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:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

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)
CLEVELAND BAKERS & AFFILIATED UNIONS 401 (K) PLAN

9665 ROCKSIDE RD SUITE B
VALLEY VIEW, OH 44125-6233

2b Employer Identification Number (EIN)
34-0082405

2c Plan Sponsor's telephone number
216-771-5386

2d Business code (see instructions)
311800

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2023	PAUL LA BUDA
	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

3a Plan administrator's name and address [X] 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 34-0082405 **4d** PN 001	
5 Total number of participants at the beginning of the plan year	**5**	1412
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)**	1291
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1216
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	579
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1795
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6
f Total. Add lines **6d** and **6e**	**6f**	1801
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1801
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	15

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

2E 2F 2G 2J 2K 2S 2T

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	**(1)**	Insurance
(2)	Code section 412(e)(3) insurance contracts	**(2)**	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4)	General assets of the sponsor	**(4)**	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶
CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CLEVELAND BAKERS & AFFILIATED UNIONS 401 (K) PLAN	34-0082405

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).. . . . . [X] 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

FLEXIBLE PLAN INVESTMENTS

3883 TELEGRAPH ROAD, SUITE 100
BLOOMFIELD HILLS, MI 48302

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

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

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)

JOHN HANCOCK RETIREMENT PLAN SVCS

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 28 37 38 50 51 64 67	RECORDKEEPER	101850	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CADARET, GRANT & COMPANY

1000 MADISON STREET
SYRACUSE, NY 13202

22-2361254

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT MANAGER	50207	Yes [ ] No [ ]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

GETTRY MARCUS CPA

88 FROEHLICH FARM BLVD
WOODBURY, NY 11797

13-3418879

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	20000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MOGILA LAW GROUP LLC

5 PENN PLAZA, 23RD FLOOR
NEW YORK, NY 10001

87-2593727

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	18088	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WB ADVISORS

118 NORTH BEDFORD RD 100 SUITE
MOUNT KISCO, NY 10549

45-4840347

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	THIRD PARTY ADMINISTRATOR	17796	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CLEVELAND BAKERS & AFFILIATED UNIONS 401 (K) PLAN

D Employer Identification Number (EIN)
34-0082405

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: JOHN HANCOCK STABLE VALUE FUND CIT

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY - JOHN HANCOCK

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)
80-6136981-001	C	183529

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)

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CLEVELAND BAKERS & AFFILIATED UNIONS 401 (K) PLAN

D Employer Identification Number (EIN)
34-0082405

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	50604	35137
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	53749	23150
(2) Participant contributions	1b(2)	26987	39421
(3) Other	1b(3)		4300
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6831582	6328766
(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)	26602	22916
(9) Value of interest in common/collective trusts	1c(9)	64275	183529
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	7053799	6637219
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	67789	84074
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	67789	84074
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6986010	6553145

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)	521406	
	(B) Participants	2a(1)(B)	1059744	
	(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)		1581150
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)	591567	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	637	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		592204
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		-1807907
c Other income	2c		640
d Total income. Add all **income** amounts in column (b) and enter total	2d		366087
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	608242	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		608242
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)	38088	
(2) Contract administrator fees	2i(2)	17796	
(3) Investment advisory and management fees	2i(3)	50207	
(4) Other	2i(4)	84619	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		190710
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		798952
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-432865
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: GETTRY MARCUS CPA, P.C. **(2)** EIN: 13-3418879

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:

		Yes	No	Amount
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.)	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**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CLEVELAND BAKERS & AFFILIATED UNIONS 401 (K) PLAN

D Employer Identification Number (EIN)
34-0082405

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): 31-1592130 80-0709115

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**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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_____

CLEVELAND BAKERS AND AFFILIATED UNIONS
401(K) PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL INFORMATION

DECEMBER 31, 2022 AND 2021

Cleveland Bakers and Affiliated Unions 401(K) Plan

Table of Contents

Years Ended December 31, 2022 and 2021

Page

Independent Auditor's Report 1-4

Financial Statements

Statements of Net Assets Available for Benefits
As of December 31, 2022 and 2021 5

Statements of Changes in Net Assets Available for Benefits
For The Years Ended December 31, 2022 and 2021.....6

Notes to Financial Statements..... 7-15

Supplemental Information

Schedules of Administrative Expenses.....16

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
For The Year Ended December 31, 2022..... 17-18

Independent Auditor's Report

To the Board of Trustees of the
Cleveland Bakers and Affiliated Unions 401(K) Plan
Valley View, OH

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

We have performed audit of the accompanying financial statements of Cleveland Bakers and Affiliated Unions 401(K) Plan ("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, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements the "2022 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of Cleveland Bakers and Affiliated Unions 401(K) Plan's 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 certifications from a qualified institution as of and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 9 to the 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 2022 financial statements referred to above, 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 2022 financial statements referred to above 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 – Restated 2021 Financial Statements

As discussed in Note 2 to the financial statements, certain omissions resulting in understatement of amounts previously reported for net assets available for benefits as of December 31, 2021, were discovered by management of the Plan during the current year. Accordingly, amounts reported in Note 2 to the financial statements have been restated, and an adjustment has been made to net assets available for benefits as of December 31, 2021, to correct the omissions. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the 2022 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 for the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2022 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.

2022 Supplemental Schedules Required by ERISA

The supplemental schedules of administrative expenses and Schedule of Assets (Held at End of Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

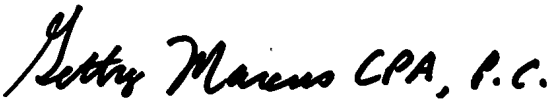
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations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

In our opinion—

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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 schedules 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).

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 November 15, 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). Their report also indicated that the form and content of the 2021 supplemental schedules, other than the information in the 2021 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2021 supplemental schedules 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 determines meets the requirements of ERISA Section 103(a)(3)(C).



Gettry Marcus CPA P.C.
Woodbury, New York
October 16, 2023

Cleveland Bakers and Affiliated Unions 401(K) Plan
Statements of Net Assets Available for Benefits
As of December 31, 2022 and 2021

	2022	2021 (Restated)
Assets		
Investments		
Investments at fair value:		
Mutual funds	$ 6,328,766	$ 6,831,582
Common collective trust	183,529	64,275
Total investments at fair value	6,512,295	6,895,857
Receivables		
Employer contributions	23,150	53,749
Participant contributions	39,421	26,987
Other receivable	4,300	-
Notes receivable from participants - net	22,916	26,602
Total receivables	89,787	107,338
Cash and cash equivalents	35,137	50,604
Total assets	6,637,219	7,053,799
Liabilities		
Accrued expenses	84,074	67,789
Net assets available for benefits	$ 6,553,145	$ 6,986,010

Cleveland Bakers and Affiliated Unions 401(K) Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2022 and 2021

	2022	2021 (Restated)
Additions (reductions) to net assets attributed to:		
Interest and dividend income - net	$ 591,567	$ 65,155
Net appreciation (depreciation) in the fair value of investments	(1,807,907)	650,198
Total investment income (loss)	(1,216,340)	715,353
Less: investment expenses	50,207	47,679
Net investment income (loss)	(1,266,547)	667,674
Contributions:		
Participants	521,406	466,351
Employers	1,059,744	842,302
Rollovers	-	14,942
Total contributions	1,581,150	1,323,595
Interest income on notes receivable from participants	637	716
Other income	640	-
Total additions	315,880	1,991,985
Deductions from net assets attributed to:		
Benefits paid to participants	608,242	514,621
Administrative expenses	140,503	135,282
Total deductions	748,745	649,903
Net increase (decrease)	(432,865)	1,342,082
Net assets available for benefits - beginning of year	6,986,010	5,643,928
Net assets available for benefits - end of year	$ 6,553,145	$ 6,986,010

Note 1 - Description of Plan

The following brief description of the Cleveland Bakers & Affiliated Unions 401(k) Plan (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. Effective October 1, 2021, the Plan changed its name from the Cleveland Bakers Local 19 Collectively Bargained 401(k) Plan to the Cleveland Bakers and Affiliated Unions 401(k) Plan.

General

The Plan is a defined contribution multiemployer 401(k) savings plan covering all members of Bakery, Confectionery, Tobacco Workers & Grain Millers International Union Local No. 19 ("the Union") employed by a Participating Employer, as defined by the Plan, who meet certain eligibility requirements, excluding employees who are non-resident aliens with no United States income. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from the participating employers and the Union. The CBAs expire at various times through October 2027.

The Plan's Board of Trustees, as Sponsor, has the right under the Plan to modify the benefits provided to active participants. The Plan may be terminated only by joint agreement between the employers and the union, subject to the provisions set forth in ERISA. In the event of termination of the Plan, the Plan's assets shall be used for the exclusive benefit of the employees and their dependents or for the payment of administrative expenses of the Plan. There is currently no intention to terminate the Plan.

Eligibility

Participation in Salary Reduction Contributions ("Cash or Deferred Portion")
Each employee employed by a participating employer shall become a participant in the Cash or Deferred Portion of the Plan on the entry date specified in his or her participating employer's addendum, subject to the eligibility requirements. Employees who are non-resident aliens with no United States income are excluded from the Cash or Deferred Portion of the Plan.

Participation in Matching Contributions ("Match Portion")
Each employee employed by a participating employer shall become a participant in the Match Portion of the Plan on the entry date specified in his or her participating employer's addendum, subject to the eligibility requirements. Employees who are non-resident aliens with no United States income are excluded from the Match Portion of the Plan.

Participation in Employer Contributions ("Profit Sharing Portion")
Each employee employed by a participating employer shall become a participant in the profit-sharing portion of the Plan on the entry date specified in his or her participating employer's addendum, subject to the eligibility requirements. Employees who are non-resident aliens with no United States income are excluded from the Profit Sharing Portion of the Plan.

Contributions
Participant contributions are based on a pre-tax basis subject to the annual Internal Revenue Service limitation of $20,500 for 2022 and $19,500 for 2021. Participants who have attained age 50 before the end of the Plan year are eligible to make additional catch up contributions of $6,500 for each of 2022 and 2021.

Note 1 - Description of Plan (continued)

Contributions (continued)
The annual contributions inclusive of elective deferrals, employee contributions, employer matching and discretionary contributions and allocations of forfeitures, to a participant account, but not including catch-up contributions to the participant's account is subject to the annual Internal Revenue Service limitation of the lesser of 100% of the participant's compensation or $61,000 for 2022 and $58,000 for 2021.

Breaks in Service
A one-year break-in-service occurs if a participant has worked no more than 500 covered hours of service in a year. If a participant has a break in service, his or her plan participation can be affected. Participants who had any vested interest in their Plan account before their break in service, and return to work for the participating employer, their Plan participation resumes as of the date they are re-employed and they will be credited with the years accumulated toward vesting prior to their break in service. Even if they had no vested interest in their Plan account when they left, their Plan participation still resumes at re employment if their break in service is shorter than their years of pre-break service or five years, whichever is greater.

Participants who had no vested interest in their account before your break in service and their one year breaks in service equals or exceeds the greater of five (5) or the aggregate number of years of service before the break, the years of service before the break need not be counted for vesting purposes, even if they eventually resume Plan participation.

Special rules apply if a break in service is due to "maternity or paternity leave" for pregnancy, the birth or adoption of your child, or caring for your child immediately after birth or adoption. In these cases, a participant can be credited with up to 501 hours of service in the year they leave, or in the following year, to prevent a break in service.

In all other cases, if a participant has a break in service and later returns to work for a participating employer, they are considered a new employee for purposes of this Plan.

When a participant returns from a break in service and is re-employed, their Plan participation can begin again on the first day of the month coincident with or next following your date of re-employment.

If a participant forfeited any company contributions and related earnings upon their break in service, those amounts can be restored to their Plan account after you they re-employed, as long as they contribute back to the plan the full amount of any distribution which they received from the Plan at the time of your break in service. The "repayment" must be made within five (5) years from the date of reemployment, or, if earlier, before the date they would have had five consecutive one year breaks in service following the date of distribution. If they were fully vested when they previously left, they do not have the opportunity to repay your distribution since there were no forfeitures on which to earn additional vesting upon your return.

The Plan also permits rollover contributions from other qualified retirement plans.

Participant Accounts
Each participant's account is credited with the participant's contributions, participating employer's contribution made on his/her behalf and is adjusted for allocations of the Plan earnings and administrative expenses. Allocations are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 - Description of Plan (continued)

Vesting
Participants are immediately, 100% vested in their 401(k) contributions, rollover contributions, and Roth contributions, and related earnings credited to their individual accounts. Participants will vest in their employer's profit-sharing contribution and matching contributions plus actual earnings thereon in accordance with the vesting method (hours of service or elapsed time) and schedule set forth in their participating employer's applicable addendum. All the years of service that a participant completes while working for a participating employer will be counted for purposes of computing their vested percentage of the value of your account. A participant may also be given credit for years of service while they were on qualified military leave if they return to work after a period of qualified military service.

A participant also fully vests in their accounts when they reach normal retirement age as defined in the applicable addendum for participating employers, become totally disabled as defined under the social security act, or die while employed by a participating employer.

Vested benefits are payable in a single lump sum as long as the vested balance does not exceed $5,000. If the vested benefit is greater than $5,000 when a participant leaves a participating employer, they may request, in writing, an immediate distribution as permitted by the Plan in any of the methods permitted by the Plan. If they do not request an immediate distribution, their benefits will be deferred to the earlier of their normal retirement age or age 62 if later or until they request an immediate distribution. Unless a participant elects to transfer their benefit directly to an IRA or another plan, their distribution, generally, will be reduced by mandatory federal income tax withholding.

Forfeited Accounts
Forfeitures may be used to pay administrative expenses of the Plan. Forfeitures in the amount of $37,923 were used to reduce Plan expenses during the year ended December 31, 2022. At December 31, 2022 and 2021, forfeited non-vested accounts totaled $94,408 and $51,733, respectively.

Notes Receivable from Participants
Participants may borrow against their vested account balance in the Plan for hardship reasons. Loans taken are required to be repaid by payroll deduction and shall not be considered as distributions. Loan terms range from one to five years unless used for the purchase of a primary residence, in which case longer terms are permitted. The loans are secured by the vested balance in the participant's account and bear interest at a rate determined at the time the loan is taken based on prime plus 1% (8.5% and 4.25%, respectively, for the years ending December 31, 2022 and 2021). Principal and interest are paid ratably through payroll deductions.

Payment of Benefits
The allowance of hardship withdrawals is permitted, but only if specified in and subject to the participant's participating employer's addendum.

In-service distributions of a participant's profit-sharing contribution account and matching contribution account shall be allowed at their normal retirement age, or later or if they become totally disabled. A participant may request distribution from their 401(k) contribution account at age 59½ or later or becoming totally disabled. A participant may request payment of their Roth contribution account at age 59½ or later or upon becoming totally disabled and may request payment of their rollover contribution account at any time.

Note 2 – Restatement

After issuance of its December 31, 2021 financial statements, Plan management identified certain transactions and accounts as being omitted from the amounts reported as of December 31, 2021. These related to certain administrative expense transactions that were not accrued in the proper reporting year. The 2021 financial statements have been restated to correct for this.

Statement of Net Assets Available for Benefits	Previously Reported	Increase (Decrease)	Restated
Cash and cash equivalents	$ -	$ 50,604	$ 50,604
Accrued expenses	$ -	$ 67,789	$ 67,789
Net assets available for benefits	$ 7,003,195	$ (17,185)	$ 6,986,010
Statement of Changes in Net Assets Available for Benefits	**Previously Reported**	**Increase (Decrease)**	**Restated**
Administrative expenses	$ 115,172	$ 20,110	$ 135,282 [1]

[1] Net of $47,679, reclassified to investment expenses (Note 3).

Note 3 - Summary of Significant Accounting Policies

Basis of Accounting
The financial statements of the Plan are presented on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates
The preparation of financial statements in accordance with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Accordingly, actual results may differ from those estimates.

Cash and Cash Equivalents
The Plan considers all highly liquid instruments with original maturities of three months or less when purchased to be cash equivalents.

Benefits
Benefits are recorded when paid.

Expenses
Fees related to administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date-basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold during the year and on investments held at the end of the year.

Note 3 - Summary of Significant Accounting Policies (continued)

Employer and Participant Contributions Receivable
Contributions receivable are stated at the amount the Plan expects to collect from participants and employers pursuant to collective bargaining agreements. The allowance for doubtful accounts is based on the Plan's review of outstanding receivables, collections experience and other circumstances that may affect the ability of the employers to pay their obligations to the Plan. Contributions receivable are written off when they are determined to be uncollectible. As of December 31, 2022 and 2021, there was no allowance for doubtful accounts.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid balance plus any accrued interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit. losses has been recorded as of December 31, 2022 and 2021. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Tax Status
The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 401(a) of the Internal Revenue Code ("IRC"), and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan sponsor believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC.

Uncertain Tax Positions
The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax periods in process. Additionally, Plan management believes that the Plan's returns for the years prior to the year ended December 31, 2019 are no longer open to examination, based on the statutory period for years subject to audit.

Change in Presentation
In addition to the prior period adjustments (Note 2) certain items in the December 31, 2021, financial statements have been reclassified to conform to the December 31, 2022 financial statement presentation.

Subsequent Events
The Plan has evaluated events and transactions that occurred through October 16, 2023, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

Note 4- Related Party Transactions and Party-In-Interest Transactions

The Plan's investments are managed by John Hancock, the Plan's current custodian as of December 19, 2021. The total fees paid to John Hancock for custodian and administrative services for the years ending December 31, 2022 and 2021, was $101,483 and $2,423, respectively. The transactions with John Hancock are allowable party-in-interest transactions under ERISA.

The Plans investments were managed by Nationwide the Plan's custodian for the period from January 1, 2021 through December 18, 2021.

Note 4- Related Party Transactions and Party-In-Interest Transactions (continued)

The total fees paid to Nationwide from January 1,2021 through December 18, 2021, was $5,898. The transactions with Nationwide were allowable party-in-interest transactions under ERISA.

Nationwide provided certain administrative services to the Plan pursuant to a service agreement between the Plan and Nationwide for the period from January 1, 2021 through December 18, 2021. As of December 19, 2021, John Hancock provides administrative services to the Plan pursuant to a service agreement between the Plan and John Hancock. Nationwide and John Hancock may receive revenue from mutual fund service providers for services they provided to the mutual fund providers. This revenue may be used to offset certain amounts owed to Nationwide or John Hancock for their administrative services to the Plan. If the revenue received by Nationwide or John Hancock from such service providers exceeded the amount owed under the service agreement, they will remit the excess to the Plan's trust on a quarterly basis. During the years ended December 31, 2022 and 2021, the excess amount received by the Plan was $17,223 and $0, respectively.

Note 5 - Fair Value Measurements

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

Investments that are measured at fair value using NAV as a practical expedient, have not been classified in the fair value hierarchy When the Plan believes that the reported NAV of an investment is not representative of fair value, the Plan categorizes the investment in accordance with the fair value framework.

The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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 should maximize the use of observable inputs and minimize the use of unobservable inputs.

Note 5 - Fair Value Measurements (continued)

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

- *Mutual Funds:* Valued at the closing price reported in the active market in which the individual securities are traded. This is consistent with prior periods.

- *Stable Value Funds:* Valued at the net asset value ("NAV") of the units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the investments held by the fund less the liabilities of the fund. 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. This is consistent with prior periods.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 6,328,766	$ -	$ -	$ 6,328,766
	$ 6,328,766	$ -	$ -	6,328,766
Investments measured at NAV[1]				
Common collective trust				183,529
Total investments at Fair Value				$ 6,512,295

	Assets at Fair Value as of December 31, 2021 (Restated)			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 6,831,582	$ -	$ -	$ 6,831,582
	$ 6,831,582	$ -	$ -	6,831,582
Investments measured at NAV[1]				
Common collective trust				64,275
Total investments at Fair Value				$ 6,895,857

[1]Investments that are measured at fair value using NAV (or its equivalent) practical expedient are not classified in the fair value hierarchy. The fair value amounts presented as "Investments reported at NAV" are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following tables set forth a summary of the Plan's investments that are reported at net asset value per share:

Note 5 - Fair Value Measurements (continued)

	Fair Value Using Net Asset Value per Share at December 31, 2022				
Description	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Common collective trust	$ 183,529	$ -	Daily	None	None

	Fair Value Using Net Asset Value per Share at December 31, 2021				
Description	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Common collective trust	$ 64,275	$ -	Daily	None	None

Note 6 - Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect. However, the right to discontinue the Plan is reserved by the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the participants and beneficiaries. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations.

Note 7 - Risk and Uncertainties

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

High inflation and interest rates, as well as other changes in economic and political events, resulted in increased volatility in financial markets. Accordingly, the Plan's investment portfolio, has incurred a decline and then a partial recovery in aggregate fair value. It is not known if values will continue to decline or how long a recovery, if any, of these values will take to recapture their peak values. The impact of this situation on the Plan (and the Company) and its future results and financial position is not presently determinable.

The Plan maintains cash balances at large national and regional banks. Cash accounts at the banks are insured by the Federal Deposit Insurance Corporation ("FDIC"), subject to certain limits. At times, such cash balances may be in excess of the insured limits. As of December 31, 2022 and 2021, there were no amounts in excess of the FDIC limit.

For the years ending December 31, 2022 and 2021, approximately 77% and 80%, respectively, of employer contributions was received from two employers. A change in the financial condition of these employers could impact the future funding of the Plan.

Note 8 - Information Certified By Custodians

The Plan Administrator has elected to restrict the scope of the auditor's examination with regard to statements of information prepared and certified by Nationwide for the period from January 1, 2021 through December 18, 2021, and John Hancock Trust Company LLC ("John Hancock") for the periods from December 19, 2021 through December 31, 2021 and from January 1, 2022 through December 31, 2022.

Nationwide has certified as to the completeness and accuracy of the investments it held and the changes in net assets arising from said investment activity for the period from January 1, 2022 through December 18, 2021. John Hancock has certified the completeness and accuracy of the investments it holds and the changes in net assets arising from said investment activity as of and for the periods from December 19, 2021 through December 31, 2021 and from January 1, 2022 through December 31, 2022. John Hancock has also certified to the completeness and accuracy of the assets held in custody as of December 31, 2022 and 2021.

	2022	2021 (Restated)
Investments at fair value:		
Mutual funds	$ 6,328,766	$ 6,831,582
Common collective trust	183,529	64,275
Total investments at fair value	$ 6,512,295	$ 6,895,857
Interest and dividend income - net	$ 591,567	$ 65,155
Net appreciation (depreciation) in the fair value of investments	(1,807,907)	650,198
Total investment income (loss)	$ (1,216,340)	$ 715,353

Supplemental Information

Cleveland Bakers and Affiliated Unions 401(K) Plan
Supplemental Information
Schedule of Administrative Expenses
For the Years Ended December 31, 2022 and 2021

	2022	2021 (Restated)
Administrative expenses:		
Benefit administrator fees	$ 84,619	$ 52,830
Third party administrator fees	17,796	7,291
Accounting fees	20,000	33,500
Legal fees	18,088	41,661
Total administrative expenses	$ 140,503	$ 135,282

Cleveland Bakers and Affiliated Unions 401(K) Plan
EIN: 34-0082405
Plan Number: 001
Supplemental Information
As of December 31, 2022
Schedule H, Line 4I - Schedule of Assets (Held At End of Year)

(a)	(b) (c)		(c)		(e)
	Identity of Issuer, Borrower, Lessor or Similar Party Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value		Units	Cost*	Market Value
024935603	Mutual Fund	Amer Cent Zero Coupon 2025 Inv	263		27,455.00
19766M774	Mutual Fund	Columbia Total Return Bd Adv	157		4,633.00
544004880	Mutual Fund	Lord Abbett Bond Debenture R4	342		2,389.00
922031844	Mutual Fund	Vanguard S-T Federal Fund Adml	8,507		85,491.00
74149P200	Mutual Fund	T Rowe Price Retirement 2020	57,623		964,604.00
74149P788	Mutual Fund	T Rowe Price Retirement 2025	88,333		1,291,428.00
74149P309	Mutual Fund	T Rowe Price Retirement 2030	50,677		1,107,800.00
74149P770	Mutual Fund	T Rowe Price Retirement 2035	46,198		789,064.00
74149P408	Mutual Fund	T Rowe Price Retirement 2040	23,175		565,939.00
74149P762	Mutual Fund	T Rowe Price Retirement 2045	26,524		458,062.00
74149P754	Mutual Fund	T Rowe Price Retirement 2050	22,858		334,177.00
74149P747	Mutual Fund	T Rowe Price Retirement 2055	16,555		252,140.00
74149P325	Mutual Fund	T Rowe Price Retirement 2060	16,511		208,530.00
872797683	Mutual Fund	T Rowe Price Retirement 2065	3,223		31,460.00
091936583	Mutual Fund	BlackRock RE Securities Instl	21		280.00
025076837	Mutual Fund	American Cent Sm Cap Val A	404		3,594.00
315807883	Mutual Fund	Fidelity Adv Growth Opp Class	151		14,730.00
315918755	Mutual Fund	Fid Advisor Technology Fund I	253		17,689.00
353535305	Mutual Fund	Franklin Gold & Prec Metal Adv	1,443		26,312.00
617440599	Mutual Fund	MSIF Mid Cap Growth A	1,015		7,127.00
701765869	Mutual Fund	Parnassus Value Equity Inv	533		24,119.00
741480107	Mutual Fund	T Rowe Price Health Sciences	235		21,066.00
25157M778	Mutual Fund	DWS Small Cap Core Fund A	192		7,570.00
315920884	Mutual Fund	Fidelity Value Strategies I	45		1,960.00

Cleveland Bakers and Affiliated Unions 401(K) Plan
EIN: 34-0082405
Plan Number: 001
Supplemental Information
As of December 31, 2022
Schedule H, Line 4I - Schedule of Assets (Held At End of Year)

	(a)	(b) (c)		(c)		(e)
		Identity of Issuer, Borrower, Lessor or Similar Party Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value		Units	Cost*	Market Value
	74676P839	Mutual Fund	Putnam Core Equity Y	1,762		50,405.00
	61756E834	Mutual Fund	MSIF Intl Opportunity Port I	778		15,395.00
	315920280	Mutual Fund	Fidelity Focused Emerg Mkts A	376		10,027.00
	4812C0670	Mutual Fund	JPMorgan US Govt MMkt Cap Cl	5,322		5,322.00
		Total Mutual Funds				6,328,768
**	478033889	Stable Value Fund	John Hancock Stable Val Fd R6	183,530		183,530
		Total Investments				6,512,298
**		Participants	Notes Receivable with interest rates of 4.25% to 8.5%			22,916
		Total Plan Assets				$ 6,535,214

* Cost information is not presented as all investments are participant directed.

** A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

Cleveland Bakers and Affiliated Unions 401(K) Plan
EIN: 34-0082405
Plan Number: 001
Supplemental Information
As of December 31, 2022
Schedule H, Line 4I - Schedule of Assets (Held At End of Year)

(a)	(b) (c)		(c)		(e)
	Identity of Issuer, Borrower, Lessor or Similar Party Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value		Units	Cost*	Market Value
024935603	Mutual Fund	Amer Cent Zero Coupon 2025 Inv	263		27,455.00
19766M774	Mutual Fund	Columbia Total Return Bd Adv	157		4,633.00
544004880	Mutual Fund	Lord Abbett Bond Debenture R4	342		2,389.00
922031844	Mutual Fund	Vanguard S-T Federal Fund Adml	8,507		85,491.00
74149P200	Mutual Fund	T Rowe Price Retirement 2020	57,623		964,604.00
74149P788	Mutual Fund	T Rowe Price Retirement 2025	88,333		1,291,428.00
74149P309	Mutual Fund	T Rowe Price Retirement 2030	50,677		1,107,800.00
74149P770	Mutual Fund	T Rowe Price Retirement 2035	46,198		789,064.00
74149P408	Mutual Fund	T Rowe Price Retirement 2040	23,175		565,939.00
74149P762	Mutual Fund	T Rowe Price Retirement 2045	26,524		458,062.00
74149P754	Mutual Fund	T Rowe Price Retirement 2050	22,858		334,177.00
74149P747	Mutual Fund	T Rowe Price Retirement 2055	16,555		252,140.00
74149P325	Mutual Fund	T Rowe Price Retirement 2060	16,511		208,530.00
872797683	Mutual Fund	T Rowe Price Retirement 2065	3,223		31,460.00
091936583	Mutual Fund	BlackRock RE Securities Instl	21		280.00
025076837	Mutual Fund	American Cent Sm Cap Val A	404		3,594.00
315807883	Mutual Fund	Fidelity Adv Growth Opp Class	151		14,730.00
315918755	Mutual Fund	Fid Advisor Technology Fund I	253		17,689.00
353535305	Mutual Fund	Franklin Gold & Prec Metal Adv	1,443		26,312.00
617440599	Mutual Fund	MSIF Mid Cap Growth A	1,015		7,127.00
701765869	Mutual Fund	Parnassus Value Equity Inv	533		24,119.00
741480107	Mutual Fund	T Rowe Price Health Sciences	235		21,066.00
25157M778	Mutual Fund	DWS Small Cap Core Fund A	192		7,570.00
315920884	Mutual Fund	Fidelity Value Strategies I	45		1,960.00

Cleveland Bakers and Affiliated Unions 401(K) Plan
EIN: 34-0082405
Plan Number: 001
Supplemental Information
As of December 31, 2022
Schedule H, Line 4I - Schedule of Assets (Held At End of Year)

	(a)	(b) (c)		(c)		(e)
		Identity of Issuer, Borrower, Lessor or Similar Party Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value		Units	Cost*	Market Value
	74676P839	Mutual Fund	Putnam Core Equity Y	1,762		50,405.00
	61756E834	Mutual Fund	MSIF Intl Opportunity Port I	778		15,395.00
	315920280	Mutual Fund	Fidelity Focused Emerg Mkts A	376		10,027.00
	4812C0670	Mutual Fund	JPMorgan US Govt MMkt Cap Cl	5,322		5,322.00
		Total Mutual Funds				6,328,768
**	478033889	Stable Value Fund	John Hancock Stable Val Fd R6	183,530		183,530
		Total Investments				6,512,298
**		Participants	Notes Receivable with interest rates of 4.25% to 8.5%			22,916
		Total Plan Assets				$ 6,535,214

* Cost information is not presented as all investments are participant directed.

** A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

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: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)

B This return/report is: [ ] a single-employer plan [ ] a DFE (specify) _____
[ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under: [X] 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
CLEVELAND BAKERS & AFFILIATED UNIONS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

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)
CLEVELAND BAKERS & AFFILIATED UNIONS 401

9665 ROCKSIDE RD SUITE B

VALLEY VIEW OH 44125-6233

2b Employer Identification Number (EIN) 34-0082405

2c Plan Sponsor's telephone number (216) 771-5386

2d Business code (see instructions) 445291

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

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

SIGN HERE	Signature of plan administrator	10/10/2023 Date	PAUL LA BUDA Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	10/12/23 Date	TONY SLEE 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

218401 12-08-22

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