	
10/01/2021 001050998130	B	328.620	1.0000		- 329	329	
10/04/2021 001050998130	B	19.660	1.0000		- 20	20	
10/21/2021 001050998130	B	560.000	1.0000		- 560	560	
10/29/2021 001050998130	B	1,019.800	1.0000		- 1,020	1,020	
11/01/2021 001050998130	B	1,479.110	1.0000		- 1,479	1,479	
11/02/2021 001050998130	B	19.680	1.0000		- 20	20	
11/02/2021 001050998130	B	643.500	1.0000		- 644	644	
11/03/2021 001050998130	B	337.240	1.0000		- 337	337	
11/08/2021 001050998130	B	1,623.240	1.0000		- 1,623	1,623	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/16/2021 001050998130	B	1,452.820	1.0000		- 1,453	1,453	
11/17/2021 001050998130	B	400,707.500	1.0000		- 400,708 *	400,708	
11/18/2021 001050998130	B	535.060	1.0000		- 535	535	
11/22/2021 001050998130	B	958.820	1.0000		- 959	959	
11/29/2021 001050998130	B	3,045.000	1.0000		- 3,045	3,045	
11/30/2021 001050998130	B	115.640	1.0000		- 116	116	
12/01/2021 001050998130	B	375.000	1.0000		- 375	375	
12/02/2021 001050998130	B	10.660	1.0000		- 11	11	
12/02/2021 001050998130	B	268.000	1.0000		- 268	268	
12/07/2021 001050998130	B	180.900	1.0000		- 181	181	
12/22/2021 001050998130	B	268.000	1.0000		- 268	268	
12/23/2021 001050998130	B	198.380	1.0000		- 198	198	
12/30/2021 001050998130	B	.620	1.0000		- 1	1	
12/31/2021 001050998130	B	1,416,100.000	1.0000		- 1,416,100 *	1,416,100	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/04/2022 001050998130	B	3.810	1.0000		- 4	4	
01/05/2022 001050998130	B	652.500	1.0000		- 653	653	
01/06/2022 001050998130	B	406.650	1.0000		- 407	407	
01/27/2022 001050998130	B	234.140	1.0000		- 234	234	
02/02/2022 001050998130	B	16.160	1.0000		- 16	16	
02/02/2022 001050998130	B	526.140	1.0000		- 526	526	
02/04/2022 001050998130	B	573.610	1.0000		- 574	574	
02/09/2022 001050998130	B	1,848.770	1.0000		- 1,849	1,849	
02/14/2022 001050998130	B	117.070	1.0000		- 117	117	
02/15/2022 001050998130	B	748.540	1.0000		- 749	749	
02/28/2022 001050998130	B	550,000.000	1.0000		- 550,000 *	550,000	
03/01/2022 001050998130	B	1,016.500	1.0000		- 1,017	1,017	
03/02/2022 001050998130	B	3.760	1.0000		- 4	4	
03/08/2022 001050998130	B	634.560	1.0000		- 635	635	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/09/2022 001050998130	B	2,134.440	1.0000		- 2,134	2,134	
03/10/2022 001050998130	B	160.000	1.0000		- 160	160	
03/11/2022 001050998130	B	758.460	1.0000		- 758	758	
03/17/2022 001050998130	B	640,000.000	1.0000		- 640,000 *	640,000	
03/17/2022 001050998133	B	183.970	1.0000		- 184	184	
03/18/2022 001050998130	B	177.600	1.0000		- 178	178	
03/21/2022 001050998130	B	183.970	1.0000		- 184	184	
Total For Buys				0	10,599,600	10,599,600	0
04/01/2021 001050998130	S	- 1,213,012.910	1.0000		1,213,013 *	1,213,013	
04/23/2021 001050998132	S	- 1,225,000.000	1.0000		1,225,000 *	1,225,000	
04/27/2021 001050998130	S	- 2,691.250	1.0000		2,691	2,691	
05/03/2021 001050998130	S	- 1,218,079.800	1.0000		1,218,080 *	1,218,080	
05/10/2021 001050998130	S	- 114.000	1.0000		114	114	
05/21/2021 001050998131	S	- 168,338.580	1.0000		168,339	168,339	

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LOCAL 584 PENSION TR CONSOLIDATED
ACCOUNT LOCAL584PEN

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/21/2021 001050998133	S	- 561.870	1.0000		562	562	
05/25/2021 001050998130	S	- 2,686.000	1.0000		2,686	2,686	
06/01/2021 001050998130	S	- 1,202,955.050	1.0000		1,202,955 *	1,202,955	
06/08/2021 001050998130	S	- 900.080	1.0000		900	900	
06/24/2021 001050998130	S	- 2,689.000	1.0000		2,689	2,689	
07/01/2021 001050998130	S	- 695,589.050	1.0000		695,589 *	695,589	
07/26/2021 001050998130	S	- 2,676.750	1.0000		2,677	2,677	
08/02/2021 001050998130	S	- 704,263.530	1.0000		704,264 *	704,264	
08/11/2021 001050998131	S	- 2.400	1.0000		2	2	
08/11/2021 001050998132	S	- 560.190	1.0000		560	560	
08/11/2021 001050998133	S	- .010	1.0000				
08/25/2021 001050998130	S	- 2,675.250	1.0000		2,675	2,675	
09/01/2021 001050998130	S	- 692,837.530	1.0000		692,838 *	692,838	
09/03/2021 001050998130	S	- 155.200	1.0000		155	155	

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0402 -11-03321-01



LOCAL 584 PENSION TR CONSOLIDATED
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Period from April 1, 2021 to March 31, 2022

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/10/2021 001050998130	S	- 69.340	1.0000		69	69	
09/14/2021 001050998130	S	- 190.940	1.0000		191	191	
09/15/2021 001050998130	S	- 598.880	1.0000		599	599	
09/24/2021 001050998130	S	- 2,675.750	1.0000		2,676	2,676	
10/01/2021 001050998130	S	- 692,675.970	1.0000		692,676 *	692,676	
10/25/2021 001050998130	S	- 2,673.500	1.0000		2,674	2,674	
11/01/2021 001050998130	S	- 700,671.460	1.0000		700,671 *	700,671	
11/23/2021 001050998130	S	- 478.910	1.0000		479	479	
11/23/2021 001050998130	S	- 115.200	1.0000		115	115	
11/24/2021 001050998130	S	- 2,656.750	1.0000		2,657	2,657	
12/01/2021 001050998130	S	- 686,200.120	1.0000		686,200 *	686,200	
12/22/2021 001050998130	S	- 231.280	1.0000		231	231	
12/23/2021 001050998130	S	- 3,430.990	1.0000		3,431	3,431	
01/03/2022 001050998130	S	- 684,458.910	1.0000		684,459 *	684,459	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/04/2022 001050998130	S	- 741.660	1.0000		742	742	
01/05/2022 001050998130	S	- 652.500	1.0000		653	653	
01/25/2022 001050998130	S	- 2,640.500	1.0000		2,641	2,641	
02/01/2022 001050998130	S	- 681,355.750	1.0000		681,356 *	681,356	
02/09/2022 001050998130	S	- 874.480	1.0000		874	874	
02/15/2022 001050998130	S	- 748.540	1.0000		749	749	
02/25/2022 001050998130	S	- 2,615.000	1.0000		2,615	2,615	
03/01/2022 001050998130	S	- 679,935.120	1.0000		679,935 *	679,935	
03/09/2022 001050998130	S	- 761.780	1.0000		762	762	
03/21/2022 001050998133	S	- 183.970	1.0000		184	184	
03/25/2022 001050998130	S	- 2,603.500	1.0000		2,604	2,604	
Total For Sells				0	11,286,032	11,286,032	0
Total First Am Govt Ob Fd Cl Z				0	21,885,632	21,885,632	0

Issue: 97MSCQGS3 - Loomis Multisectr Full Discretn Tr B

00085401
21- -12-B -66C-096-01
0402 -11-03321-01



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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/21/2021 001050998132	S	- 45,169.617	27.1200		1,225,000 *	867,874	357,126
05/31/2021 001050998132	S	- 30,804.386	27.0700		833,875 *	591,865	242,009
Total For Sells				0	2,058,875	1,459,739	599,135
Total Loomis Multisectr Full Discretn Tr B				0	2,058,875	1,459,739	599,135
GRAND TOTAL				0	23,944,507	23,345,371	599,135

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer

04/21/2021 001050998132	Issue: 97MSCQGS3 - Loomis Multisectr Full Discretn Tr B S	- 45,169.617	27.1200		1,225,000 *	867,874	357,126
05/31/2021 001050998132	Issue: 97MSCQGS3 - Loomis Multisectr Full Discretn Tr B S	- 30,804.386	27.0700		833,875 *	591,865	242,009
Total For Direct From Issuer				0	2,058,875	1,459,739	599,135
GRAND TOTAL				0	2,058,875	1,459,739	599,135

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	April 1 through March 31													
Pension Credit Year	April 1 through March 31													
Plan Status	Ongoing plan													
Normal Pension	• <i>Age Requirement:</i> 65 • <i>Service Requirement:</i> 15 pension credits • <i>Amount:</i> – For Participants covered under the Alternative Schedule under the Rehabilitation plan hired before September 1, 2010, the benefit accrual under the Normal Pension will be as follows:<table><tr><th></th><th>Accrual for Pension Credits Earned Prior to April 1, 2011</th><th>Accrual for Pension Credits Earned After April 1, 2011</th></tr><tr><td>Participants hired before December 1, 1984</td><td>\$87</td><td>\$77</td></tr><tr><td>Participants hired on or after December 1, 1984</td><td>\$77</td><td>\$67</td></tr><tr><td>Participants employed by Constance Food Group</td><td>\$15</td><td>\$13</td></tr></table> – For Participants covered under the Alternative Schedule under the Rehabilitation plan hired on or after September 1, 2010: › The benefit accrual rate under the Normal pension will be \$30 per year of pension credit. For Constance Food Group employees and MILA Utility Class employees hired after September 1, 2011, the accrual rate will be \$7.80.			Accrual for Pension Credits Earned Prior to April 1, 2011	Accrual for Pension Credits Earned After April 1, 2011	Participants hired before December 1, 1984	\$87	\$77	Participants hired on or after December 1, 1984	\$77	\$67	Participants employed by Constance Food Group	\$15	\$13
	Accrual for Pension Credits Earned Prior to April 1, 2011	Accrual for Pension Credits Earned After April 1, 2011												
Participants hired before December 1, 1984	\$87	\$77												
Participants hired on or after December 1, 1984	\$77	\$67												
Participants employed by Constance Food Group	\$15	\$13												

Section 3: Certificate of Actuarial Valuation

- For Participants covered under the Default Schedule under the Rehabilitation plan the future benefit accrual under the Normal Pension will be as follows:

	Accrual for Pension Credits Earned Prior to April 1, 2011	Accrual Pension Credits Earned After April 1, 2011
Participants hired before December 1, 1984	\$87	\$28
Participants hired on or after December 1, 1984	\$77	\$28
Participants employed by Constance Food Group and MILA Utility Class employees hired after September 1, 2011	\$15	\$7.80

- The maximum number of pension credits to be used for this benefit is 35.

Service Pensions (for participants covered under the Alternative Schedule of the Rehabilitation Plan hired prior to September 1, 2010)

- *Age Requirement:* None
- *Service Requirement:* 25 years of pension credits
- *Amount:* Last 25 years of benefit accruals
- or–
- *Service Requirement:* 30 years of pension credits
- *Amount:* Last 30 years of benefit accruals
- or–
- *Service Requirement:* 35 years of pension credits
- *Amount:* Last 35 years of benefit accruals

Early Retirement (for participants hired prior to September 1, 2010)

- *Age Requirement:* 55
- *Service Requirement:* 15 pension credits
- *Amount:* Normal Pension accrued reduced by ½ of 1% for each month of age less than age 65.
- For participants covered under the Default Schedule under the Rehabilitation plan, the benefit will be the actuarial equivalent of Normal Pension amount.

Section 3: Certificate of Actuarial Valuation

Disability (for participants covered under the Alternative Schedule under the Rehabilitation plan hired prior to September 1, 2010)	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 10 pension credits • <i>Amount:</i> Actuarial equivalent of the Normal Pension amount. Minimum pension amount equals \$160 per month.
Vesting (Statutory)	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of vesting service • <i>Amount:</i> Normal Pension accrued. • <i>Normal Retirement Age:</i> 65 or the fifth anniversary of participation. • <i>Payable:</i> At Normal Retirement Age or at age 55 if participant had 15 or more pension credits at termination. For inactive vested participants retiring after January 27, 2009 and before Normal Retirement Age, the benefit will be the actuarial equivalent of the Normal Pension amount.
Spouse's Pre-Retirement Death Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of vesting service • <i>Amount:</i> 50% of the benefit employee would have received had he or she retired the day before he or she died and elected the joint and survivor option. If the employee died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the employee's earliest retirement age.
Pre-Retirement Death Benefit – 60 Payment Certain (if not eligible for spouse's benefit and if hired prior to September 1, 2010)	• <i>Age Requirement:</i> Eligible to retire on a Normal, Service, or Early pension at time of death. • <i>Amount:</i> Monthly benefit to which active employee would have been entitled had he or she retired the day before he or she died, payable immediately; guaranteed payments for sixty months. For participants under the Default Schedule under the Rehabilitation plan, the sixty month guarantee has been removed.
Post-Retirement Death Benefit	• <i>Husband and Wife:</i> If married, pension benefits are paid in the form of a subsidized 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If rejected, or if not married, benefits are payable for the life of the participant (with sixty monthly payments guaranteed without reduction, only for those covered under the Alternative Schedule under the Rehabilitation plan) or in any other available optional form elected by the employee. • For participants hired on or after September 1, 2010 and those covered under the Default Schedule under the Rehabilitation plan, the 50%, 75% and 100% Joint and Survivor forms of payment will be reduced to be actuarially equivalent to the single life annuity.

Section 3: Certificate of Actuarial Valuation

Optional Forms of Benefits	• 100% joint and survivor annuity • 75% joint and survivor annuity														
Inactive Vested Participants	• The Default Schedule is automatically imposed following an employer withdrawal.														
Participation	• Earliest April 1st or October 1st following completion of 30 days of service during a 12 consecutive month period.														
Benefit Credit	<table> <tr> <th>Days of Service</th><th>Pension Credit</th></tr> <tr> <td>Less than 100</td><td>none</td></tr> <tr> <td>100 – 119</td><td>.50</td></tr> <tr> <td>120 – 139</td><td>.60</td></tr> <tr> <td>140 – 159</td><td>.75</td></tr> <tr> <td>160 – 179</td><td>.80</td></tr> <tr> <td>180 or more</td><td>1.00</td></tr> </table> • For participants hired on or after September 1, 2010, or under the Default Schedule under the Rehabilitation plan, no partial pension credit granted for less than 180 days of service.	Days of Service	Pension Credit	Less than 100	none	100 – 119	.50	120 – 139	.60	140 – 159	.75	160 – 179	.80	180 or more	1.00
Days of Service	Pension Credit														
Less than 100	none														
100 – 119	.50														
120 – 139	.60														
140 – 159	.75														
160 – 179	.80														
180 or more	1.00														
Vesting Credit	• One year of vesting service for each credit year during the contribution period in which the employee works 100 days in covered employment.														
Contribution Rate	• The contribution rates negotiated to date are as follows: • Constance Food Group (and MILA Utility Class employees hired after September 1, 2011): – \$1.90 per hour effective April 1, 2020 – \$1.95 per hour effective April 1, 2021 • All other employers, – \$4.50 per hour effective April 1, 2020 – \$4.70 per hour effective April 1, 2021 • The average contribution rate as of April 1, 2021 was \$3.08 per hour														
Changes in Plan Provisions	There were no changes in plan provisions reflected in this actuarial valuation														

Attachment to 2021 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan Name: Local 584 Pension Trust Fund
Plan Sponsor's Name: Board of Trustees of Local 584 Pension Trust Fund

EIN: 51-6123679
PN: 001

(a)	(b) Identify of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	First AM Govt Obligations Fd Cl Z	MMKT Fund	735,106	\$ 735,106

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended March 31, 2021.

Age	Pension Credits								
	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39
Under 25	8	8	—	—	—	—	—	—	—
25 - 29	18	15	3	—	—	—	—	—	—
30 - 34	37	28	7	2	—	—	—	—	—
35 - 39	41	22	9	8	2	—	—	—	—
40 - 44	67	24	18	10	11	4	—	—	—
45 - 49	57	11	13	8	14	10	1	—	—
50 - 54	77	17	12	14	18	11	1	4	—
55 - 59	46	15	5	7	8	8	3	—	—
60 - 64	28	—	3	7	6	6	4	1	1
65 - 69	2	—	1	—	—	1	—	—	—
70 & over	3	—	—	—	1	1	1	—	—
Total	384	140	71	56	60	41	10	5	1

Note: Excludes 17 participants with less than one pension credit.



333 West 34th Street, 3rd Floor
New York, NY 10001-2402
segalco.com T:212.251.5000

June 29, 2021

Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (TEGE:EP:EPCU)
230 S. Dearborn Street
Room 1700 - 17th Floor
Chicago, IL 60604

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of April 1, 2021 for the following plan:

Name of Plan: Local 584 Pension Trust Fund
Plan number: EIN 51-6123679 / PN 001
Plan sponsor: Board of Trustees, Local 584 Pension Trust Fund
Address: 265 W 14th Street, Suite #902, New York, NY 10011
Phone number: 212.528.1998

As of April 1, 2021, the Plan is in critical and declining status.

This certification does not reflect the enactment of the American Rescue Plan Act of 2021 (ARPA) on March 11, 2021. We anticipate clarification of ARPA relief provisions based on regulations to be issued by the IRS and the Pension Benefit Guaranty Corporation. Decisions that the Trustees may make to elect options available to them that might affect the Plan's "zone" status and minimum funding requirements for the current and future years may be reflected in a revised or future actuarial valuation.

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on information received from the sponsor and based on the annual standards of the rehabilitation plan.

If you have any questions on the attached certification, you may contact us at the following:

Segal
333 West 34th Street,
New York, NY 10001-2402
Phone number: 212.251.5000

Sincerely,

Michael Carroll, ASA, MAAA
Senior Actuary
Enrolled Actuary No. 20-08547

Aldwin Frias, FSA, FCA, MAAA, Enrolled Actuary
Senior Vice President and Actuary
Enrolled Actuary No. 20-06687

Actuarial Status Certification as of April 1, 2021 under IRC Section 432
June 29, 2021

Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4b)

This is to certify that Segal has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Local 584 Pension Trust Fund as of April 1, 2021 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the April 1, 2020 actuarial valuation, dated December 4, 2020. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA). Additional assumptions required for the projections (including those under MPRA), and sources of financial information used are summarized in Exhibit VI.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which this certification is based reflects Segal's understanding as an actuarial firm.

This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

We are members of the American Academy of Actuaries and we meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of our knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. In our opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer our best estimate of anticipated experience under the Plan.

Michael Carroll, ASA, MAAA		Aldwin Frias, FSA, FCA, MAAA	
EA#	20-08547	EA#	20-06687
Title	Senior Actuary	Title	Senior Vice President and Actuary
Email	mcarroll@segalco.com	Email	afrias@segalco.com

Certificate Contents

Exhibit 1	Status Determination as of April 1, 2021
Exhibit 2	Summary of Actuarial Valuation Projections
Exhibit 3	Funding Standard Account Projection
Exhibit 4	Funding Standard Account — Projected Bases Assumed Established After April 1, 2020
Exhibit 5	Solvency Projection
Exhibit 6	Actuarial Assumptions and Methodology

Actuarial Status Certification under IRC Section 432

Exhibit 1: Status Determination as of April 1, 2021

Status	Condition	Component Result	Final Result
Critical Status:			
1. Initial critical status tests:			
	C1. A funding deficiency is projected in four years?	Yes	Yes
	C2. a. A funding deficiency is projected in five years,	Yes	
	b. and the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
	c. and the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	Yes	Yes
	C3. a. A funding deficiency is projected in five years,	Yes	
	b. and the funded percentage is less than 65%?	Yes	Yes
	C4. a. The funded percentage is less than 65%,	Yes	
	b. and the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years?	Yes	Yes
	C5. The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	Yes	Yes
	2. In Critical Status?		Yes
3. Determination of critical and declining status:			
	C6. a. Any of (C1) through (C5) are Yes?	Yes	Yes
	b. and either Insolvency is projected within 15 years?	Yes	Yes
	c. or		
	1) The ratio of inactives to actives is at least 2 to 1,	Yes	
	2) and insolvency is projected within 20 years?	Yes	Yes
	d. or		
	1) The funded percentage is less than 80%,	Yes	
	2) and insolvency is projected within 20 years?	Yes	Yes
	In Critical and Declining Status?		Yes

Status	Condition	Component Result	Final Result
Endangered Status:			
	E1. a. Is not in critical status,	No	
	b. and the funded percentage is less than 80%?	Yes	No
	E2. a. Is not in critical status,	No	
	b. and a funding deficiency is projected in seven years?	Yes	No
	In Endangered Status?		No
Neither Critical Status Nor Endangered Status:			
	Neither Critical nor Endangered Status?		No

Documentation Regarding Progress Under Rehabilitation Plan (Schedule MB, line 4c)

This certification also notifies the IRS that the plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on information received from the sponsor and based on the annual standards of the rehabilitation plan.

The Trustees have adopted a Rehabilitation Plan with the following annual standards:

Annual Standards for Meeting the Rehabilitation Requirements

Based on reasonable assumptions, the Fund is expected to become insolvent in the Plan Year ending March 31, 2022. The Trustees recognize the possibility that actual experience could be less favorable than the reasonable assumptions. Therefore, the Trustees have established the following annual standards:

Plan Year End March 31,	Market Value of Assets No Less Than the Following (in \$ millions)
2011	\$65
2012*	58
2013	50
2014	42
2015	34
2016	25
2017	16
2018	8
2019	3
2020 and later	Insolvent

* *First year of the Rehabilitation Period and scheduled progress requirements*

The preliminary market value of assets as of March 31, 2021 of \$4,299,563 exceeds the annual standard for that date.

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of April 1, 2021 (based on projections from the April 1, 2020 valuation certificate):

1. Financial Information			
a.	Market value of assets		\$4,299,563
b.	Actuarial value of assets		3,439,650
c.	Reasonably anticipated contributions including withdrawal liability payments		
1)	Upcoming year		3,001,368
2)	Present value for the next five years		14,259,353
3)	Present value for the next seven years		19,577,654
d.	Projected benefit payments		14,905,275
e.	Projected administrative expenses (beginning of year)		1,009,134
2. Liabilities			
a.	Present value of vested benefits for active participants		32,821,841
b.	Present value of vested benefits for non-active participants		263,151,800
c.	Total unit credit accrued liability		303,074,517
d.	Present value of payments	Benefit Payments	Administrative Expenses
1)	Next five years	\$70,116,853	\$5,045,670
2)	Next seven years	95,596,599	7,063,937
e.	Unit credit normal cost plus expenses		3,069,790
f.	Ratio of inactive participants to active participants		4.9171
3.	Funded Percentage (1.b)/(2.c)		1.1%
4. Funding Standard Account			
a.	Credit Balance/(funding deficiency) as of the end of prior year		(\$156,425,502)
b.	Years to projected funding deficiency		0
5.	Years to Projected Insolvency		1

Exhibit 3: Funding Standard Account Projection

The table below presents the Funding Standard Account Projection for the Plan Years beginning April 1.

	Year Beginning April 1,					
	2020	2021	2022	2023	2024	2025
1. Credit balance/(funding deficiency) (BOY)	(137,613,342)	(156,425,502)	(175,319,585)	(195,030,974)	(215,351,209)	(232,109,529)
2. Interest on (1)	(2,752,267)	(3,128,510)	(3,506,392)	(3,900,619)	(4,307,024)	(4,642,191)
3. Normal cost	1,194,650	1,034,478	1,036,547	1,038,620	1,040,698	1,042,779
4. Administrative expenses	989,347	1,009,134	1,029,317	1,049,903	1,070,901	1,092,319
5. Net amortization charges	16,488,307	16,382,323	16,786,374	16,974,126	13,060,540	14,925,354
6. Interest on (3), (4) and (5)	373,446	368,519	377,045	381,253	303,443	341,209
7. Expected contributions	2,958,735	3,001,368	2,996,815	2,996,815	2,996,815	2,996,815
8. Interest on (7)	27,122	27,513	27,471	27,471	27,471	27,471
9. Credit balance/(funding deficiency) (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	(156,425,502)	(175,319,585)	(195,030,974)	(215,351,209)	(232,109,529)	(251,129,095)

	2026	2027	2028	2029	2030
1. Credit balance/(funding deficiency) (BOY)	(251,129,095)	(269,100,428)	(286,921,642)	(302,590,534)	(320,087,722)
2. Interest on (1)	(5,022,582)	(5,382,009)	(5,738,433)	(6,051,811)	(6,401,754)
3. Normal cost	1,044,865	1,046,954	1,049,048	1,051,146	1,053,249
4. Administrative expenses	1,114,165	1,136,449	1,159,178	1,182,361	1,206,008
5. Net amortization charges	13,500,810	12,976,882	10,492,504	11,952,437	10,395,211
6. Interest on (3), (4) and (5)	313,197	303,206	254,015	283,719	253,089
7. Expected contributions	2,996,815	2,996,815	2,996,815	2,996,815	2,996,815
8. Interest on (7)	27,471	27,471	27,471	27,471	27,471
9. Credit balance/(funding deficiency) at end of year: (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	(269,100,428)	(286,921,642)	(302,590,534)	(320,087,722)	(336,372,747)

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after April 1, 2020
Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience gain	4/1/2021	(\$249,851)	15	(\$19,063)
Experience gain	4/1/2022	(91,596)	15	(6,989)
Experience gain	4/1/2023	(176,655)	15	(13,479)
Experience gain	4/1/2024	(289,054)	15	(22,055)
Experience gain	4/1/2025	(354,968)	15	(27,084)

Exhibit 5: Solvency Projections

The table below presents the projected Market Value of Assets for the Plan Years beginning April 1, 2020 through 2021.

	Year Beginning April 1,	
	2020	2021
1. Market Value at beginning of year	\$15,194,244	\$4,299,563
2. Contributions	2,086,265	2,191,667
3. Withdrawal liability payments	872,470	809,701
4. Benefit payments	14,755,585	14,905,275
5. Administrative expenses	999,891	1,020,000
6. Interest earnings	1,902,060	0
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$4,299,563	\$0
8. Available resources: (1)+(2)+(3)-(5)+(6)	\$19,055,148	\$6,280,931

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the April 1, 2020 actuarial valuation certificate, dated December 4, 2020, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

Contribution Rates: Projected contributions include contribution rate increases for employers, as provided by the Fund Office that have collective bargaining agreements in accordance with the terms of the Rehabilitation Plan. The following contribution rates were reflected in the certification:

Effective Date Beginning Of	Hourly Contribution Rate (except Constance Food and MILA employers' participants in the Utility class hired after 9/1/11)	Hourly Contribution Rate For Constance Food Group and MILA employers' participants in the Utility class hired after 9/1/11
4/1/2021	\$4.70	\$1.95

Asset Information: The financial information as of March 31, 2021 was based on an unaudited financial statement provided by the Fund Auditor. The market value of assets as of April 1, 2021 was estimated using the value of investments provided by the Auditor and adjustments for payables and receivables provided by the auditor. The income and expense items were based on information about contributions, withdrawal liability payments, benefits and expense payments provided by the Fund Administrator. For projections after that date, the assumed administrative expenses were increased by 2% per year and the benefit payments were projected based on the April 1, 2020 actuarial valuation. The projected net investment return was assumed to be 2.00% of the average market value of assets for the Plan Years after March 31, 2021. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.

Projected Industry Activity: As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on this information, the number of active participants is assumed to decrease to 350 active participants as of March 31, 2021 and remain level thereafter and, on the average, contributions will be made for each active for 1,950 hours each year including expected withdrawal liability payments.

Future Normal Costs: Based on the assumed industry activity and the assumption that replacement employees will have the same entry age as employees leaving the work force, the Entry Age Normal Cost method used in the valuation results in level Normal Costs per active. Based on the assumed industry activity, we have assumed that the Normal Cost will increase by 0.2% per year to reflect future mortality improvement.

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

Technical issues

Segal does not practice law and, therefore, cannot and does not provide legal advice.

Any statutory interpretation on which the certification is based reflects Segal's understanding as an actuarial firm. Due to the complexity of the statute and the significance of its ramifications, Segal recommends that the Board of Trustees consult with legal counsel when making any decisions regarding compliance with ERISA and the Internal Revenue Code.

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Supplement to April 1, 2021 Actuarial Status Certification

Benefit Payments from Solvency Projection

Plan Year Beginning April 1:	Active	Inactive Vested	Retirees and Beneficiaries	Total
2021	\$364,106	\$248,807	\$14,292,362	\$14,905,275

Note: The solvency projection did not include an assumption for new entrants.

Projected Withdrawal Liability Payments

All projected withdrawal liability payments shown in this certification are from previously withdrawn employers. No withdrawal liability payments are assumed from employers that will withdraw in the future.

SCHEDULE MB, LINE 3 - WITHDRAWAL LIABILITY AMOUNTS

Date	Withdrawal Liability Payments
04/2021	\$4,553.35
06/2021	201,286.80
07/2021	1,817.00
09/2021	201,286.80
10/2021	1,817.00
12/2021	201,286.00
01/2022	1,817.00
03/2022	201,286.80

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	04/01/1992	\$93	1	\$93
Assumption change	04/01/1994	906,217	3	308,074
Plan amendment	04/01/1996	89	5	19
Assumption change	04/01/1998	564,909	7	85,574
Plan amendment	04/01/1998	5,059,419	7	766,412
Plan amendment	04/01/1998	8,577,432	7	1,299,329
Plan amendment	04/01/1999	11,239	8	1,504
Plan amendment	04/01/2000	5,791,499	9	695,635
Plan amendment	04/01/2001	392,467	10	42,835
Plan amendment	04/01/2004	43,478	13	3,756
Plan amendment	04/01/2005	66,762	14	5,407
Assumption change	04/01/2006	380,335	15	29,019
Plan amendment	04/01/2006	1,277,696	15	97,488
Plan amendment	04/01/2007	115,331	16	8,328
Actuarial loss	04/01/2009	10,961,197	3	3,726,320
Assumption change	04/01/2010	2,338,077	4	601,995
Actuarial loss	04/01/2011	2,047,186	5	425,811
Plan amendment	04/01/2011	4,801,551	5	998,715
Actuarial loss	04/01/2012	2,993,444	6	523,928
Actuarial loss	04/01/2013	2,198,688	7	333,062
Assumption change	04/01/2015	9,583,552	9	1,151,111
Assumption change	04/01/2018	56,252,283	12	5,214,895
Assumption change	04/01/2019	36,768,056	13	3,176,412
Actuarial loss	04/01/2020	653,858	14	52,951

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	04/01/2020	38,946,041	14	3,153,941
Total		\$190,730,899		\$22,702,614

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	04/01/1999	\$3,294,502	8	\$440,914
Actuarial gain	04/01/2007	411,133	1	411,133
Assumption change	04/01/2007	4,854,271	16	350,508
Assumption change	04/01/2008	197,480	2	99,718
Actuarial gain	04/01/2008	201,036	2	101,513
Plan amendment	04/01/2009	420,240	3	142,863
Actuarial gain	04/01/2010	9,685,989	4	2,493,893
Actuarial gain	04/01/2014	7,625,345	8	1,020,524
Actuarial gain	04/01/2015	2,410,397	9	289,520
Actuarial gain	04/01/2016	2,915,102	10	318,165
Actuarial gain	04/01/2017	2,074,574	11	207,819
Actuarial gain	04/01/2018	4,408,551	12	408,697
Actuarial gain	04/01/2019	184,754	13	15,961
Change in asset method	04/01/2021	857,242	10	93,563
Actuarial gain	04/01/2021	4,944,285	15	377,246
Change in funding method	04/01/2021	7,089,634	10	773,789
Total		\$51,574,535		\$7,545,826

Section 3: Certificate of Actuarial Valuation

Annual Administrative Expenses	\$1,000,000, payable monthly, for the year beginning April 1, 2021 (equivalent to \$989,347 payable at the beginning of the year) or 53.1% of Normal Cost The annual administrative expenses were based on historical and current data, estimated future experience and professional judgment.
Actuarial Value of Assets	Market value of assets (previously, asset smoothing method). This change was made pursuant to automatic approval under Revenue Procedure 2000-40.
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service. This change was made pursuant to automatic approval under Revenue Procedure 2000-40 (previously, Entry Age Normal Cost Method).
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in <i>Exhibit L</i> .
Current Liability Assumptions	<i>Interest:</i> 2.36%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using Scale MP-2014, projected forward generationally using Scale MP-2019 (previously Scale MP-2018).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 4.6%, for the Plan Year ending March 31, 2021 <i>On current (market) value of assets (Schedule MB, line 6h):</i> 21.8%, for the Plan Year ending March 31, 2021
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to an October 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.83% to 2.36% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 413(c)(6)(E) and the mortality tables and mortality improvement scale were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumption was changed: ➤ Net investment return for solvency purposes, previously 5.25% for the year ending March 31, 2021

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates	Non-annuitant:	100% of RP-2006 Blue Collar Employee Mortality Table with generational projection using Scale MP-2018			
	Healthy Annuitant:	100% of RP-2006 Blue Collar Healthy Annuitant Mortality Table with generational projection using Scale MP-2018			
	Disabled Annuitant:	100% of RP-2006 Disabled Retiree Mortality Table with generational projection using Scale MP-2018			
	The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date.				
	These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.				
The mortality rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over the past several years.					
Annuitant Mortality Rates	Rate (%) ¹				
		Healthy		Disabled	
	Age	Male	Female	Male	Female
	55	0.64	0.42	2.49	1.50
	60	0.89	0.66	2.81	1.95
	65	1.45	1.06	3.63	2.53
	70	2.38	1.70	4.88	3.43
	75	3.89	2.75	6.70	4.91
	80	6.38	4.54	9.43	7.26
	85	10.51	7.80	13.71	10.85
	90	17.31	13.38	20.46	15.86
¹ Mortality rates shown for base table.					

Section 3: Certificate of Actuarial Valuation

Termination Rates before Retirement

Age	Rate (%)			
	Mortality ¹		Disability	Withdrawal ²
	Male	Female		
20	0.07	0.02	0.03	7.94
25	0.07	0.02	0.03	7.72
30	0.06	0.02	0.03	7.22
35	0.07	0.03	0.03	6.28
40	0.10	0.05	0.05	5.15
45	0.16	0.09	0.09	3.98
50	0.26	0.13	0.20	2.56
55	0.38	0.19	0.43	0.94
60	0.64	0.31	0.87	0.09

¹ Mortality rates shown for base table

² Withdrawal rates cut out at first eligibility for an immediate pension

The termination rates and disability rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of and the projected number based on the prior year's assumption over the past several years.

Retirement Rates

Age ¹	Rates for Active Participants	Rates for Inactive Vested Participants
50 – 53	15%	N/A
54	35%	N/A
55 – 61	15%	15%
62 – 64	12%	12%
65 – 69	50%	50%
70	100%	100%

¹ if eligible

The retirement rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the past several years.

Section 3: Certificate of Actuarial Valuation

Description of Weighted Average Retirement Age	Age 63, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the April 1, 2021 actuarial valuation.
Future Benefit Accruals	One pension credit per year. The future benefit accruals were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the past several years.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as those with at least 100 days in the most recent Plan year and who have accumulated at least one pension credit, excluding those who have retired and those whose employer withdrew as of the valuation date.
Percent Married	70%
Age of Spouse	Spouses of male participants are three years younger and spouses of females participants are three years older.
Benefit Election	Married participants are assumed to elect the 50% joint and survivor annuity form of payment and non-married participants are assumed to elect the single life annuity with sixty months of guaranteed payment or single life annuity for participants on the Default Schedule. The benefit elections were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the past several years.
Eligibility for Delayed Retirement Factors	Actives participants assumed to work enough days each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence benefits after attaining normal retirement age qualify for delayed retirement increases.
Net Investment Return	2.00% for normal cost and actuarial accrued liability. The net investment return assumptions are an estimate derived from current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation. The valuation liability interest rate is based on these investment returns through the projected date of insolvency; for the period after projected insolvency, the rate averaged about 2.0% based on high-quality fixed income investments currently available as of the valuation date whose cash flows match the timing and amount of expected benefit payments. In addition, expectations of estimated annuity purchase rates for benefits being settled were also considered.

Section 3: Certificate of Actuarial Valuation

Annual Administrative Expenses	\$1,000,000, payable monthly, for the year beginning April 1, 2021 (equivalent to \$989,347 payable at the beginning of the year) or 53.1% of Normal Cost The annual administrative expenses were based on historical and current data, estimated future experience and professional judgment.
Actuarial Value of Assets	Market value of assets (previously, asset smoothing method). This change was made pursuant to automatic approval under Revenue Procedure 2000-40.
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service. This change was made pursuant to automatic approval under Revenue Procedure 2000-40 (previously, Entry Age Normal Cost Method).
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in <i>Exhibit L</i> .
Current Liability Assumptions	<i>Interest:</i> 2.36%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using Scale MP-2014, projected forward generationally using Scale MP-2019 (previously Scale MP-2018).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 4.6%, for the Plan Year ending March 31, 2021 <i>On current (market) value of assets (Schedule MB, line 6h):</i> 21.8%, for the Plan Year ending March 31, 2021
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to an October 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.83% to 2.36% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 413(c)(6)(E) and the mortality tables and mortality improvement scale were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumption was changed: ➤ Net investment return for solvency purposes, previously 5.25% for the year ending March 31, 2021

LOCAL 584 PENSION FUND

Update to Rehabilitation Plan that was adopted January 27, 2009 Effective September 1, 2015

Update Adopted May 3, 2016
Reviewed and Approved as of March 31, 2019

Introduction

The Pension Protection Act of 2006 (“PPA”) requires the Trustees of a multiemployer pension fund that has been certified by its actuary as being in Critical Status (also known as the “Red Zone”) to develop a Rehabilitation Plan (“Rehab Plan”) that is intended to enable the fund to cease to be in Critical Status by the end of the rehabilitation period. However, if the Trustees determine, based upon the exhaustion of all reasonable measures, that the fund can not reasonably be expected to emerge by the end of the rehabilitation period, the Rehab Plan should be designed to enable the Fund to cease to be in Critical Status at a later date, or if not reasonable, to forestall possible insolvency. The Rehab Plan must be based on reasonably anticipated experience and on reasonable actuarial assumptions.

On June 27, 2008, the Local 584 Pension Fund (“the Fund”) was certified by its actuary to be in Critical status for the plan year beginning April 1, 2008. On June 29, 2009, June 29, 2010 and June 29, 2011 the plan was again certified as being in Critical status for the plan years beginning April 1, 2009, April 1, 2010 and April 1, 2011 respectively.

This Rehab Plan:

1. specifies the rehabilitation period;
2. describes the alternatives the Trustees considered when preparing the Rehabilitation Plan;
3. explains why the Trustees concluded that there are no reasonable measures that would enable the Fund to emerge from Critical Status by the end of the rehabilitation period
4. includes two schedules of contribution increases and benefit changes associated with them that, if adopted by the bargaining parties, are projected to help the Fund to forestall insolvency. One of these schedules must be adopted as part of acceptable future collective bargaining agreements, between the union and contributing employers, that are agreed to after February 25, 2009;
5. explains how the Default Schedule will be put into effect automatically if the bargaining parties do not agree on an acceptable schedule in a timely manner; and
6. sets out annual standards to be achieved under the Rehab Plan and describes how the Rehab Plan will be updated from time to time.

Rehabilitation Period

The rehabilitation period is the period of ten Plan Years beginning April 1, 2011.

Alternatives Considered by Trustees Before Adoption of Rehabilitation Plan

The Trustees considered several actions that would enable the Fund to emerge from Critical Status by the end of the ten-year Rehabilitation Period. The Trustees have determined the remedies considered to emerge from

Critical Status were unreasonable measures that would be untenable or counterproductive and adverse to the Fund and the Fund participants. The various schedules considered included the following default schedule:

- Benefits: Eliminate all non-protected and adjustable benefits and
- Contributions: Increase the hourly contribution rate by \$1.70 per year for each of the 10 years beginning April 1, 2011 until emergence by the end of the ten-year Rehabilitation Period, to an ultimate rate of \$18.45 per hour by April 1, 2021.

As shown above, emergence by the end of the presumptive ten-year Rehabilitation Period required substantial annual contribution rate increases, coupled with the maximum legally permissible benefit reductions. The Trustees were also advised that substantial annual contribution increases would be required even if the ten-year Rehabilitation Period were extended to thirteen-years pursuant to the Workers, Retirees, and Employers Recovery Act of 2008. The Trustees concluded that such contribution increases with maximum benefit reductions were unreasonable and involved considerable risk to the Fund and Fund Participants. The continued existence of the Fund and the Trustees' ability to maintain or improve the Fund's funded status would be jeopardized by any attempt to emerge from Critical Status by the end of the presumptive ten-year Rehabilitation Period.

The Trustees have considered many actions that would enable the Fund to emerge from Critical Status by the end of the Rehabilitation Period, including the default schedule included herein.

To achieve emergence by the end of the Rehabilitation period would require large contribution increases well beyond the ability of the contributing employers to cover, even with maximum benefit reductions as set forth in the default schedule.

The Trustees have concluded that such contribution rate increases are unreasonable for the reasons set forth hereinafter:

The Fund covers union employees, the great majority of whom are employed in the processing and delivery of milk and milk products in the Metropolitan New York area. The milk industry has been shrinking in New York City for several years. The number of processing plants has declined from approximately thirteen to one major plant within the City limits. Home delivery of milk and milk products has been virtually eliminated, resulting in the loss of thousands of jobs.

The milk industry remains, for the most part a collection of family businesses, run by successive family generations with no other business sources of income. The Trustees believe that contribution rate increases of the magnitude set forth above, to wit, \$1.70 per year over a ten year period, would result in the withdrawal of many of the contributing employees who would not be able to cover their liability to the Fund.

Further, it would not be possible to have substantial contribution rate increases from elsewhere in the members' compensation package. The most recent collective bargaining agreement covering the majority of Fund participants drastically reduced the wages for employees hired after July 18, 2007 in the processing plant in the City to a point just above minimum wage requirements.

The remaining active Fund participants are the drivers who deliver the milk and milk products. It would be counterproductive to make a substantial reduction in the compensation package of the driver group to produce contribution rate increases. There remains a competitive market for such drivers in New York City because of the necessary qualifications and unique requirements for dairy deliveries in the City market, as follows:

- all drivers must obtain and maintain a commercial drivers license

- the work involves heavy physical labor in moving products
- most deliveries must be made in the early morning hours.
- drivers are required to interact with customers, and are required to balance accounts and pick up cash payments
- the combination of early morning deliveries in the City coupled with the probability of cash collections on the driver's person has made for added risk to the driver's safety.

It would be counterproductive to make a substantial reduction in the compensation package of the driver group as it would diminish the ability of the contributing employers to employ qualified drivers.

Furthermore, the Trustees have determined that the Alternative 1 and Alternative 2 schedules contained in the Rehabilitation Plan adopted January 27, 2009, although helpful, are not the best possible measures to forestall the insolvency of the Fund, and the "December 14, 2010 Alternative Schedule" proposed by the Trustees and contained in this update offers the best possible means to forestall insolvency of the Fund.

Rehab Plan Schedules

The schedules under the Rehab Plan are listed below. They are applicable to active participants only (except where noted), and are valid for new agreements being negotiated until such time that the Trustees provide updated schedules to the bargaining parties.

- ***Default Schedule***

- Reduce future benefit accruals to \$28 per pension credit; for employees of Constance Food Group and MILA employers' participants in the Utility class hired after 9/1/11, the future benefit accrual would be reduced to \$7.80
- Eliminate all early retirement benefits under the Early Retirement pension, 35-Year Service pension, 30-Year Service pension and 25-Year Service pension in excess of an actuarially reduced normal retirement benefit
- Eliminate the disability pension
- Eliminate the post-retirement 60-month guarantee
- Eliminate the subsidies in the 50%, 75% and 100% Husband and Wife forms of payment
- Eliminate the pre-retirement death benefit of 60 months of benefits guaranteed
- Eliminate earning partial pension credit for participants who work less than 180 Days of Service
- The hourly contribution rate for the first year of the agreement is \$1.693 and shall increase by \$0.194 each year for the next fourteen years, plus \$0.50 on 9/1/2015 and \$0.50 on 9/1/2016, to an ultimate hourly rate of \$5.409; for Constance Food Group and MILA employers' participants in the Utility class hired after 9/1/11, the hourly contribution rate for the first year of the agreement is \$0.449 and shall increase by \$0.049 each year for the next fourteen years, plus \$0.50 on 9/1/2015 and \$0.50 on 9/1/2016, to an ultimate hourly rate of \$2.135

- ***December 14, 2010 Alternative Schedule***

- For Participants hired before September 1, 2010:
 - » Reduce future benefit accruals to \$77 per pension credit for participants hired before December 1, 1984, and to \$67 for participants hired on or after December 1, 1984 but before September 1, 2010. For employees of Constance Food Group, the future benefit accrual would be reduced to \$13.
- For participants hired on or after September 1, 2010:
 - » Reduce future benefit accruals to \$30 per pension credit. For employees of Constance Food Group and MILA employers' participants in the Utility class hired after 9/1/11, the future benefit accrual would be reduced to \$7.80

- » Eliminate all service pensions
- » Eliminate the disability pension
- » Eliminate the subsidies in the 50%, 75% and 100% Husband and Wife forms of payment
- » Eliminate the pre-retirement death benefit of 60 months of benefits guaranteed
- » Eliminate earning partial pension credit for participants who work less than 180 Days of Service.

The hourly contribution rate for the first year of the agreement is \$1.70 and shall increase by \$0.20 each year for the next fourteen years, plus \$0.50 on 9/1/2015 and \$0.50 on 9/1/2016, to an ultimate hourly rate of \$5.50; for Constance Food Group and MILA employers' participants in the Utility class hired after 9/1/11, the hourly contribution rate for the first year of the agreement is \$0.45 and shall increase by \$0.05 each year for the next fourteen years, plus \$0.50 on 9/1/2015 and \$0.50 on 9/1/2016, to an ultimate hourly rate of \$2.15

Non-active Participants

- ***Retired Participants***

- Participants who retired prior to January 29, 2009 are not affected by this Rehab Plan (i.e., no change in the benefits currently receiving)
- For participants who retire on or after January 29, 2009,:
 - » If their employer or former employer negotiates a schedule of benefits and contributions that eliminates early retirement subsidies or the Default Schedule is implemented by the Trustees for their bargaining group, then their retirement benefit shall be reduced in the same manner prospectively from the effective date of the new collective bargaining agreement or Default Schedule implementation or
 - » For Participants who retire on or after July 31, 2009 whose Employer negotiates with the Union a withdrawal from the Fund, their retirement benefits shall be reduced in the same manner prospectively as if their Employer had negotiated for the Default Schedule.

- ***Inactive Vested Participants***

- Participants who terminate Covered Employment after his or her employer negotiates a new collective bargaining agreement or contract consistent with this Rehab Plan shall have their benefits determined based on such agreement or contract.
- However, all other participants who have terminated or will terminate Covered Employment but have vested rights to a pension (including those who may later retire on a Reciprocal pension shall have their benefits determined based on the provisions of the Default Schedule.

The Rehabilitation Plan will forestall insolvency of the Fund. Based on reasonable assumptions, the Fund is expected to become insolvent in the year ending March 31, 2020 under the Rehabilitation Plan.

Automatic Implementation of Default Schedule

If a collective bargaining agreement providing for contributions under the Fund that was in effect on April 1, 2008 expires, and after receiving the Rehab Plan schedules, the bargaining parties fail to adopt contribution or benefit schedules with terms consistent with the Rehab Plan, the Default Schedule will be implemented automatically on the earlier of the date (1) on which the Secretary of Labor certifies that the parties are at an impasse, or (2) which is 180 days after the date on which the collective bargaining agreement expires, provided the employer has not withdrawn from the Fund.

Annual Standards for Meeting the Rehabilitation Requirements

Based on reasonable assumptions, the Fund is expected to become insolvent in the Plan Year ending March 31, 2020. The Trustees recognize the possibility that actual experience could be less favorable than the reasonable assumptions. Therefore, the Trustees are establishing the following annual standards:

Plan Year End March 31,	Market Value of Assets No Less Than the Following (in \$ millions)
2011	65
2012*	58
2013	50
2014	42
2015	34
2016	25
2017	16
2018	8
2019	3
2020	Insolvent

* First year of the Rehabilitation Period and scheduled progress requirements

Annual Updating of Rehab Plan

Each year the Fund's actuary will review and certify the status of the Fund under PPA funding rules and will determine whether or not the Fund is making the scheduled progress in meeting the requirements of the Rehab Plan in accordance with the law.

The Trustees elected under the Worker, Retiree and Employer Recovery Act of 2008 to freeze the status for the plan year beginning April 1, 2009 at the level it was assigned for the plan year beginning April 1, 2008, (i.e., critical). As a result, an update to the rehabilitation plan was not required for the plan year beginning April 1, 2009.

If the Trustees determine that it is necessary in light of updated information, they will revise the Rehab Plan and present updated schedules to the bargaining parties. Notwithstanding subsequent changes in benefit and contribution schedules, a schedule provided by the Trustees and relied upon by the bargaining parties in negotiating a collective bargaining agreement shall remain in effect for the duration of that collective bargaining agreement.

Other Issues

In the event that one schedule is implemented for an employer, and then a different schedule is adopted as part of a subsequent negotiation, the Trustees may develop revised contribution requirements for that particular situation.

If a participant changes employers and, therefore, becomes covered under a different schedule, benefits shall be determined as follows:

- If a participant covered by one of the Schedules subsequently becomes covered by another Schedule, benefits accrued up to the date of change will be determined under such Schedule in effect immediately prior to the change and benefits accruing after that date will be determined on the Schedule in effect after the date of the change.

Benefit changes indicated in this Rehab Plan will become effective as soon as legally permissible after the Rehab Plan is adopted.

If contribution rates negotiated by the bargaining parties for the pension plan are higher than the amount required under the Rehab Plan, the Board of Trustees reserves the right to determine if additional benefits may be granted to the affected members, to the extent permitted by the law, in order to make the Fund more desirable to attract and retain new members and increase the Fund's contribution base.

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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.

Benefit Changes

1. **The future benefit accrual rate under the Normal pension is reduced as follows:**

	From	To
Participants hired before December 1, 1984	\$87	\$28
Participants hired on or after December 31, 1984	\$77	\$28
Participants employed by Constance Food Group and MILA employers' participants in the Utility class hired after 9/1/11	\$15	\$7.80

2. **Early Retirement benefits provided under the Early Retirement pension, 35-Year Service pension, 30-Year Service pension and 25-Year Service pension are eliminated.** No retirement benefits in excess of the actuarially reduced normal retirement benefit will be payable prior to age 65.
3. **The Disability pension is eliminated.** Participants becoming disabled will be eligible for a deferred vested pension.
4. **60-month benefit guarantee for future retirees is eliminated.** Under the current plan, if a participant receiving a pension benefit dies before receiving 60 months of payments, the remainder of the 60-month period is paid to his named beneficiary. This guarantee is eliminated.
5. **The pre-retirement death benefit of the 60 month guarantee is eliminated.**
6. **Partial pension credit for participants working less than 180 Days of Service is eliminated.**
7. **The subsidies in the 50%, 75% and 100% Husband and Wife forms of payments are eliminated.** Currently the 50% Husband and Wife form is unreduced and the 75% and 100% are subsidized. These forms of benefits will now be reduced to the actuarial equivalent of a straight life annuity.
8. 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 for Default Schedule

Updated for 9/1/2015 CBA

Effective Date Beginning of	Hourly Contribution Rate (except Constance Food and MILA employers' participants in the Utility class hired after 9/1/11)	Hourly Contribution Rate For Constance Food Group and MILA employers' participants in the Utility class hired after 9/1/11
Year 1 - 4/1/11	1.693	0.449
Year 2 - 4/1/12	1.887	0.498
Year 3 - 4/1/13	2.081	0.547
Year 4 - 4/1/14	2.275	0.596
Year 5 - 4/1/15	2.469	0.645
9/1/15	2.969	1.145
Year 6 - 4/1/16	3.163	1.194
9/1/16	3.663	1.694
Year 7 - 4/1/17	3.857	1.743
Year 8 - 4/1/18	4.051	1.792
Year 9 - 4/1/19	4.245	1.841
Year 10 - 4/1/20	4.439	1.890
Year 11 - 4/1/21	4.633	1.939
Year 12 - 4/1/22	4.827	1.988
Year 13 - 4/1/23	5.021	2.037
Year 14 - 4/1/24	5.215	2.086
Year 15 - 4/1/25	5.409	2.135

DECEMBER 14, 2010 ALTERNATIVE SCHEDULE

Affected Participants

The benefit changes described in this schedule apply to participants retiring or terminating employment after the later of date the Alternative Schedule 2 is adopted and the date that benefits can be eliminated allowing for legally required advance notification and whose employer elected this schedule.

Benefit Changes

For Participants hired before September 1, 2010:

The future benefit accrual rate under the Normal pension is reduced as follows:

	From	To
Participants hired before December 1, 1984	\$87	\$77
Participants hired on or after December 31, 1984	\$77	\$67
Participants employed by Constance Food Group	\$15	\$13

Service Pension amounts adjusted accordingly.

For Participants hired on or after September 1, 2010:

1. **The benefit accrual rate under the Normal pension** will be \$30 per year of pension credit. For Constance Food group employees and MILA employers' participants in the Utility class hired after 9/1/11, the accrual rate will be \$7.80.
2. **There are no Early Retirement benefits provided under the Early Retirement pension, 35-Year Service pension, 30-Year Service pension or the 25-Year Service pension.** No retirement benefits will be payable prior to age 65.
3. **The Disability pension is eliminated.** Participants becoming disabled will be eligible for a deferred vested pension.
4. **The pre-retirement death benefit of the 60 month guarantee is eliminated.**
5. **Partial pension credit for participants working less than 180 Days of Service is eliminated.**
6. **The subsidies in the 50%, 75% and 100% Husband and Wife forms of payments are eliminated.** Currently the 50% Husband and Wife form is unreduced and the 75% and 100% are subsidized. These forms of benefits will now be reduced to the actuarial equivalent of a straight life annuity.

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 for December 14, 2010 Alternative Schedule

Updated for 9/1/2015 CBA

Effective Date Beginning Of	Hourly Contribution Rate (except Constance Food and MILA employers' participants in the Utility class hired after 9/1/11)	Hourly Contribution Rate For Constance Food Group and MILA employers' participants in the Utility class hired after 9/1/11
Year 1 - 4/1/2011	\$1.70	\$0.45
Year 2 - 4/1/2012	1.90	0.50
Year 3 - 4/1/2013	2.10	0.55
Year 4 - 4/1/2014	2.30	0.60
Year 5 - 4/1/2015	2.50	0.65
9/1/2015	3.00	1.15
Year 6 - 4/1/2016	3.20	1.20
9/1/2016	3.70	1.70
Year 7 - 4/1/2017	3.90	1.75
Year 8 - 4/1/2018	4.10	1.80
Year 9 - 4/1/2019	4.30	1.85
Year 10 - 4/1/2020	4.50	1.90
Year 11 - 4/1/2021	4.70	1.95
Year 12 - 4/1/2022	4.90	2.00
Year 13 - 4/1/2023	5.10	2.05
Year 14 - 4/1/2024	5.30	2.10
Year 15 - 4/1/2025	5.50	2.15

Documentation Regarding Progress Under Rehabilitation Plan (Schedule MB, line 4c)

This certification also notifies the IRS that the plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on information received from the sponsor and based on the annual standards of the rehabilitation plan.

The Trustees have adopted a Rehabilitation Plan with the following annual standards:

Annual Standards for Meeting the Rehabilitation Requirements

Based on reasonable assumptions, the Fund is expected to become insolvent in the Plan Year ending March 31, 2022. The Trustees recognize the possibility that actual experience could be less favorable than the reasonable assumptions. Therefore, the Trustees have established the following annual standards:

Plan Year End March 31,	Market Value of Assets No Less Than the Following (in \$ millions)
2011	\$65
2012*	58
2013	50
2014	42
2015	34
2016	25
2017	16
2018	8
2019	3
2020 and later	Insolvent

* *First year of the Rehabilitation Period and scheduled progress requirements*

The preliminary market value of assets as of March 31, 2021 of \$4,299,563 exceeds the annual standard for that date.

Exhibit 5: Solvency Projections

The table below presents the projected Market Value of Assets for the Plan Years beginning April 1, 2020 through 2021.

	Year Beginning April 1,	
	2020	2021
1. Market Value at beginning of year	\$15,194,244	\$4,299,563
2. Contributions	2,086,265	2,191,667
3. Withdrawal liability payments	872,470	809,701
4. Benefit payments	14,755,585	14,905,275
5. Administrative expenses	999,891	1,020,000
6. Interest earnings	1,902,060	0
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	\$4,299,563	\$0
8. Available resources: (1)+(2)+(3)-(5)+(6)	\$19,055,148	\$6,280,931

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the April 1, 2020 actuarial valuation certificate, dated December 4, 2020, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

Contribution Rates: Projected contributions include contribution rate increases for employers, as provided by the Fund Office that have collective bargaining agreements in accordance with the terms of the Rehabilitation Plan. The following contribution rates were reflected in the certification:

Effective Date Beginning Of	Hourly Contribution Rate (except Constance Food and MILA employers' participants in the Utility class hired after 9/1/11)	Hourly Contribution Rate For Constance Food Group and MILA employers' participants in the Utility class hired after 9/1/11
4/1/2021	\$4.70	\$1.95

Asset Information: The financial information as of March 31, 2021 was based on an unaudited financial statement provided by the Fund Auditor. The market value of assets as of April 1, 2021 was estimated using the value of investments provided by the Auditor and adjustments for payables and receivables provided by the auditor. The income and expense items were based on information about contributions, withdrawal liability payments, benefits and expense payments provided by the Fund Administrator. For projections after that date, the assumed administrative expenses were increased by 2% per year and the benefit payments were projected based on the April 1, 2020 actuarial valuation. The projected net investment return was assumed to be 2.00% of the average market value of assets for the Plan Years after March 31, 2021. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.

Projected Industry Activity: As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on this information, the number of active participants is assumed to decrease to 350 active participants as of March 31, 2021 and remain level thereafter and, on the average, contributions will be made for each active for 1,950 hours each year including expected withdrawal liability payments.

Future Normal Costs: Based on the assumed industry activity and the assumption that replacement employees will have the same entry age as employees leaving the work force, the Entry Age Normal Cost method used in the valuation results in level Normal Costs per active. Based on the assumed industry activity, we have assumed that the Normal Cost will increase by 0.2% per year to reflect future mortality improvement.

Section 3: Certificate of Actuarial Valuation

Exhibit E: Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Expected Annual Benefit Payments
2021	\$14,722,458
2022	14,601,478
2023	14,526,351
2024	14,429,574
2025	14,322,068
2026	14,173,588
2027	13,996,493
2028	13,811,633
2029	13,617,750
2030	13,399,063

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.

Attachment to 2021 Form 5500

Schedule R, Line 13e

Information on Contribution Rates and Base Units

Plan Name - Local 584 Pension Trust Fund

EIN - 51-6123679, Plan No. 001

Plan Sponsor Name - Board of Trustees of Local 584 Pension Trust Fund

Name of Employer	Contribution Rate	Base Unit Measure	CBA Expiration
Bartlett Distribution Services, LLC	\$4.70	Hourly	8/31/2024
	\$1.95	Hourly	8/31/2024
Bartlett Dairy	\$4.70	Hourly	8/31/2023

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 **04/01/2021** and ending **03/31/2022**

- 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.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒
- 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 LOCAL 584 PENSION TRUST FUND	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 05/03/1950
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF LOCAL 584 PENSION TRUST FUND 265 WEST 14TH STREET, SUITE 902 NEW YORK NY 10011	2b Employer Identification Number (EIN) 51-6123679 2c Plan Sponsor's telephone number (212) 528-1998 2d Business code (see instructions) 311500

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

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

SIGN HERE	<i>Demos P. Demopoulos</i>	10/26/2022	DEMOS DEMOPOULOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Robert Patrizio</i>	10/26/2022	ROBERT PATRIZIO
	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

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ACCOUNT LOCAL584PEN

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					3,460,705.55		
COMPARATIVE VALUE (5%)					173,035.27		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 31846V567 - First Am Govt Ob Fd Cl Z							
04/01/2021 001050998130	S	- 1,213,012.910	1.0000		1,213,013 *	1,213,013	
04/22/2021 001050998132	B	1,225,000.000	1.0000		- 1,225,000 *	1,225,000	
04/23/2021 001050998130	B	1,225,000.000	1.0000		- 1,225,000 *	1,225,000	
04/23/2021 001050998132	S	- 1,225,000.000	1.0000		1,225,000 *	1,225,000	
05/03/2021 001050998130	S	- 1,218,079.800	1.0000		1,218,080 *	1,218,080	
05/19/2021 001050998130	B	425,000.000	1.0000		- 425,000 *	425,000	
05/21/2021 001050998130	B	1,002,775.180	1.0000		- 1,002,775 *	1,002,775	
06/01/2021 001050998130	S	- 1,202,955.050	1.0000		1,202,955 *	1,202,955	
06/14/2021 001050998130	B	2,901,200.000	1.0000		- 2,901,200 *	2,901,200	
07/01/2021 001050998130	S	- 695,589.050	1.0000		695,589 *	695,589	
08/02/2021 001050998130	S	- 704,263.530	1.0000		704,264 *	704,264	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/01/2021 001050998130	S	- 692,837.530	1.0000		692,838 *	692,838	
09/27/2021 001050998130	B	758,300.000	1.0000		- 758,300 *	758,300	
10/01/2021 001050998130	S	- 692,675.970	1.0000		692,676 *	692,676	
11/01/2021 001050998130	S	- 700,671.460	1.0000		700,671 *	700,671	
11/17/2021 001050998130	B	400,707.500	1.0000		- 400,708 *	400,708	
12/01/2021 001050998130	S	- 686,200.120	1.0000		686,200 *	686,200	
12/31/2021 001050998130	B	1,416,100.000	1.0000		- 1,416,100 *	1,416,100	
01/03/2022 001050998130	S	- 684,458.910	1.0000		684,459 *	684,459	
02/01/2022 001050998130	S	- 681,355.750	1.0000		681,356 *	681,356	
02/28/2022 001050998130	B	550,000.000	1.0000		- 550,000 *	550,000	
03/01/2022 001050998130	S	- 679,935.120	1.0000		679,935 *	679,935	
03/17/2022 001050998130	B	640,000.000	1.0000		- 640,000 *	640,000	
Issue: 97MSCQGS3 - Loomis Multisectr Full Discretn Tr B							
04/21/2021 001050998132	S	- 45,169.617	27.1200		1,225,000 *	867,874	357,126
05/31/2021 001050998132	S	- 30,804.386	27.0700		833,875 *	591,865	242,009

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
GRAND TOTAL				0	23,679,994	23,080,858	599,135

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer

Issue: 97MSCQGS3 - Loomis Multisectr Full Discretn Tr B							
04/21/2021	S	- 45,169.617	27.1200		1,225,000 *	867,874	357,126
001050998132							
Issue: 97MSCQGS3 - Loomis Multisectr Full Discretn Tr B							
05/31/2021	S	- 30,804.386	27.0700		833,875 *	591,865	242,009
001050998132							
Total For Direct From Issuer				0	2,058,875	1,459,739	599,135

GRAND TOTAL				0	2,058,875	1,459,739	599,135
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CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V567 - First Am Govt Ob Fd Cl Z

04/05/2021	B	17.150	1.0000		- 17	17	
001050998130							
04/05/2021	B	4.290	1.0000		- 4	4	
001050998131							
04/05/2021	B	.010	1.0000				
001050998132							
04/05/2021	B	.010	1.0000				
001050998133							
04/08/2021	B	2,175.000	1.0000		- 2,175	2,175	
001050998130							

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/13/2021 001050998130	B	100.000	1.0000		- 100	100	
04/22/2021 001050998132	B	1,225,000.000	1.0000		- 1,225,000 *	1,225,000	
04/23/2021 001050998130	B	1,225,000.000	1.0000		- 1,225,000 *	1,225,000	
04/28/2021 001050998130	B	200.000	1.0000		- 200	200	
04/28/2021 001050998130	B	177.500	1.0000		- 178	178	
05/03/2021 001050998130	B	1,480.000	1.0000		- 1,480	1,480	
05/04/2021 001050998130	B	7.900	1.0000		- 8	8	
05/04/2021 001050998131	B	3.820	1.0000		- 4	4	
05/04/2021 001050998132	B	.880	1.0000		- 1	1	
05/04/2021 001050998133	B	.010	1.0000				
05/10/2021 001050998130	B	3,072.000	1.0000		- 3,072	3,072	
05/11/2021 001050998130	B	2,092.190	1.0000		- 2,092	2,092	
05/12/2021 001050998130	B	1,401.200	1.0000		- 1,401	1,401	
05/13/2021 001050998130	B	1,134.000	1.0000		- 1,134	1,134	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/18/2021 001050998130	B	3,045.000	1.0000		- 3,045	3,045	
05/19/2021 001050998130	B	425,000.000	1.0000		- 425,000 *	425,000	
05/20/2021 001050998130	B	100.000	1.0000		- 100	100	
05/21/2021 001050998130	B	1,002,775.180	1.0000		- 1,002,775 *	1,002,775	
06/01/2021 001050998130	B	78.130	1.0000		- 78	78	
06/02/2021 001050998130	B	13.480	1.0000		- 13	13	
06/02/2021 001050998131	B	2.400	1.0000		- 2	2	
06/02/2021 001050998132	B	.010	1.0000				
06/02/2021 001050998133	B	.010	1.0000				
06/08/2021 001050998130	B	3,075.080	1.0000		- 3,075	3,075	
06/14/2021 001050998130	B	2,901,200.000	1.0000		- 2,901,200 *	2,901,200	
07/01/2021 001050998130	B	5,929.400	1.0000		- 5,929	5,929	
07/02/2021 001050998130	B	31.650	1.0000		- 32	32	
07/02/2021 001050998132	B	.010	1.0000				

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/06/2021 001050998130	B	608.790	1.0000		- 609	609	
07/06/2021 001050998130	B	126.520	1.0000		- 127	127	
07/30/2021 001050998130	B	16.310	1.0000		- 16	16	
08/02/2021 001050998130	B	817.530	1.0000		- 818	818	
08/03/2021 001050998130	B	42.330	1.0000		- 42	42	
08/03/2021 001050998132	B	.010	1.0000				
08/09/2021 001050998130	B	813.630	1.0000		- 814	814	
08/11/2021 001050998130	B	562.600	1.0000		- 563	563	
08/27/2021 001050998130	B	200.000	1.0000		- 200	200	
08/31/2021 001050998130	B	213.500	1.0000		- 214	214	
09/01/2021 001050998130	B	2,084.930	1.0000		- 2,085	2,085	
09/02/2021 001050998130	B	30.750	1.0000		- 31	31	
09/02/2021 001050998130	B	455.760	1.0000		- 456	456	
09/03/2021 001050998130	B	155.200	1.0000		- 155	155	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/09/2021 001050998130	B	514.500	1.0000		- 515	515	
09/14/2021 001050998130	B	190.940	1.0000		- 191	191	
09/15/2021 001050998130	B	598.880	1.0000		- 599	599	
09/27/2021 001050998130	B	758,300.000	1.0000		- 758,300 *	758,300	
09/30/2021 001050998130	B	117.400	1.0000		- 117	117	
10/01/2021 001050998130	B	328.620	1.0000		- 329	329	
10/04/2021 001050998130	B	19.660	1.0000		- 20	20	
10/21/2021 001050998130	B	560.000	1.0000		- 560	560	
10/29/2021 001050998130	B	1,019.800	1.0000		- 1,020	1,020	
11/01/2021 001050998130	B	1,479.110	1.0000		- 1,479	1,479	
11/02/2021 001050998130	B	19.680	1.0000		- 20	20	
11/02/2021 001050998130	B	643.500	1.0000		- 644	644	
11/03/2021 001050998130	B	337.240	1.0000		- 337	337	
11/08/2021 001050998130	B	1,623.240	1.0000		- 1,623	1,623	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/16/2021 001050998130	B	1,452.820	1.0000		- 1,453	1,453	
11/17/2021 001050998130	B	400,707.500	1.0000		- 400,708 *	400,708	
11/18/2021 001050998130	B	535.060	1.0000		- 535	535	
11/22/2021 001050998130	B	958.820	1.0000		- 959	959	
11/29/2021 001050998130	B	3,045.000	1.0000		- 3,045	3,045	
11/30/2021 001050998130	B	115.640	1.0000		- 116	116	
12/01/2021 001050998130	B	375.000	1.0000		- 375	375	
12/02/2021 001050998130	B	10.660	1.0000		- 11	11	
12/02/2021 001050998130	B	268.000	1.0000		- 268	268	
12/07/2021 001050998130	B	180.900	1.0000		- 181	181	
12/22/2021 001050998130	B	268.000	1.0000		- 268	268	
12/23/2021 001050998130	B	198.380	1.0000		- 198	198	
12/30/2021 001050998130	B	.620	1.0000		- 1	1	
12/31/2021 001050998130	B	1,416,100.000	1.0000		- 1,416,100 *	1,416,100	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/04/2022 001050998130	B	3.810	1.0000		- 4	4	
01/05/2022 001050998130	B	652.500	1.0000		- 653	653	
01/06/2022 001050998130	B	406.650	1.0000		- 407	407	
01/27/2022 001050998130	B	234.140	1.0000		- 234	234	
02/02/2022 001050998130	B	16.160	1.0000		- 16	16	
02/02/2022 001050998130	B	526.140	1.0000		- 526	526	
02/04/2022 001050998130	B	573.610	1.0000		- 574	574	
02/09/2022 001050998130	B	1,848.770	1.0000		- 1,849	1,849	
02/14/2022 001050998130	B	117.070	1.0000		- 117	117	
02/15/2022 001050998130	B	748.540	1.0000		- 749	749	
02/28/2022 001050998130	B	550,000.000	1.0000		- 550,000 *	550,000	
03/01/2022 001050998130	B	1,016.500	1.0000		- 1,017	1,017	
03/02/2022 001050998130	B	3.760	1.0000		- 4	4	
03/08/2022 001050998130	B	634.560	1.0000		- 635	635	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/09/2022 001050998130	B	2,134.440	1.0000		- 2,134	2,134	
03/10/2022 001050998130	B	160.000	1.0000		- 160	160	
03/11/2022 001050998130	B	758.460	1.0000		- 758	758	
03/17/2022 001050998130	B	640,000.000	1.0000		- 640,000 *	640,000	
03/17/2022 001050998133	B	183.970	1.0000		- 184	184	
03/18/2022 001050998130	B	177.600	1.0000		- 178	178	
03/21/2022 001050998130	B	183.970	1.0000		- 184	184	
Total For Buys				0	10,599,600	10,599,600	0
04/01/2021 001050998130	S	- 1,213,012.910	1.0000		1,213,013 *	1,213,013	
04/23/2021 001050998132	S	- 1,225,000.000	1.0000		1,225,000 *	1,225,000	
04/27/2021 001050998130	S	- 2,691.250	1.0000		2,691	2,691	
05/03/2021 001050998130	S	- 1,218,079.800	1.0000		1,218,080 *	1,218,080	
05/10/2021 001050998130	S	- 114.000	1.0000		114	114	
05/21/2021 001050998131	S	- 168,338.580	1.0000		168,339	168,339	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/21/2021 001050998133	S	- 561.870	1.0000		562	562	
05/25/2021 001050998130	S	- 2,686.000	1.0000		2,686	2,686	
06/01/2021 001050998130	S	- 1,202,955.050	1.0000		1,202,955 *	1,202,955	
06/08/2021 001050998130	S	- 900.080	1.0000		900	900	
06/24/2021 001050998130	S	- 2,689.000	1.0000		2,689	2,689	
07/01/2021 001050998130	S	- 695,589.050	1.0000		695,589 *	695,589	
07/26/2021 001050998130	S	- 2,676.750	1.0000		2,677	2,677	
08/02/2021 001050998130	S	- 704,263.530	1.0000		704,264 *	704,264	
08/11/2021 001050998131	S	- 2.400	1.0000		2	2	
08/11/2021 001050998132	S	- 560.190	1.0000		560	560	
08/11/2021 001050998133	S	- .010	1.0000				
08/25/2021 001050998130	S	- 2,675.250	1.0000		2,675	2,675	
09/01/2021 001050998130	S	- 692,837.530	1.0000		692,838 *	692,838	
09/03/2021 001050998130	S	- 155.200	1.0000		155	155	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/10/2021 001050998130	S	- 69.340	1.0000		69	69	
09/14/2021 001050998130	S	- 190.940	1.0000		191	191	
09/15/2021 001050998130	S	- 598.880	1.0000		599	599	
09/24/2021 001050998130	S	- 2,675.750	1.0000		2,676	2,676	
10/01/2021 001050998130	S	- 692,675.970	1.0000		692,676 *	692,676	
10/25/2021 001050998130	S	- 2,673.500	1.0000		2,674	2,674	
11/01/2021 001050998130	S	- 700,671.460	1.0000		700,671 *	700,671	
11/23/2021 001050998130	S	- 478.910	1.0000		479	479	
11/23/2021 001050998130	S	- 115.200	1.0000		115	115	
11/24/2021 001050998130	S	- 2,656.750	1.0000		2,657	2,657	
12/01/2021 001050998130	S	- 686,200.120	1.0000		686,200 *	686,200	
12/22/2021 001050998130	S	- 231.280	1.0000		231	231	
12/23/2021 001050998130	S	- 3,430.990	1.0000		3,431	3,431	
01/03/2022 001050998130	S	- 684,458.910	1.0000		684,459 *	684,459	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/04/2022 001050998130	S	- 741.660	1.0000		742	742	
01/05/2022 001050998130	S	- 652.500	1.0000		653	653	
01/25/2022 001050998130	S	- 2,640.500	1.0000		2,641	2,641	
02/01/2022 001050998130	S	- 681,355.750	1.0000		681,356 *	681,356	
02/09/2022 001050998130	S	- 874.480	1.0000		874	874	
02/15/2022 001050998130	S	- 748.540	1.0000		749	749	
02/25/2022 001050998130	S	- 2,615.000	1.0000		2,615	2,615	
03/01/2022 001050998130	S	- 679,935.120	1.0000		679,935 *	679,935	
03/09/2022 001050998130	S	- 761.780	1.0000		762	762	
03/21/2022 001050998133	S	- 183.970	1.0000		184	184	
03/25/2022 001050998130	S	- 2,603.500	1.0000		2,604	2,604	
Total For Sells				0	11,286,032	11,286,032	0
Total First Am Govt Ob Fd Cl Z				0	21,885,632	21,885,632	0

Issue: 97MSCQGS3 - Loomis Multisectr Full Discretn Tr B

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/21/2021 001050998132	S	- 45,169.617	27.1200		1,225,000 *	867,874	357,126
05/31/2021 001050998132	S	- 30,804.386	27.0700		833,875 *	591,865	242,009
Total For Sells				0	2,058,875	1,459,739	599,135
Total Loomis Multisectr Full Discretn Tr B				0	2,058,875	1,459,739	599,135
GRAND TOTAL				0	23,944,507	23,345,371	599,135

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer

04/21/2021 001050998132	Issue: 97MSCQGS3 - Loomis Multisectr Full Discretn Tr B S	- 45,169.617	27.1200		1,225,000 *	867,874	357,126
05/31/2021 001050998132	Issue: 97MSCQGS3 - Loomis Multisectr Full Discretn Tr B S	- 30,804.386	27.0700		833,875 *	591,865	242,009
Total For Direct From Issuer				0	2,058,875	1,459,739	599,135
GRAND TOTAL				0	2,058,875	1,459,739	599,135

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
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022

► **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 LOCAL 584 PENSION TRUST FUND	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF LOCAL 584 PENSION TRUST FUND	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">D Employer Identification Number (EIN)</td> <td style="width: 20%; text-align: center;">51-6123679</td> </tr> </table>	D Employer Identification Number (EIN)	51-6123679
D Employer Identification Number (EIN)	51-6123679		

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

1a Enter the valuation date: Month 04 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	4,286,210
(2) Actuarial value of assets for funding standard account	1b(2)	4,286,210

(1) Accrued liability for plan using immediate gain methods	1c(1)	299,883,262
---	--------------	-------------

(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)	299,883,262
---	--------------	-------------

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)	293,540,749
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	1,775,968
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	14,736,616
(3) Expected plan disbursements for the plan year.....	1d(3)	15,736,616

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	Michael Carroll <i>M. C.</i> Signature of actuary	10/20/2022 Date
------------------	--	--------------------

MICHAEL CARROLL, ASA, MAAA

Type or print name of actuary

SEGAL

Firm name

333 WEST 34TH STREET
NEW YORK NY

10001-2402

Address of the firm

2008547

Most recent enrollment number

212-251-5000

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. 201209**

a Current value of assets (see instructions)

2a	4,693,337
----	-----------

(1) Number of participants	(2) Current liability
----------------------------	-----------------------

(1) For retired participants and beneficiaries receiving payment.....

1,140	209,162,066
-------	-------------

(2) For terminated vested participants

553	49,621,348
-----	------------

(3) For active participants:

(a) Non-vested benefits.....

5,839,208

(b) Vested benefits.....

28,918,127

(c) Total active

384	34,757,335
-----	------------

(4) Total

2,077 | 293,540,749

C If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage

2c	1.60%
----	-------

(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
10/15/2021	2,834,900				
			Totals ►	3(b)	2,834,900 3(c)

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

3(d)	815,150
------	---------

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))

4a	1.4 %
----	-------

b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5

4b	D
----	---

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	2021
----	------

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	2.36 %
b Rates specified in insurance or annuity contracts	Pre-retirement ☐ Yes ☐ No ☒ N/A Post-retirement ☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	2.00 %
e Expense loading	6e	53.1 % ☐ 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	4.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	21.8 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
5	- 857,242	- 93,563
1	- 4,944,285	- 377,246
5	- 7,089,634	- 773,789

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	156,440,688
b Employer's normal cost for plan year as of valuation date.....	9b	2,851,687

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)	190,730,899	22,702,614
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	3,639,900
e Total charges. Add lines 9a through 9d.....	9e	185,634,889

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	2,834,900

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	51,574,535	7,545,826
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		176,903

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	304,417,714	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	270,158,536	
(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		10,557,629
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		175,077,260

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 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	175,077,260

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