

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - 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>PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>01/01/1960</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>A. FINKL & SONS CO.</u> <u>1355 E. 93RD STREET</u> <u>CHICAGO, IL 60619</u>
	2b Employer Identification Number (EIN) <u>36-2815417</u>
	2c Plan Sponsor's telephone number <u>773-975-2510</u>
	2d Business code (see instructions) <u>332110</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2023</u>	<u>BRYAN BROWN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	5 488
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 138
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	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 1I 3H	
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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> 0 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit 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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 <u>PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>A. FINKL & SONS CO.</u>	D Employer Identification Number (EIN) <u>36-2815417</u>

E Type of plan: Single Multiple-A Multiple-B **F** Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>		
2	Assets:		
	a Market value.....	2a	<u>22490645</u>
	b Actuarial value.....	2b	<u>21756944</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>210</u>	<u>8191443</u>
	b For terminated vested participants.....	<u>140</u>	<u>2166530</u>
	c For active participants.....	<u>138</u>	<u>4223123</u>
	d Total.....	<u>488</u>	<u>14581096</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate.....	5	<u>5.42 %</u>
6	Target normal cost.....		
	a Present value of current plan year accruals.....	6a	<u>0</u>
	b Expected plan-related expenses.....	6b	<u>185602</u>
	c Total (line 6a + line 6b).....	6c	<u>185602</u>

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

SIGN HERE		
	Signature of actuary	<u>07/11/2023</u> Date
	<u>SHERYL BOGOLUB</u> Type or print name of actuary	<u>23-05538</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>312-381-4800</u> Telephone number (including area code)
	<u>MSC# 17510 P.O. BOX 1447 LINCOLNSHIRE, IL 60069</u> 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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	6379010
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	211562
9	Amount remaining (line 7 minus line 8)	0	6167448
10	Interest on line 9 using prior year's actual return of <u>5.38</u> %	0	331809
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.59</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	6499257

Part III Funding Percentages			
14	Funding target attainment percentage	14	104.64 %
15	Adjusted funding target attainment percentage	15	149.21 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	96.48 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years..... **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 185602

b Excess assets, if applicable, but not greater than line 31a **31b** 185602

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)			0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>A. FINKL & SONS CO.</u>	D Employer Identification Number (EIN) <u>36-2815417</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

DIMENSIONAL FUND ADVISORS 6300 BEE CAVE ROAD BUILDING ONE
AUSTIN, TX 78746

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

FLEXSHARES 3 CANAL PLAZA SUITE 100
PORTLAND, ME 04101

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

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

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

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

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

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

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

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

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

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

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

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

PLANTE & MORAN PLLC

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	190000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST CO.

36-1561860

(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?
21 28 50 52	NONE	69207	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AON CONSULTING INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	44528	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	PLANTE & MORAN PLLC	b EIN:	38-1357951
c Position:	ACCOUNTANT		
d Address:	10 SOUTH RIVERSIDE PLAZA 9TH FLOOR CHICAGO, IL 60606	e Telephone:	312-207-1040

Explanation: FOR THE PLAN YEAR 2022, WE HAVE TERMINATED PLANTE & MORAN, PLLC AS THE AUDITORS OF THE PLAN DUE TO INDEPENDENCE CONCERNS.

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
---	---	--

For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>A. FINKL & SONS CO.</u>	D Employer Identification Number (EIN) <u>36-2815417</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE SHORT-TERM INVSTMNT FUND</u>	b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u>	c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE AGGREGATE BOND INDEX</u>	b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u>	c EIN-PN <u>45-6138589-029</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE LONG-TERM GOVT BOND</u>	b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u>	c EIN-PN <u>45-6138589-057</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE LONG-TERM CREDIT BOND</u>	b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u>	c EIN-PN <u>45-6138589-059</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<p style="text-align: center;">SCHEDULE H (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Financial Information</p> <p style="font-size: small;">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).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	--

For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
<p>A Name of plan <u>PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES</u></p>	<p>B Three-digit plan number (PN) ▶ <u>002</u></p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>A. FINKL & SONS CO.</u></p>	<p>D Employer Identification Number (EIN) <u>36-2815417</u></p>

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	0
		325
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests.....	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans.....	1c(8)	
(9) Value of interest in common/collective trusts.....	1c(9)	0
		12758552
(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)	0
		9731769
(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		
f Total assets (add all amounts in lines 1a through 1e).....	1f	22490646	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	22490646	0

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(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)	16321	
(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)		-4175836
(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)		-490834
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-4650349
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7334283	
(2) To insurance carriers for the provision of benefits	2e(2)	9590449	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		16924732
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)	303735	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	42944	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		346679
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17271411
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-21921760
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		568886

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: KRUGGEL, LAWTON & COMPANY, LLC (2) EIN: 35-1307701

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?.....	4e	X	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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.).....	4i	X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j	X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k	X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l	X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	4n		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
FINKL STEEL SAVINGS PLAN	36-2815417	003

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 470348.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>A. FINKL & SONS CO.</u>	D Employer Identification Number (EIN) <u>36-2815417</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 36-1561860

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	208
---	-----

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
6 b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
6 c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
b The corresponding number for the second preceding plan year.....	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% 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 _____



Finkl Steel

**PENSION PLAN OF A. FINKL & SONS CO. FOR
HOURLY WAREHOUSE AND BARGAINING UNIT
EMPLOYEES**

ANNUAL REPORT
December 31, 2022

PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT EMPLOYEES

Chicago, Illinois

ANNUAL REPORT

December 31, 2022

CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITOR'S REPORT	1 - 4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 - 13
SUPPLEMENTARY INFORMATION	
Schedule of Reportable Transactions	14 - 17



INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees
Chicago, Illinois

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the financial statements of Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022, the related statement of changes in net assets available for benefits for the year then ended and the related notes to the financial statements (2022 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2022 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2022 and for the year then ended, stating that the certified investment information, as described in Note 3 to the 2022 Financial Statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section

- the amounts and disclosures in the accompanying 2022 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2022 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2022 Financial Statements

We conducted our audit 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 2022 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the Financial Statements, the Company elected to terminate the Plan on May 16, 2022. Management determined liquidation was imminent. As a result, the Plan changed its basis of accounting from the going concern basis used in presenting the 2021 financial statements to the liquidation basis in presenting the 2022 Financial Statements. 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 these 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, 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.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matter - 2022 Supplemental Schedule Required by ERISA

The supplemental Schedule of Reportable Transactions for the year ended December 31, 2022 is presented for purposes of additional analysis and is not a required part of the 2022 Financial Statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2022 Financial Statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2022 Financial Statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2022 Financial Statements or to the 2022 Financial Statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter – Auditor’s Report on the 2021 Financial Statements

Predecessor auditors performed an audit of the 2021 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated September 13, 2022, indicated that (a) the amounts and disclosures in the 2021 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Respectfully submitted,



Certified Public Accountants

Elkhart, Indiana
October 4, 2023

**PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND
BARGAINING UNIT EMPLOYEES**

Chicago, Illinois

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
	(in liquidation)	
ASSETS		
Investments, at fair value	0	22,490,321
Receivables		
Accrued income	0	325
NET ASSETS AVAILABLE FOR BENEFITS	0	22,490,646

Notes to the Financial Statements are an integral part of this statement

**PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND
BARGAINING UNIT EMPLOYEES**

Chicago, Illinois

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2022 and 2021

	<u>2022</u> (in liquidation)	<u>2021</u>
ADDITIONS TO NET ASSETS:		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	(4,699,582)	952,886
Dividend and interest income	49,233	221,994
Total investment income (loss)	(4,650,349)	1,174,880
TOTAL ADDITIONS	(4,650,349)	1,174,880
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants	7,334,283	880,273
Annuity purchased	9,590,449	0
Administrative expenses	346,679	185,601
TOTAL DEDUCTIONS	17,271,411	1,065,874
NET INCREASE (DECREASE) BEFORE PLAN TRANSFERS	(21,921,760)	109,006
PLAN TRANSFERS	(568,886)	0
NET INCREASE (DECREASE)	(22,490,646)	109,006
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	22,490,646	22,381,640
End of year	0	22,490,646

Notes to the Financial Statements are an integral part of this statement

PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT EMPLOYEES

Chicago, Illinois

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees (the "Plan") is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined benefit plan covering all hourly warehouse and bargaining unit employees of A. Finkl & Sons Co. (the "Company"). The pension committee appointed by the board of directors of the Company controls and manages the operation and administration of the Plan. Effective January 31, 2017, the Plan was frozen. As a result, no new employees will be eligible to participate in the Plan, and no further benefits shall accrue to current participants after January 31, 2017. However, current participants will still be credited with years of service for vesting purposes subsequent to January 31, 2017. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Hourly warehouse and bargaining unit employees hired before January 31, 2017 were eligible on their first day of work.

The Plan was terminated effective May 16, 2022. Accordingly, except as noted, the descriptions below are provisions of the Plan prior to termination.

FUNDING

Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA.

PENSION BENEFITS

The Plan provides pension benefits for hourly employees of the Company, including members of the International Association of Machinists, AFL-CIO District No. 8 and the International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers & Helpers, AFL-CIO Local No. 1247. The monthly pension amount payable is based on the number of years of credited service multiplied by the rate in effect per the provisions of the Plan or relative collective bargaining agreement. Credited service earned by an employee is limited to a maximum of 35 years. The service credits are the years or units of years that an employee has worked in eligible employment.

PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT EMPLOYEES

Chicago, Illinois

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

The normal retirement date is the first day of the month coinciding with or following the later of the date on which the employee attains age 65 or the employee's fifth anniversary of plan participation. Participants may elect early retirement on the first day of any month between the ages of 55 and 65 with 15 years of credited service or at any age after completing at least 30 years of credited service. New participants hired on or after November 22, 1995 cannot receive retirement benefits prior to their normal retirement date under the 30 years of credited service clause in the plan document. Participants may elect to receive their distributions, subject to certain plan provisions, in the form of a single life annuity or a 50, 75, or 100 percent joint and survivor annuity. If a participant becomes totally and permanently disabled, the participant will be eligible to receive a pension, regardless of age, so long as the participant has completed at least 15 years of credited service. The disabled participant's benefit payment will be equal to the amount calculated under the plan formula based on years of credited service attained when the participant became disabled.

During 2022, the Plan was amended to allow participants not receiving monthly benefit payments the option to take a lump sum distribution. Participants had to elect a lump sum by August 20, 2022. Those that did not elect their benefits were assumed by an insurance company by the purchased annuity.

VESTING

Plan participants accrue normal retirement benefits based on years of service. A participant does not vest until reaching five years of service with the Company, at which point the participant becomes 100 percent vested. With the Plan terminating, participants became 100% vested.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan changed from being prepared under the accrual method of accounting for 2021 to the liquidation method of accounting for 2022. There were no material changes to the financial statements due to the change in accounting method.

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; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results could differ from those estimates. The actuarial present value of accumulated plan benefits is particularly subject to change in the near term.

INVESTMENT VALUATION AND INCOME RECOGNITION

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount 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 exit price). See Note 4 for discussion of fair value measurements.

PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT EMPLOYEES

Chicago, Illinois

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

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

ADMINISTRATIVE EXPENSES

Investment and other fees of the Plan are paid by the Plan, as provided in the plan document. All other administrative expenses are paid by the Company.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

ANNUITY PURCHASED

The Plan purchased an annuity to transfer all remaining benefit payment liabilities to an insurance company.

PLAN TRANSFER

Any remaining assets after all obligations were fulfilled were transferred to the 401(k) Plan.

NOTE 3 - CERTIFIED INVESTMENT INFORMATION

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2022 and 2021, and investment income for the years ended December 31, 2022 and 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by The Northern Trust Company ("Northern Trust"), a qualified institution. The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related information included in the financial statements and ERISA-required supplemental schedule.

NOTE 4 - FAIR VALUE MEASUREMENT

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

The three levels of the fair value hierarchy under FASB ASC 820 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.

PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT EMPLOYEES

Chicago, Illinois

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

Level 2 inputs to the valuation methodology include the following:

- 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
- 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.

Following is a description of the valuation methodologies used for assets measured at fair value.

- *Mutual funds*. Valued at the published daily net asset value ("NAV") as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- *Collective trusts*: Valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by the trustee or custodian of the collective trust, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. There are no redemption restrictions or unfunded commitments on these investments.

The preceding methods described 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.

**PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND
BARGAINING UNIT EMPLOYEES**

Chicago, Illinois

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

The following table sets forth by level within the fair value hierarchy the Plan's assets at fair value as of December 31, 2021.

Investment Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	9,731,769	0	0	9,731,769
Total assets in the fair value hierarchy	9,731,769	0	0	9,731,769
Investments measured at net asset value *	0	0	0	12,758,552
Total investment assets at fair value	9,731,769	0	0	22,490,321

* Certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2021. There are no participant redemption restrictions for these investments. The redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
December 31, 2021:				
Collective trust fund	12,758,552	N/A	Daily	None

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment due to death, disability, or retirement between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted.

PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT EMPLOYEES

Chicago, Illinois

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2021 are summarized as follows:

Actuarial cost method	Standard unit credit cost method
Assumed rate of return	4.50 percent
Mortality basis	Amounts-weighted aggregate rates from the Pri-2012 mortality study with blue collar adjustments projected generationally from 2012 with Scale MP-2021
Retirement age	Average retirement age of 65

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

In May 2022, the Company filed an application for approval from the IRS for the termination of the Plan. The effect of the termination has not been reflected in the accumulated plan benefits as of December 31, 2021.

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculation of the actuarial present value of accumulated plan benefits attributable to participants in the Plan, which was made as of December 31, 2021, the most recent actuarial valuation, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits	
Participants currently receiving payments	8,321,181
Other Participants	7,258,456
Total	15,579,637

The change in accumulated plan benefit information for the year ended December 31, 2021 is as follows:

Beginning actuarial present value of accumulated plan benefits	15,867,982
Interest adjustment	694,471
Benefits paid	(880,273)
Other changes	(102,543)
Ending actuarial present value of accumulated plan benefits	15,579,637

Other changes in the table above represent the normal operations of the Plan. They consist primarily of the increase due to those items of plan experience that are not associated with plan asset performance.

PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT EMPLOYEES

Chicago, Illinois

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity, political uncertainty, pandemic risks, environmental risks, cybersecurity risks, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

NOTE 7 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Plan held during the year certain plan assets in investment funds managed by Northern Trust or its affiliates, which qualify as party-in-interest transactions. The Plan is not charged for administrative services performed on its behalf by employees of the Company. Some fees paid by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of investments. During 2022 and 2021, the Plan paid administrative fees to The Northern Trust Company, actuary fees to AON Consulting, and for 2022 only, Plante & Moran, PLLC for termination services, which also qualify as party-in-interest transactions.

NOTE 8 - TAX STATUS

The Plan has received a determination letter dated January 19, 2023 from the Internal Revenue Service indicating that the Plan termination does not affect its qualified status.

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 if the Plan 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 no uncertain positions are taken or are expected to be taken that would require recognition of a liability 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 9 - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through the date the financial statements were available to be issued, no events or transactions occurred through October 4, 2023 requiring recognition or disclosure in the financial statements.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25			1							
25-29			3							
30-34			4	7						
35-39		1	6	6	4					
40-44			5	2	2	1	1			
45-49			3	5	3	2	1			
50-54			2	3	6	3	1	4		
55-59			4	3	4	1		6	3	1
60-64			2	6	1	2	3	4	1	3
65-69			1	3	1			5		4
70+				2				1		1

N-138

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization
1st Segment Rate	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%
Retirement Age	
Active Participants	See Tables 1–2
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$245,000.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2020 Plan Year	4.59%
2021 Plan Year	4.50%
2022 Plan Year	4.50%

Trust Expenses Included in Target Normal Cost

Set equal to prior year's administrative expenses

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Table 1

Retirement Rates—For Participants Hired On or After November 22, 1995

Age	Rate
55	6.50%
56	5.81%
57	6.38%
58	6.61%
59	8.71%
60	11.20%
61	14.89%
62	20.72%
63	15.98%
64	23.25%
65	35.20%
66	21.38%
67	16.84%
68	19.68%
69	23.19%
70+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Table 2

Retirement Rates—For Participants Hired Before November 22, 1995

Age	Years of Service				
	0-9	10	11-29	30	31+
48	0.00%	0.00%	0.00%	20.00%	5.00%
49	0.00%	0.00%	0.00%	20.00%	5.00%
50	0.00%	0.00%	0.00%	20.00%	5.00%
51	0.00%	0.00%	0.00%	20.00%	5.00%
52	0.00%	0.00%	0.00%	20.00%	5.00%
53	0.00%	0.00%	0.00%	20.00%	5.00%
54	0.00%	0.00%	0.00%	20.00%	5.00%
55	0.00%	20.00%	5.00%	5.00%	5.00%
56	0.00%	20.00%	5.00%	5.00%	5.00%
57	0.00%	20.00%	5.00%	5.00%	5.00%
58	0.00%	20.00%	5.00%	5.00%	5.00%
59	0.00%	20.00%	5.00%	5.00%	5.00%
60	0.00%	20.00%	5.00%	5.00%	5.00%
61	0.00%	20.00%	5.00%	5.00%	5.00%
62	0.00%	20.00%	10.00%	10.00%	10.00%
63	0.00%	20.00%	5.00%	5.00%	5.00%
64	0.00%	20.00%	5.00%	5.00%	5.00%
65+	100.00%	100.00%	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Table 3

Withdrawal Rates

Age	Rate	Age	Rate
15	7.9384%	45	3.9753%
16	7.9384%	46	3.7270%
17	7.9384%	47	3.4650%
18	7.9384%	48	3.1850%
19	7.9384%	49	2.8841%
20	7.9384%	50	2.5627%
21	7.8989%	51	2.2260%
22	7.8587%	52	1.8837%
23	7.8169%	53	1.5472%
24	7.7723%	54	1.2288%
25	7.7242%	55	0.9394%
26	7.6700%	56	0.6847%
27	7.5912%	57	0.4713%
28	7.4890%	58	0.3024%
29	7.3654%	59	0.1767%
30	7.2219%	60	0.0901%
31	7.0603%	61	0.0367%
32	6.8829%	62	0.0094%
33	6.6916%	63	0.0000%
34	6.4888%	64	0.0000%
35	6.2764%	65+	0.0000%
36	6.0572%		
37	5.8332%		
38	5.6066%		
39	5.3786%		
40	5.1504%		
41	4.9206%		
42	4.6881%		
43	4.4533%		
44	4.2159%		

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Table 4

Disability Rates

Age	Rate	Age	Rate
30	0.06%	50	0.46%
31	0.06%	51	0.57%
32	0.06%	52	0.69%
33	0.06%	53	0.80%
34	0.07%	54	0.91%
35	0.07%	55	1.02%
36	0.08%	56	1.13%
37	0.08%	57	1.25%
38	0.09%	58	1.37%
39	0.10%	59	1.49%
40	0.11%	60	1.62%
41	0.13%	61	1.75%
42	0.15%	62	1.88%
43	0.17%	63	2.02%
44	0.19%	64	2.16%
45	0.22%	65	2.30%
46	0.25%	66+	0.00%
47	0.28%		
48	0.33%		
49	0.38%		

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- 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 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 PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/1960
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) A. FINKL & SONS CO. 1355 E. 93RD STREET CHICAGO IL 60619	2b Employer Identification Number (EIN) 36-2815417
	2c Plan Sponsor's telephone number 773-975-2510
	2d Business code (see instructions) 332110

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>Bryan Brown</i> (KF)	<u>10/11/23</u>	BRYAN BROWN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	488
---	----------	-----

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	138
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	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 1I 3H

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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	--

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

**PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT
EMPLOYEES**

Chicago, Illinois

SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2022

EIN : 36-2815417 PLAN NUMBER: 002

(a) Identity of Party <u>Involved</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expense Included w/ Transactions</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
<u>Category (i): Single transactions in excess of 5% of the current value of Plan Assets:</u>								
The Northern Trust Company	Collective Aggregate Bond Index	-	1,646,499	-	-	1,488,774	1,646,499	157,725
The Northern Trust Company	Collective Long-Term Credit Bond Index	11,750,749	-	-	-	11,750,749	11,750,749	-
The Northern Trust Company	Collective Long-Term Credit Bond Index	-	2,693,054	-	-	2,858,575	2,693,054	(165,521)
The Northern Trust Company	Collective Long-Term Credit Bond Index	-	5,517,504	-	-	6,486,603	5,517,504	(969,099)
The Northern Trust Company	Collective Long-Term Credit Bond Index	-	3,157,358	-	-	4,160,279	3,157,358	(1,002,921)
The Northern Trust Company	Collective Long-Term Government Bond Index	-	6,011,805	-	-	5,516,341	6,011,805	495,464
The Northern Trust Company	Collective Long-Term Government Bond Index - Non Lending	2,994,913	-	-	-	2,994,913	2,994,913	-
The Northern Trust Company	Collective Long-Term Government Bond Index - Non Lending	-	1,677,768	-	-	1,856,330	1,677,768	(178,562)
The Northern Trust Company	Collective 1-10 YR Intermediate Government Bond Index	1,397,626	-	-	-	1,397,626	1,397,626	-

**PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT
EMPLOYEES**

Chicago, Illinois

SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2022

EIN : 36-2815417 PLAN NUMBER: 002

(a) Identity of Party <u>Involved</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expense Included w/ Transactions</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
The Northern Trust Company	Collective Daily 1-10 YR Intermediate Credit Bond Index	3,488,475	-	-	-	3,488,475	3,488,475	-
The Northern Trust Company	Collective Daily 1-10 YR Intermediate Credit Bond Index	3,300,627	-	-	-	3,300,627	3,300,627	-
The Northern Trust Company	Collective Daily 1-10 YR Intermediate Credit Bond Index	-	1,291,163	-	-	1,341,553	1,291,163	(50,390)
The Northern Trust Company	Collective Daily 1-10 YR Intermediate Credit Bond Index	-	3,391,637	-	-	3,614,980	3,391,637	(223,343)
The Northern Trust Company	Collective Short-Term Investment	3,830,475	-	-	-	3,830,475	3,830,475	-
Northern Trust	Collective Short-Term Investment	1,962,443	-	-	-	1,962,443	1,962,443	-
The Northern Trust Company	Collective Short-Term Investment	1,804,386	-	-	-	1,804,386	1,804,386	-
The Northern Trust Company	Collective Short-Term Investment	8,280,271	-	-	-	8,280,271	8,280,271	-
The Northern Trust Company	Collective Short-Term Investment	-	6,468,841	-	-	6,468,841	6,468,841	-
The Northern Trust Company	Collective Short-Term Investment	-	9,590,449	-	-	9,590,449	9,590,449	-
The Northern Trust Company	Collective Short-Term Investment	3,777,636	-	-	-	3,777,636	3,777,636	-

Attachment to Form 5500, Schedule H, Part IV, item 4(j)

**PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT
EMPLOYEES**

Chicago, Illinois

SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2022

EIN : 36-2815417 PLAN NUMBER: 002

(a) Identity of Party <u>Involved</u>	(b) Description of Asset	(c) Purchase <u>Price</u>	(d) Selling <u>Price</u>	(e) Lease <u>Rental</u>	(f) Expense Included w/ <u>Transactions</u>	(g) Cost of Asset	(h) Current Value on Transaction <u>Date</u>	(i) Net Gain <u>(Loss)</u>
The Northern Trust Company	Collective Short-Term Investment	-	4,012,325	-	-	4,012,325	4,012,325	-
Northern Funds	International Equity Index	-	1,515,593	-	-	1,263,853	1,515,593	251,740
Vanguard Investments	World Stock ETF	1,524,373	-	-	-	1,524,373	1,524,373	-
Vanguard Investments	World Stock ETF	-	1,305,801	-	-	1,500,275	1,305,801	(194,474)
iShares	iShares Russell 1000	-	3,358,247	-	-	2,765,558	3,358,247	592,689
<u>Category (iii): A series of transactions in excess of 5% of the current value of Plan Assets:</u>								
The Northern Trust Company	Collective Long-Term Credit Bond Index	11,750,749	-	-	-	11,750,749	11,750,749	-
		-	13,184,161	-	-	15,588,798	13,184,161	(2,404,637)
The Northern Trust Company	Collective Long-Term Government Bond Index - Non Lending	2,994,913	-	-	-	2,994,913	2,994,913	-
		-	2,600,589	-	-	2,994,913	2,600,589	(394,324)
The Northern Trust Company	Collective 1-10 YR Intermediate Government Bond Index	1,461,797	-	-	-	1,461,797	1,461,797	-
		-	1,405,026	-	-	1,461,797	1,405,026	(56,771)

**PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT
EMPLOYEES**

Chicago, Illinois

SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2022

EIN : 36-2815417 PLAN NUMBER: 002

(a) Identity of Party <u>Involved</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expense Included w/ Transactions</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
The Northern Trust Company	Collective Daily 1-10 YR Intermediate Credit Bond Index	6,829,333	-	-	-	6,829,333	6,829,333	-
		-	6,496,577	-	-	6,829,333	6,496,577	(332,756)
Vanguard Investments	World Stock ETF	1,801,905	-	-	-	1,801,905	1,801,905	-
		-	1,598,327	-	-	1,801,905	1,598,327	(203,578)
The Northern Trust Company	Collective Short-Term Investment	23,426,407	-	-	-	23,426,407	23,426,407	-
		-	23,668,345	-	-	23,668,345	23,668,345	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit 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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF A. FINKL & SONS CO.	D Employer Identification Number (EIN) 36-2815417	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>		
2	Assets:		
	a Market value	2a	22,490,645
	b Actuarial value	2b	21,756,944
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	210	8,191,443
	b For terminated vested participants	140	2,166,530
	c For active participants	138	4,223,123
	d Total	488	14,581,096
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.42%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	185,602
	c Total (line 6a + line 6b)	6c	185,602

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	Sheryl Bogolub	07/11/2023
	Signature of actuary	Date
	SHERYL BOGOLUB	2305538
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	312-381-4800
	Firm name	Telephone number (including area code)
	MSC# 17510 P.O. Box 1447	
	Lincolnshire IL 60069	
	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 SB (Form 5500) 2022 v. 220413**

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefundin gbalance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	6,379,010
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	211,562
9	Amount remaining (line 7 minus line 8)	0	6,167,448
10	Interest on line 9 using prior year's actual return of <u>5.38</u> %.....	0	331,809
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.59</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6,499,257

Part III		Funding Percentages	
14	Funding target attainment percentage.....	14	104.64 %
15	Adjusted funding target attainment percentage	15	149.21 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's fundingrequirement	16	96.48 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a)Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a)Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2)2nd	(3)3rd	(4)4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 185,602
b Excess assets, if applicable, but not greater than line 31a				31b 185,602
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	6.50%	1.0000	3.58
56	5.81%	0.9350	3.04
57	6.38%	0.8807	3.20
58	6.61%	0.8245	3.16
59	8.71%	0.7700	3.96
60	11.20%	0.7029	4.72
61	14.89%	0.6242	5.67
62	20.72%	0.5313	6.82
63	15.98%	0.4212	4.24
64	23.25%	0.3539	5.27
65	35.20%	0.2716	6.21
66	21.38%	0.1760	2.48
67	16.84%	0.1384	1.56
68	19.68%	0.1151	1.54
69	23.19%	0.0924	1.48
70	100.00%	0.0710	4.97
	Weighted Average		61.90

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization
1st Segment Rate	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%
Retirement Age	
Active Participants	See Tables 1–2
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$245,000.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2020 Plan Year	4.59%
2021 Plan Year	4.50%
2022 Plan Year	4.50%

Trust Expenses Included in Target Normal Cost

Set equal to prior year's administrative expenses

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Table 1

Retirement Rates—For Participants Hired On or After November 22, 1995

<u>Age</u>	<u>Rate</u>
55	6.50%
56	5.81%
57	6.38%
58	6.61%
59	8.71%
60	11.20%
61	14.89%
62	20.72%
63	15.98%
64	23.25%
65	35.20%
66	21.38%
67	16.84%
68	19.68%
69	23.19%
70+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Table 2

Retirement Rates—For Participants Hired Before November 22, 1995

Age	Years of Service				
	0-9	10	11-29	30	31+
48	0.00%	0.00%	0.00%	20.00%	5.00%
49	0.00%	0.00%	0.00%	20.00%	5.00%
50	0.00%	0.00%	0.00%	20.00%	5.00%
51	0.00%	0.00%	0.00%	20.00%	5.00%
52	0.00%	0.00%	0.00%	20.00%	5.00%
53	0.00%	0.00%	0.00%	20.00%	5.00%
54	0.00%	0.00%	0.00%	20.00%	5.00%
55	0.00%	20.00%	5.00%	5.00%	5.00%
56	0.00%	20.00%	5.00%	5.00%	5.00%
57	0.00%	20.00%	5.00%	5.00%	5.00%
58	0.00%	20.00%	5.00%	5.00%	5.00%
59	0.00%	20.00%	5.00%	5.00%	5.00%
60	0.00%	20.00%	5.00%	5.00%	5.00%
61	0.00%	20.00%	5.00%	5.00%	5.00%
62	0.00%	20.00%	10.00%	10.00%	10.00%
63	0.00%	20.00%	5.00%	5.00%	5.00%
64	0.00%	20.00%	5.00%	5.00%	5.00%
65+	100.00%	100.00%	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Table 3

Withdrawal Rates

Age	Rate	Age	Rate
15	7.9384%	45	3.9753%
16	7.9384%	46	3.7270%
17	7.9384%	47	3.4650%
18	7.9384%	48	3.1850%
19	7.9384%	49	2.8841%
20	7.9384%	50	2.5627%
21	7.8989%	51	2.2260%
22	7.8587%	52	1.8837%
23	7.8169%	53	1.5472%
24	7.7723%	54	1.2288%
25	7.7242%	55	0.9394%
26	7.6700%	56	0.6847%
27	7.5912%	57	0.4713%
28	7.4890%	58	0.3024%
29	7.3654%	59	0.1767%
30	7.2219%	60	0.0901%
31	7.0603%	61	0.0367%
32	6.8829%	62	0.0094%
33	6.6916%	63	0.0000%
34	6.4888%	64	0.0000%
35	6.2764%	65+	0.0000%
36	6.0572%		
37	5.8332%		
38	5.6066%		
39	5.3786%		
40	5.1504%		
41	4.9206%		
42	4.6881%		
43	4.4533%		
44	4.2159%		

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Table 4

Disability Rates

Age	Rate	Age	Rate
30	0.06%	50	0.46%
31	0.06%	51	0.57%
32	0.06%	52	0.69%
33	0.06%	53	0.80%
34	0.07%	54	0.91%
35	0.07%	55	1.02%
36	0.08%	56	1.13%
37	0.08%	57	1.25%
38	0.09%	58	1.37%
39	0.10%	59	1.49%
40	0.11%	60	1.62%
41	0.13%	61	1.75%
42	0.15%	62	1.88%
43	0.17%	63	2.02%
44	0.19%	64	2.16%
45	0.22%	65	2.30%
46	0.25%	66+	0.00%
47	0.28%		
48	0.33%		
49	0.38%		

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date January 1, 1960

Plan Year January 1 to December 31

Eligibility All employees who are an hourly paid individual or an individual represented by one of the unions are eligible to participate in the plan. No employee shall become a participant after January 31, 2017.

Service Effective for any plan year ending on or after December 31, 1974, credited service shall be determined as follows:

Hours of Service During Plan Year	Credited Service
Less than 375 hours	None
375–749	0.25
750–1,124	0.50
1,125–1,499	0.75
1,500 or more hours	1.00

No additional credited service will be earned after January 31, 2017.

Normal Retirement Date The first of the month following the later of age 65 or the fifth anniversary of participation in the plan.

Normal Retirement Benefit Effective January 1, 2005, the standard retirement benefit is a monthly benefit payable for life according to the following schedule for each of the respective unions. Benefit accruals ceased effective January 31, 2017.

Machinists Union \$16 multiplied by the number of years of credited service earned before January 1, 1990; plus \$17 multiplied by the number of years of credited service earned between January 1, 1990 and December 31, 1992; plus \$19 multiplied by the number of years of credited service earned between January 1, 1993 and December 31, 1995; plus \$21 multiplied by the number of years of credited service earned between January 1, 1996 and December 31, 1998; plus \$22 multiplied by the number of years of credited service earned between January 1, 1999 and December 31, 2001; plus \$24 multiplied

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

by the number of years of credited service earned between January 1, 2002 and December 31, 2004; plus \$25 multiplied by the number of years of credited service earned between January 1, 2005 and December 31, 2005; plus \$26 multiplied by the number of years of credited service earned between January 1, 2006 and December 31, 2007; plus \$27 multiplied by the number of years of credited service earned between January 1, 2008 and December 31, 2008; plus \$28 multiplied by the number of years of credited service earned between January 1, 2009 and December 31, 2009; plus \$29 multiplied by the number of years of credited service earned between January 1, 2010 and December 31, 2010; plus \$31 multiplied by the number of years of credited service earned between January 1, 2011 and December 31, 2011; plus \$33 multiplied by the number of years of credited service earned between January 1, 2012 and December 31, 2012; plus \$34 multiplied by the number of years of credited service earned between January 1, 2013 and December 31, 2013; plus \$35 multiplied by the number of years of credited service earned between January 1, 2014 and December 31, 2014; plus \$36 multiplied by the number of years of credited service earned between January 1, 2015 and December 31, 2015; plus \$37 multiplied by the number of years of credited service earned between January 1, 2016 and January 31, 2017, with a 35 year maximum for credited service.

Blacksmiths Union

\$16 multiplied by the number of years of credited service earned before January 1, 1980; plus \$17 multiplied by the number of years of credited service earned between January 1, 1980 and December 31, 1989; plus \$18 multiplied by the number of years of credited service earned between January 1, 1990 and December 31, 1992; plus \$20 multiplied by the number of years of credited service earned between January 1, 1993 and December 31, 1998; plus \$21 multiplied by the number of years of credited service earned between January 1, 1999 and December 31, 2001; plus \$23 multiplied by the number of years of credited service earned between January 1, 2002 and December 31, 2004; plus \$24 multiplied by the number of years of credited service earned between January 1, 2005 and December 31, 2005; plus \$25 multiplied by the number of years of credited service earned between January 1, 2006 and December 31, 2007; plus \$27 multiplied by the number of years of credited service earned between January 1, 2008 and December 31, 2008; plus \$29 multiplied by the number of years of credited service earned between January 1, 2009 and December 31, 2009; plus \$31 multiplied by the number of years of credited service earned between

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

January 1, 2010 and December 31, 2010; plus \$32.75 multiplied by the number of years of credited service earned between January 1, 2011 and December 31, 2011; plus \$34.60 multiplied by the number of years of credited service earned between January 1, 2012 and December 31, 2012; plus \$36.45 multiplied by the number of years of credited service earned between January 1, 2013 and December 31, 2013; plus \$37.95 multiplied by the number of years of credited service earned between January 1, 2014 and December 31, 2014; plus \$39.45 multiplied by the number of years of credited service earned between January 1, 2015 and December 31, 2015; plus \$40.95 multiplied by the number of years of credited service earned between January 1, 2016 and January 31, 2017, with a 35 year maximum for credited service.

Early Retirement Date

A participant may retire early once they reach age 55 with 10 years of service, or at any age with 30 years of credited service, provided that they were hired prior to November 22, 1995.

Early Retirement Benefit

A participant who elects to retire early is entitled to the accrued retirement benefit determined as of his early retirement date and payable commencing at his normal retirement date. However, a participant may elect to have his benefit commence prior to his normal retirement date in a reduced amount determined in accordance with the provisions of the plan. If retirement occurs after 30 years of credited service and you were hired before November 22, 1995, no reduction in benefits is applied. (Prior to 30 years of service, benefits are actuarially reduced for each month by which the early retirement precedes the normal retirement date.)

Disability Retirement Benefit

An eligible disabled participant shall be entitled to his accrued retirement benefit, based upon his credited service as of his disability retirement date commencing as of his date of disability. Benefits shall cease upon recovery or attainment of age 65, at which time retirement benefits shall commence.

Death Benefit

If a participant's death occurs after his completion of five years of service while actively employed, his surviving spouse shall be entitled to a benefit payable for life equal to 50% of the benefit that would have been payable if the participant had terminated employment on his date of death, survived to his earliest retirement age, and elected a joint and survivor benefit with 50% continuing to his spouse. This benefit shall

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

commence on the date that the participant would have attained his earliest retirement age.

If a participant terminates employment after August 22, 1984 with a deferred vested benefit and dies before commencement of his retirement benefit, his surviving spouse shall be entitled to a benefit payable for life equal to 50% of the benefit that would have been payable if the participant had survived to his earliest retirement age and elected a joint and survivor benefit with 50% continuing to his spouse. This benefit shall commence on the date that the participant would have attained his earliest retirement age.

If a participant retires before age 65 with 30 years of service or with a disability benefit, and dies before age 65, his surviving spouse shall be entitled to a benefit payable for life equal to 50% of the benefit that would have been payable if the participant had survived to his earliest retirement age and elected a joint and survivor benefit with 50% continuing to his spouse. The benefit shall commence on the date that the participant would have attained his earliest retirement age.

Termination Benefit

A participant who terminates employment after completing at least five years of vesting service shall be 100% vested in his accrued retirement benefit, determined as of his termination date and payable commencing at his normal retirement date. However, a participant may elect to have his benefit commence at his early retirement date in a reduced amount, determined in the same manner as early retirement benefits.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due. If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Plan Changes Since the Prior Year

The plan was amended effective May 16, 2022 to terminate the plan through a standard termination process. There is no effect to the funding and plan reporting valuations due to this change.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25			1							
25-29			3							
30-34			4	7						
35-39		1	6	6	4					
40-44			5	2	2	1	1			
45-49			3	5	3	2	1			
50-54			2	3	6	3	1	4		
55-59			4	3	4	1		6	3	1
60-64			2	6	1	2	3	4	1	3
65-69			1	3	1			5		4
70+				2				1		1

N-138

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	6.50%	1.0000	3.58
56	5.81%	0.9350	3.04
57	6.38%	0.8807	3.20
58	6.61%	0.8245	3.16
59	8.71%	0.7700	3.96
60	11.20%	0.7029	4.72
61	14.89%	0.6242	5.67
62	20.72%	0.5313	6.82
63	15.98%	0.4212	4.24
64	23.25%	0.3539	5.27
65	35.20%	0.2716	6.21
66	21.38%	0.1760	2.48
67	16.84%	0.1384	1.56
68	19.68%	0.1151	1.54
69	23.19%	0.0924	1.48
70	100.00%	0.0710	4.97
	Weighted Average		61.90

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date January 1, 1960

Plan Year January 1 to December 31

Eligibility All employees who are an hourly paid individual or an individual represented by one of the unions are eligible to participate in the plan. No employee shall become a participant after January 31, 2017.

Service Effective for any plan year ending on or after December 31, 1974, credited service shall be determined as follows:

Hours of Service During Plan Year	Credited Service
Less than 375 hours	None
375–749	0.25
750–1,124	0.50
1,125–1,499	0.75
1,500 or more hours	1.00

No additional credited service will be earned after January 31, 2017.

Normal Retirement Date The first of the month following the later of age 65 or the fifth anniversary of participation in the plan.

Normal Retirement Benefit Effective January 1, 2005, the standard retirement benefit is a monthly benefit payable for life according to the following schedule for each of the respective unions. Benefit accruals ceased effective January 31, 2017.

Machinists Union \$16 multiplied by the number of years of credited service earned before January 1, 1990; plus \$17 multiplied by the number of years of credited service earned between January 1, 1990 and December 31, 1992; plus \$19 multiplied by the number of years of credited service earned between January 1, 1993 and December 31, 1995; plus \$21 multiplied by the number of years of credited service earned between January 1, 1996 and December 31, 1998; plus \$22 multiplied by the number of years of credited service earned between January 1, 1999 and December 31, 2001; plus \$24 multiplied

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

by the number of years of credited service earned between January 1, 2002 and December 31, 2004; plus \$25 multiplied by the number of years of credited service earned between January 1, 2005 and December 31, 2005; plus \$26 multiplied by the number of years of credited service earned between January 1, 2006 and December 31, 2007; plus \$27 multiplied by the number of years of credited service earned between January 1, 2008 and December 31, 2008; plus \$28 multiplied by the number of years of credited service earned between January 1, 2009 and December 31, 2009; plus \$29 multiplied by the number of years of credited service earned between January 1, 2010 and December 31, 2010; plus \$31 multiplied by the number of years of credited service earned between January 1, 2011 and December 31, 2011; plus \$33 multiplied by the number of years of credited service earned between January 1, 2012 and December 31, 2012; plus \$34 multiplied by the number of years of credited service earned between January 1, 2013 and December 31, 2013; plus \$35 multiplied by the number of years of credited service earned between January 1, 2014 and December 31, 2014; plus \$36 multiplied by the number of years of credited service earned between January 1, 2015 and December 31, 2015; plus \$37 multiplied by the number of years of credited service earned between January 1, 2016 and January 31, 2017, with a 35 year maximum for credited service.

Blacksmiths Union

\$16 multiplied by the number of years of credited service earned before January 1, 1980; plus \$17 multiplied by the number of years of credited service earned between January 1, 1980 and December 31, 1989; plus \$18 multiplied by the number of years of credited service earned between January 1, 1990 and December 31, 1992; plus \$20 multiplied by the number of years of credited service earned between January 1, 1993 and December 31, 1998; plus \$21 multiplied by the number of years of credited service earned between January 1, 1999 and December 31, 2001; plus \$23 multiplied by the number of years of credited service earned between January 1, 2002 and December 31, 2004; plus \$24 multiplied by the number of years of credited service earned between January 1, 2005 and December 31, 2005; plus \$25 multiplied by the number of years of credited service earned between January 1, 2006 and December 31, 2007; plus \$27 multiplied by the number of years of credited service earned between January 1, 2008 and December 31, 2008; plus \$29 multiplied by the number of years of credited service earned between January 1, 2009 and December 31, 2009; plus \$31 multiplied by the number of years of credited service earned between

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

January 1, 2010 and December 31, 2010; plus \$32.75 multiplied by the number of years of credited service earned between January 1, 2011 and December 31, 2011; plus \$34.60 multiplied by the number of years of credited service earned between January 1, 2012 and December 31, 2012; plus \$36.45 multiplied by the number of years of credited service earned between January 1, 2013 and December 31, 2013; plus \$37.95 multiplied by the number of years of credited service earned between January 1, 2014 and December 31, 2014; plus \$39.45 multiplied by the number of years of credited service earned between January 1, 2015 and December 31, 2015; plus \$40.95 multiplied by the number of years of credited service earned between January 1, 2016 and January 31, 2017, with a 35 year maximum for credited service.

Early Retirement Date

A participant may retire early once they reach age 55 with 10 years of service, or at any age with 30 years of credited service, provided that they were hired prior to November 22, 1995.

Early Retirement Benefit

A participant who elects to retire early is entitled to the accrued retirement benefit determined as of his early retirement date and payable commencing at his normal retirement date. However, a participant may elect to have his benefit commence prior to his normal retirement date in a reduced amount determined in accordance with the provisions of the plan. If retirement occurs after 30 years of credited service and you were hired before November 22, 1995, no reduction in benefits is applied. (Prior to 30 years of service, benefits are actuarially reduced for each month by which the early retirement precedes the normal retirement date.)

Disability Retirement Benefit

An eligible disabled participant shall be entitled to his accrued retirement benefit, based upon his credited service as of his disability retirement date commencing as of his date of disability. Benefits shall cease upon recovery or attainment of age 65, at which time retirement benefits shall commence.

Death Benefit

If a participant's death occurs after his completion of five years of service while actively employed, his surviving spouse shall be entitled to a benefit payable for life equal to 50% of the benefit that would have been payable if the participant had terminated employment on his date of death, survived to his earliest retirement age, and elected a joint and survivor benefit with 50% continuing to his spouse. This benefit shall

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

commence on the date that the participant would have attained his earliest retirement age.

If a participant terminates employment after August 22, 1984 with a deferred vested benefit and dies before commencement of his retirement benefit, his surviving spouse shall be entitled to a benefit payable for life equal to 50% of the benefit that would have been payable if the participant had survived to his earliest retirement age and elected a joint and survivor benefit with 50% continuing to his spouse. This benefit shall commence on the date that the participant would have attained his earliest retirement age.

If a participant retires before age 65 with 30 years of service or with a disability benefit, and dies before age 65, his surviving spouse shall be entitled to a benefit payable for life equal to 50% of the benefit that would have been payable if the participant had survived to his earliest retirement age and elected a joint and survivor benefit with 50% continuing to his spouse. The benefit shall commence on the date that the participant would have attained his earliest retirement age.

Termination Benefit

A participant who terminates employment after completing at least five years of vesting service shall be 100% vested in his accrued retirement benefit, determined as of his termination date and payable commencing at his normal retirement date. However, a participant may elect to have his benefit commence at his early retirement date in a reduced amount, determined in the same manner as early retirement benefits.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due. If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse & Bargaining
Unit Employees
EIN: 36-2815417 PN: 002

Plan Changes Since the Prior Year

The plan was amended effective May 16, 2022 to terminate the plan through a standard termination process. There is no effect to the funding and plan reporting valuations due to this change.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.