

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
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>LOCAL 338 RETIREMENT FUND</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
1c Effective date of plan <u>02/03/1955</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES LOCAL 338 RETIREMENT FUND</u> <u>1505 KELLUM PLACE</u> <u>MINEOLA, NY 11501-4811</u>	2b Employer Identification Number (EIN) <u>13-6533678</u>	
	2c Plan Sponsor's telephone number <u>516-294-1338</u>	
	2d Business code (see instructions) <u>445110</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	JOHN R. DURSO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 17981
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 2577 6a(2) 2454 6b 5624 6c 10324 6d 18402 6e 625 6f 19027 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 53
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

► Round off amounts to nearest dollar.
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan LOCAL 338 RETIREMENT FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES LOCAL 338 RETIREMENT FUND	D Employer Identification Number (EIN) 13-6533678

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

1a Enter the valuation date: Month 01 Day 01 Year 2022	
b Assets	
(1) Current value of assets	1b(1) 684814790
(2) Actuarial value of assets for funding standard account	1b(2) 684814790
c (1) Accrued liability for plan using immediate gain methods	1c(1) 789513175
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a) 0
(b) Accrued liability under entry age normal method	1c(2)(b) 0
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 776239266
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 1315034788
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 10351207
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 0
(3) Expected plan disbursements for the plan year	1d(3) 48545480

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

SIGN HERE	10/06/2023
Signature of actuary	Date
FRANK IANNUCCI	23-02541
Type or print name of actuary	Most recent enrollment number
SUMMIT ACTUARIAL SERVICES, LLC	856-234-8801
Firm name	Telephone number (including area code)
720 EAST MAIN STREET UNIT 2S, MOORESTOWN, NJ 08057	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	684814790
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	5468	565150400
(2) For terminated vested participants	9409	601799823
(3) For active participants:		
(a) Non-vested benefits		6681992
(b) Vested benefits		141402573
(c) Total active	2577	148084565
(4) Total	17454	1315034788
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	52.08 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2022	6270816	0			
Totals ▶ 3(b)				6270816	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 1244940

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	88.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	2046
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		☒
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal	b ☐ Entry age normal	c ☒ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			

j If box h is checked, enter period of use of shortfall method.....	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.22 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	6
(2) Females	6c(2)	6F
d Valuation liability interest rate	6d	6.75 %
e Salary scale	6e	% ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	16.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	16.5 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	2.10 %
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-13421449	-1358707
4	29779804	3014729

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	32325384
b Employer's normal cost for plan year as of valuation date	9b	3621965

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers.....
- (3) Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	177934444	22671147
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 3956749**e** Total charges. Add lines 9a through 9d.....**9e** 62575245**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 0**g** Employer contributions. Total from column (b) of line 3.....**9g** 6270816**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	105561443	13626651

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i****j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit.....

9j(1)	81124626	
9j(2)	488288819	
9j(3)	0	

k (1) Waived funding deficiency.....**9k(1)** 0**(2)** Other credits.....**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 19897467**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m****n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n** 42677778**o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the 2022 plan year
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
- (a) Reconciliation outstanding balance as of valuation date.....
- (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1) 0**9o(2)(a)** 0**9o(2)(b)** 0**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 41546339**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 LOCAL 338 RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES LOCAL 338 RETIREMENT FUND	D Employer Identification Number (EIN) 13-6533678	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ENTRUST GLOBAL PARTNERS OFFSHORE LP
90-0644478

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SEI TRUST COMPANY
06-1271230

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
STRATEGIC PARTNERS PARALLEL FUND
80-0783874

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DSF ADVISORS LLC
51-0403581

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

CREDIT SUISSE ASSET MANAGEMENT, LLC

13-2774791

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

VENTURE CAPITAL FUND OF AMERICA III

51-0369035

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

SROA CAPTIAL ADVISOR

46-5259586

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

TERRACAP MANAGEMENT LLC

26-2821642

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

LIBREMAX CAPITAL LLC

27-2436175

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

CIFC ASSET MANAGEMENT

45-2525882

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

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

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

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

WCM INVESTMENT MANAGEMENT

95-3046237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	429806	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

RWDSU/UFCW LOCAL 338

13-1215100

(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?
49 50	AFFILIATED LABOR UNION	326000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOCAL 338 HEALTH & WELFARE FUND

13-2980858

(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?
49	AFILIATED BENEFIT FUND	291000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FRIEDMAN & ANSPACH

13-3403675

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	NONE	290682	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BERNZOTT CAPITAL ADVISORS INC

77-0464710

(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?
51	NONE	226709	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WRIGHT INVESTORS SERVICES LLC

06-1444342

(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?
51 68	NONE	211068	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

LISANTI CAPITAL GROWTH LLC

20-0459769

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68 72	NONE	92610	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

LOOMIS, SAYLES & COMPANY

84-6391546

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	87256	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREW VELLA

13-6533678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	0	Yes ☒ No ☐	Yes ☐ No ☒	72416	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)

OLGA ROBERTSON-LOPEZ

13-6533678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	0	Yes ☒ No ☐	Yes ☐ No ☒	58012	Yes ☐ No ☒

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	58000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUMMIT ACTUARIAL SERVICES LLC

20-3838633

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	40000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SPYGLASS CAPITAL MANAGEMENT LLC

32-0463594

(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?
52	NONE	39001	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAROLD MITTEL

13-6533678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 64	EMPLOYEE	0	Yes ☒ No ☐	Yes ☐ No ☒	32485	Yes ☐ No ☒

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

AMALGAMATED BANK OF NEW YORK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	20765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HIGHLAND CAPITAL MANAGEMENT LLC

27-5440911

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	18663	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SHORE PRESS

22 BETHESDA LANE
SAYVILLE, NY 11782

(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?
49 50	NONE	18276	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTH PLAN SYSTEMS

01-0589640

(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 16 50	NONE	17487	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ARIA INSURANCE BROKERAGE INC

46-0671309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	7998	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PINEBRIDGE INVESTMENT LLC	28 56 72	0
(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.	
PINEBRIDGE CREDIT OPPORTUNIT 27-5464897	INVESTMENT & OTHER MANAGEMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAROLD MITTEL	30 64	0
(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.	
RWDSU/UFCW LOCAL 338 13-1215100	ALLOCATED PAYROLL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ARIA INSURANCE BROKERAGE INC	22 53	7998
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ULLICO CASUALTY GROUP INC 52-2197710	INSURANCE COMMISSION	

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
ANDREW VELLA	30 64	72416
(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.	
LOCAL 338 HEALTH & WELFARE 13-2980858	ALLOCATED PAYROLL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ANNA SIROTA		0
(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.	
RWDSU/UFCW LOCAL 338 13-1215100	ALLOCATED PAYROLL	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TOWNSEND HOLDINGS LLC	28 52	0
(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.	
TOWNSEND REAL ESTAET FUND II 1660 WEST 2ND ST, STE 450 CLEVELAND, OH 44113	INVESTMENT MANAGEMENT FEES	

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
OLGA ROBERTSON-LOPEZ	30 64	58012

(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.
LOCAL 338 HEALTH & WELFARE 13-2980858	ALLOCATED PAYROLL

(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.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan LOCAL 338 RETIREMENT FUND	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES LOCAL 338 RETIREMENT FUND	D Employer Identification Number (EIN) 13-6533678	

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: COMERICA ST FUND			
b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, N.A.			
c EIN-PN 47-7305132-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6151952	
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGE CAP 500 INDEX			
b Name of sponsor of entity listed in (a): AMALGAMATED BANK			
c EIN-PN 13-4920330-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67186676	
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES MULTISECTOR FDT			
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST CO., LLC			
c EIN-PN 84-6391546-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14484630	
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**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>LOCAL 338 RETIREMENT FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES LOCAL 338 RETIREMENT FUND</u>	D Employer Identification Number (EIN) <u>13-6533678</u>	

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 6439263 6949978
b Receivables (less allowance for doubtful accounts):	
(1) Employer contributions.....	1b(1) 1067029 947796
(2) Participant contributions.....	1b(2)
(3) Other.....	1b(3) 11332980 21658931
c General investments:	
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1) 18292 2773
(2) U.S. Government securities	1c(2) 40987945
(3) Corporate debt instruments (other than employer securities):	
(A) Preferred	1c(3)(A)
(B) All other	1c(3)(B) 9869690
(4) Corporate stocks (other than employer securities):	
(A) Preferred	1c(4)(A)
(B) Common.....	1c(4)(B) 314785714 197062997
(5) Partnership/joint venture interests	1c(5) 255706317 199056305
(6) Real estate (other than employer real property)	1c(6)
(7) Loans (other than to participants).....	1c(7)
(8) Participant loans.....	1c(8)
(9) Value of interest in common/collective trusts.....	1c(9) 77499231 87823258
(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) 19429130 13519486

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		29888
f Total assets (add all amounts in lines 1a through 1e)	1f	686277956	577909047

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	1082505	354848
i Acquisition indebtedness	1i		
j Other liabilities	1j	380661	2136169
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1463166	2491017

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	684814790	575418030
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6270816	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	22002030	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		28272846
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)	14006	
(C) Corporate debt instruments	2b(1)(C)	36337	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	9931789	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9982132
(2) Dividends: (A) Preferred stock			
(B) Common stock	2b(2)(B)	2684356	
(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)		2684356
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds			
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	277249837	
(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)	-43067875	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-43067875

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-12407299
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		3493
d Total income. Add all income amounts in column (b) and enter total	2d		-56880082
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	48539027	
(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)		48539027
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)	389174	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1257926	
(4) Other	2i(4)	2330551	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3977651
j Total expenses. Add all expense amounts in column (b) and enter total	2j		52516678
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-109396760
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		212575791
4g	X		212575791
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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 485142.

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 LOCAL 338 RETIREMENT FUND		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES LOCAL 338 RETIREMENT FUND		D Employer Identification Number (EIN) 13-6533678
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
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): 13-6533678		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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 **FOOD PARADE**

b EIN **11-1955126** **c** Dollar amount contributed by employer **1485679**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2023**

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer **IAHD**

b EIN **13-2573827** **c** Dollar amount contributed by employer **858441**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2023**

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

(1) Contribution rate (in dollars and cents) **167.60**

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

a Name of contributing employer **NAMDOR/SLOANS**

b EIN **13-1803948** **c** Dollar amount contributed by employer **889420**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2023**

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer **ZABARS & CO. INC.**

b EIN **13-1494394** **c** Dollar amount contributed by employer **415594**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2023**

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer **DE CICCIO OF JEFFERSON VALLEY**

b EIN **20-0242437** **c** Dollar amount contributed by employer **143254**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2023**

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer **G & S CORPORATION**

b EIN **13-3214211** **c** Dollar amount contributed by employer **154729**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2023**

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

(1) Contribution rate (in dollars and cents)

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

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 **RWDSU/UFCW LOCAL 338**

b EIN **13-1215100** **c** Dollar amount contributed by employer **150025**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2023**

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

(1) Contribution rate (in dollars and cents) **353.00**

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

a Name of contributing employer **DE CICCIO OF NEW CITY**

b EIN **13-3711076** **c** Dollar amount contributed by employer **147348**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2023**

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer **TAPPS S/M INC.**

b EIN **11-2638139** **c** Dollar amount contributed by employer **145349**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2023**

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer **JANSON SUPERMARKETS LLC**

b EIN **11-3417780** **c** Dollar amount contributed by employer **164228**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2023**

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

(1) Contribution rate (in dollars and cents)

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

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	8408
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	8408
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	8523
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.07
b	The corresponding number for the second preceding plan year.....	15b	1.08
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a	Enter the number of employers who withdrew during the preceding plan year	16a	3
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	1885000
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: 60.7 % Investment-Grade Debt: 13.8 % High-Yield Debt: 0.0 % Real Estate: 13.9 % Other: 11.6 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

LOCAL 338 RETIREMENT FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2022

LOCAL 338 RETIREMENT FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2022 AND 2021

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Local 338 Retirement Fund

Opinion

We have audited the financial statements of the Local 338 Retirement Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Local 338 Retirement Fund as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Local 338 Retirement Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Local 338 Retirement Fund ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Local 338 Retirement plan internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Local 338 Retirement Fund's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions represent supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

Novak Francella LLC

New York, New York
October 10, 2023

LOCAL 338 RETIREMENT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
INVESTMENTS - at fair value	<u>\$ 548,322,454</u>	<u>\$ 667,438,684</u>
RECEIVABLES		
Employers' contributions	947,796	1,067,029
Securities sold and not settled	92,668	10,577,319
Withdrawal liability	21,368,420	594,830
Interest and dividends	196,025	68,638
Due from affiliates	-	52,770
Total receivables	<u>22,604,909</u>	<u>12,360,586</u>
OTHER ASSETS		
Cash	6,949,978	6,439,263
Property and equipment, net of accumulated depreciation	29,888	-
Prepaid taxes	1,818	39,423
Total other assets	<u>6,981,684</u>	<u>6,478,686</u>
Total assets	<u>577,909,047</u>	<u>686,277,956</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued expenses	354,848	1,082,505
Due to affiliates	44,330	-
Securities purchased and not settled	2,091,839	380,661
Total liabilities	<u>2,491,017</u>	<u>1,463,166</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 575,418,030</u>	<u>\$ 684,814,790</u>

See accompanying notes to the financial statements.

LOCAL 338 RETIREMENT FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment income		
Net (depreciation) appreciation in fair value of investments	\$ (98,842,254)	\$ 84,612,295
Interest and dividends	<u>12,790,817</u>	<u>19,466,686</u>
	(86,051,437)	104,078,981
Less investment expense	<u>(1,257,926)</u>	<u>(4,376,829)</u>
Investment (loss) income - net	(87,309,363)	99,702,152
Employer contributions	6,270,816	6,702,613
Withdrawal income	22,002,030	744,237
Other income	<u>3,493</u>	<u>80,482</u>
Total additions	<u>(59,033,024)</u>	<u>107,229,484</u>
DEDUCTIONS		
Benefits paid	48,539,027	47,563,296
Administrative expenses	<u>1,824,709</u>	<u>1,732,551</u>
Total deductions	<u>50,363,736</u>	<u>49,295,847</u>
NET (DECREASE) INCREASE	(109,396,760)	57,933,637
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>684,814,790</u>	<u>626,881,153</u>
End of year	<u><u>\$ 575,418,030</u></u>	<u><u>\$ 684,814,790</u></u>

See accompanying notes to the financial statements.

LOCAL 338 RETIREMENT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE 1. DESCRIPTION OF THE PLAN

The following is a brief description of the Local 338 Retirement Fund (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General - The Plan is a multi-employer defined benefit pension plan, established pursuant to a collective bargaining agreement between the Retail Wholesale and Chain Store Food Employees Union Local 338, RWDSU/UFCW (the Union), and various supermarkets located in the greater New York area (the Employers). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees is responsible for the oversight of the Plan, including determining the appropriateness of the Plan's investments in coordination with its investment advisers.

Benefits - The Plan provides normal, early, survivor, and disability retirement pension benefits. All persons on whose behalf the Employers are contributing to the Plan and otherwise qualify, as defined in the Plan document, are eligible for benefits.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting.

Employer and Withdrawal Liability Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Withdrawal liability contributions due but not paid at year end are recorded as withdrawal liability receivable.

Valuation of Investments and Income Recognition - The investments of the Plan are managed by independent investment managers. Investments are carried at fair value. The valuation for common stock are carried at fair value which generally represents quoted market prices as of the last business day of the year as provided by the custodian. Corporate obligations are valued using pricing models that maximize the use of observable inputs for similar securities, including yields, credit ratings and broker quotes, if available. The investments in common collective trusts are valued at their market value on the last business day of the year as established by the trust. The limited partnerships are carried at estimated fair value as determined by the investment manager. Short-term investments are carried at cost which approximates fair value.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation and amortization are computed over the estimated useful lives for computer equipment for 5 years by the straight-line method.

Securities sold or purchased and not settled - These amounts represents amounts due from or to brokers for sales or purchases of investments with trade dates prior to year end and settlement dates subsequent to year end.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employers or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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

Estimates - The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

NOTE 3. FUNDING

Contribution rates have been established under collective bargaining agreements entered into between the Union and the various employers. Each employer is required to make monthly contributions to the Plan at the rate(s) specified in its respective collective bargaining agreement.

The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2022.

NOTE 4. TERMINATION

In the event of termination of the Plan, the assets remaining in the Plan after providing for administrative expenses shall be allocated among the pensioners, beneficiaries, and participants in the following order:

- Pension benefits payable.
- Securities sold or purchased and not settled - These amounts represents amounts due from or to brokers for sales or purchases of investments
- with trade dates prior to year end and settlement dates subsequent to year end. Benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) up to applicable limitations.
- All other vested benefits under this Plan.
- All other benefits under this Plan.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on February 3, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 6. RELATED PARTY TRANSACTIONS

The Plan shares office space and certain administrative expenses with the Union, the Local 338 Health and Welfare Fund (the Health and Welfare Fund), Local 338 Annuity Fund (the Annuity Fund) and the Local 338 Benefits Fund (collectively, the Local 338 Funds). Certain expenses that are common among the Union and the Local 338 Funds are generally paid by the Union and/or the Health and Welfare Fund and allocated based primarily upon payroll-based ratios.

The Plan's allocable share of expenses paid by the Union amounted to \$369,653 and \$378,097 for the years ended December 31, 2022 and 2021, respectively. The Plan's share of allocable expenses paid by the Health and Welfare Fund totaled \$293,873 and \$222,609 for the years ended December 31, 2022 and 2021, respectively. Additionally, rental expenses paid to the Health and Welfare Fund totaled \$50,581 and \$51,767 for the years ended December 31, 2022 and 2021, respectively.

NOTE 6. RELATED PARTY TRANSACTIONS (continued)

As of December 31, 2022, and 2021, the Plan was owed by the Union \$22,329 and \$65,974, respectively, for shared expenses.

As of December 31, 2022 and 2021, the Plan owed the Health and Welfare Fund \$66,659 and \$13,203, respectively, for shared expenses.

NOTE 7. PROPERTY AND EQUIPMENT

Property and equipment, at cost, as of December 31, 2022 and 2021 are as follows:

	<u>2022</u>	<u>2021</u>
Computer software	\$ 167,026	\$ 129,426
Less: accumulated depreciation and amortization	<u>(137,138)</u>	<u>(129,426)</u>
Property and equipment - net	<u><u>\$ 29,888</u></u>	<u><u>\$ -</u></u>

Depreciation and amortization expense for the years ended December 31, 2022 and 2021 amounted to \$9,388 and \$1,035, respectively.

NOTE 8. ACTUARIAL INFORMATION

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on eligible employees' years of credited service and age. The accumulated Plan benefits for active eligible employees are based on their estimated years of qualifying time, as of the date which the benefit information is presented.

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

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

NOTE 8. ACTUARIAL INFORMATION (continued)

The significant actuarial assumptions used in the valuation as of January 1, 2022, are as follows:

Actuarial Cost Method:	Unit Credit
Mortality:	RP2014 Blue Collar Mortality Table
Interest:	6.75% compounded annually (net of investment expense)
Expenses:	\$1,750,000 cost of administration
Asset Valuation:	Market Value
Retirement Age:	Age 65 or the present age, if higher

The following table presents the actuarial present value of accumulated Plan benefits as of January 1, 2022:

Actuarial present value of accumulated plan benefit vested benefits	
Participants and beneficiaries currently receiving payments	\$ 418,746,848
Other participants	355,527,884
	<u>774,274,732</u>
Nonvested benefits	<u>1,964,534</u>
Total actuarial present value accumulated Plan benefit	<u><u>\$ 776,239,266</u></u>

At January 1, 2021, the total actuarial present value of accumulated Plan benefits was \$700,885,601.

Changes in accumulated Plan benefits for the year ended January 1, 2022, are summarized below:

Actuarial present value of accumulated Plan benefits, beginning of year	<u>\$ 700,885,601</u>
Increase (decrease) during the year	
Actuarial experience gains and losses and benefits accumulated	47,434,011
Due to changes in assumptions	29,779,804
Increase for interest due to the decrease in the discount period	45,704,472
Benefits paid	<u>(47,564,622)</u>
Net increase	<u>75,353,665</u>
Actuarial present value of accumulated Plan benefits, end of year	<u><u>\$ 776,239,266</u></u>

NOTE 8. ACTUARIAL INFORMATION (continued)

Since information on the actuarial present value of accumulated plan benefits as of December 31, 2022 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2022, and the changes in the financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2022. The complete financial status is presented as of December 31, 2021.

The Plan's consulting actuary has advised that as of January 1, 2022, the Plan is being funded at a level sufficient to meet the minimum funding standards requirement of ERISA and that there is no accumulated funding deficiency.

NOTE 9. 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended December 31, 2022 and 2021, there were no transfers in or out of levels 1, 2 or 3.

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

Fair Value Measurements at December 31, 2022				
	Total	Level 1	Level 2	Level 3
U.S. Government and Government Agency obligations:				
United States Treasury	\$ 22,961,982	\$ 22,961,982	\$ -	\$ -
Government agencies	18,025,963	-	18,025,963	-
Common stocks	197,062,997	197,062,997	-	-
Corporate obligations	9,869,690	-	9,869,690	-
Short term investments	6,154,725	6,154,725	-	-
Total assets in the fair value hierarchy	254,075,357	<u>\$ 226,179,704</u>	<u>\$ 27,895,653</u>	<u>\$ -</u>
Investments measured at net asset value (a)	294,247,097			
Total investments at fair value	<u>\$ 548,322,454</u>			
Fair Value Measurements at December 31, 2021				
	Total	Level 1	Level 2	Level 3
Corporate bonds	\$ -	\$ -	\$ -	\$ -
Common stocks	314,785,714	314,785,714	-	-
Short term investments	6,633,823	6,633,823	-	-
Total assets in the fair value hierarchy	321,419,537	<u>\$ 321,419,537</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value (a)	346,019,147			
Total investments at fair value	<u>\$ 667,438,684</u>			

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

The following table summarizes investments for which fair values are measured using the net asset value per share practical expedient at December 31, 2022 and 2021:

	2022 Fair Value	2021 Fair Value	2022 Unfunded Commitments	2021 Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Limited partnerships:						
DSF Multi-Family Fund-2019 A, L.P.	\$ 22,107,611	\$ 11,000,064	\$ -	\$ 9,894,845	(a)	(a)
DSF Multi-Family Real Estate Fund III-A L.P.	6,806,411	25,776,534	-	-	(b)	(b)
Pinebridge Credit Opportunities II (Plan) Feeder, L.P.	9,133,935	9,794,041	1,824,037	1,824,037	(c)	(c)
The Red Oak Institutional Founders Long Fund LP	4,397,781	5,017,428	-	-	Quarterly	*-75 Days
SROA Capital Fund VIII (ERISA), LP	16,722,452	5,104,353	-	14,278,561	(d)	(d)
Strategic Partners Parallel Fund V L.P.	2,016,724	2,725,707	990,702	1,831,397	(e)	(e)
Terra Cap Partners IV LP	18,347,824	19,025,123	-	-	(f)	(f)
Terra Cap Partners V LP	21,429,838	22,095,202	-	-	(g)	(g)
Townsend Real Estate Alpha Fund III	12,599,147	14,858,076	6,500,000	7,800,000	(h)	(h)
VCFA Venture Partners VI	21,951,292	23,036,505	7,800,000	14,850,000	(i)	(i)
Boyd Watterson GSA Fund LP	30,567,838	7,977,964	-	-	Quarterly	60 days
Vibrant Sente Fund Ltd.	16,985,318	45,839,076	-	-	Quarterly	90 days
Hedge funds of funds:						
LibreMax Capital, LLC	15,990,134	63,456,245	-	-	Quarterly	90 days
CIFC CLO Opportunity Fund II LP	6,377,918	9,838,686	-	-	(j)	(j)
EnTrust Special Opportunities Fund III Ltd	7,141,568	9,590,444	-	-	Quarterly	**-90 Days
Common collective trusts:						
LongView Largecap 500 Index Fund	67,186,676	51,768,893	-	-	Daily	Daily
Loomis Sayles MultiSector Full Discretion Trust	14,484,630	19,114,806	-	-	Quarterly	90 days
	<u>\$ 294,247,097</u>	<u>\$ 346,019,147</u>	<u>\$ 17,114,739</u>	<u>\$ 50,478,840</u>		

(a) DSF Multi-Family Fund-2019 A, LP (the "Parallel Fund"), a Delaware limited partnership, was formed on April 1, 2020 for the purpose of generating income and appreciation on multi-family residential real estate investments primarily located in the Northeast corridor of the United States. In accordance with the provisions of the Parallel Fund's limited partnership agreement, the Parallel Fund will hold, through its 8.52% common share ownership, each Strategic Investment, as defined, in a separate REIT subsidiary, an entity that elects to be treated as a real estate investment trust ("REIT") under the Internal Revenue Code. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

(b) DSF Multi-Family Real Estate Fund III-A, L.P. was formed for the purpose of generating income and appreciation on multi-family residential real estate investments primarily located in the Northeast corridor of the United States. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

(c) Pinebridge Credit Opportunities II was formed solely to invest substantially all of its assets in Pinebridge Credit Opportunities II, L.P. (the “Master Fund”), a Delaware limited partnership having the same investment objectives. The investment objective of the Master Fund is to invest in credit, mezzanine and other private debt funds (“Investment Funds”) and direct debt-related investments (“Direct Investments”), together the “Investments”. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

* Red Oak Institution Founders Long Fund was formed for the purpose of investing in a variety of securities and financial instruments, mostly domestic and some foreign, primarily focusing on publicly traded equity securities.

(d) SROA Capital Fund VIII, LP (the “Fund”) was organized on March 26, 2020 as a Delaware investment limited partnership for the purpose of investing in self-storage rental properties. The Fund is managed by SROA Capital Fund VIII GP, LLC (the “General Partner”), a related party through common ownership. An affiliate of the General Partner, SROA Capital LLC, provides property management services to the investment under a property management agreement. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

(e) The Strategic Partners Parallel Fund V, L.P. was organized to invest in Strategic Partners V Parallel Investments, L.P. (“Holdings”) which invests in secondary interests of pooled private equity investment vehicles (“Portfolio Partnerships”) as designed by the General Partner. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

(f) TerraCap Partners IV (the “Partnership”), is a combination of TerraCap Partners IV (“Institutional”) LP and TerraCap Partners IV (“HNW”) LP. The Partnership is engaged in the acquisition and resale of value-add investments in real estate and real estate-backed assets with a focus on opportunities in the Southeastern United States of America. Institutional and HNW make all investments jointly on a pari passu, pro-rata basis. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

(g) TerraCap Partners V (the “Partnership”), is a combination of TerraCap Partners V (Institutional) LP, a Delaware limited partnership formed on November 25, 2019 (“Institutional”) and TerraCap Partners V (HNW) LP, a Delaware limited partnership formed on November 25, 2019 (“HNW”). The Partnership began operations October 1, 2020. The Partnership is engaged in the acquisition and resale of value-add investments in real estate and real estate-backed assets with a focus on opportunities in the Southeast, Southwest, Mid East, and Mountain regions of the United States of America. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

(h) Townsend Real Estate Alpha Fund III, L.P. (the “Partnership”) is a Delaware limited partnership formed to identify, acquire, hold, manage, and dispose of investments in real estate private equity funds for income and capital appreciation. The Partnership was formed on May 18, 2018 and will continue until all of the investments are sold, liquidated or disposed of, or upon the occurrence of earlier events as defined in the Limited Partnership Agreement (the “Partnership Agreement”). Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

(i) VCFA Venture Partners VI, L.P. (the “Partnership”), a limited partnership organized under the laws of the State of Delaware, was formed for the purpose of achieving high returns and long-term capital appreciation through investments primarily in venture capital funds and growth equity funds purchased on a secondary basis from existing investors seeking liquidity. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

(j) CIFIC CLO Opportunity Fund II LP, a Cayman Islands exempt company, operates under a “Master Fund/Feeder Fund” structure whereby substantially all of their assets are invested in CIFIC CLO Opportunity Master Fund (Cayman) II LP (the “Master Fund”). The Master Fund was organized for the purpose of investing in residual tranches (“CLO Equity”) of collateralized loan obligations (“CLOs”), equity interests in warehouses (“CLO Warehouse”) and sub-investment grade rated CLO debt tranches (“CLO Debt”). During the Term of the Feeder, Limited Partners have no right to make withdrawals in respect of their interests in the Feeder. As such, no withdrawals were made for the year ended December 31, 2022. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Limited Partnership Agreement.

(**) The EnTrust Special Opportunities Fund III Ltd is an exempt company incorporated in the Cayman Islands. This Fund substantially invested in the Entrust Special Opportunities Master Fund III LP under a master feeder arrangement.

Shareholders have the right to redeem all or a portion of the applicable shares to the maximum extent permitted by the terms relating to the Fund’s investments in underlying investment vehicles. The Fund will not invest in any fund or investment vehicle that has a lock-up period of more than five years. Redemptions, once permissible, shall take place as of the close of business on the last business day of any calendar quarter, or any other date determined by the Board. In order to effect a redemption, a shareholder shall be required to provide not less than 95 days’ prior written notice of any such redemption request. Given the highly illiquid nature of the Fund’s investments, there can be no assurances that the Fund will be able to obtain the proceeds necessary to fund a redemption on any applicable Redemption Date, particularly in the early years of the Fund. There may be instances when the Fund cannot effect a complete redemption from an underlying vehicle, in which case shareholders would receive a pro rata portion of a redemption request.

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

The Boyd Watterson GSA Fund, L.P. was formed to acquire, develop, own and operate a diversified portfolio of real estate investments in commercial property. Boyd Watterson GSA Fund, L.P. is sole Class A shareholder of Boyd Watterson GSA REIT, which was formed to acquire, hold, manage, administer, control and dispose of property, including engaging in business as a real estate investment. The Fund intends to invest primarily in real estate primarily leased to the U.S Federal Government either through General Services Administrations (GSA) or other Federal Government agencies.

SENTE Master Fund, L.P. (the “Master Fund”) is an investment partnership which was formed under the acts of the Cayman Islands and commenced operations on April 04, 2014. The Master Fund was organized for the purpose of trading and investing in securities and has two limited partners: Vibrant Sente Fund, Ltd. (formerly known as SENTE Fund, Ltd.) (the “Offshore Feeder Fund”), a Cayman Islands exempted investment company and Vibrant Sente US Feeder Fund, LP (formerly known as SENTE US Feeder Fund, LP), a U.S. Delaware limited partnership (the “Onshore Feeder”, together with the Offshore Feeder Fund, the “Feeder Funds”). Effective April 30, 2021, the Offshore Feeder Fund changed its name from SENTE Fund, Ltd. to Vibrant Sente Fund, Ltd. Effective April 13, 2021, the Onshore Feeder Fund changed its name from SENTE US Feeder Fund, L.P. to Vibrant Sente US Feeder Fund, L.P. The Feeder Funds invests substantially all of their assets in the Master Fund. The Onshore Feeder began operation on June 1, 2020. The Master Fund is managed by SENTE Fund GP, LLC (the “General Partner”) and Vibrant Capital Partners, Inc. (formerly known as DFG Investment Advisers, Inc.) (the “Investment Manager”). The Investment Manager is registered with the Securities and Exchange Commission as an Investment Adviser pursuant to the Investment Advisers Act of 1940. Effective January 8, 2021, the Investment Manager changed its name from DFG Investment Advisers, Inc. to Vibrant Capital Partners, Inc.

LibreMax is an \$8.3 billion asset management firm specializing in structured products across both public and private markets. The Firm offers a diverse platform of alternative, long-only and opportunistic strategies as well as CLO management.

The Loomis Sayles Trust Company, LLC Collective Trust for Employee Benefit Plans (the “Collective Trust”), a Massachusetts trust, was created pursuant to a Declaration of Trust dated as of February 13, 2007, as amended. The Collective Trust is divided into separate collective trusts, one of which is the Loomis Sayles MultiSector Full Discretion Trust (the “Trust”). The Trust is a separate pool of assets constituting, in effect, a separate trust with its own investment objective and policies. Loomis, Sayles & Company, L.P. (“Loomis Sayles”), a related party, is the sole member of Loomis Sayles Trust Company, LLC (the “Trustee”), a related party. The Trust was established upon the execution of its Supplemental Declaration of Trust on July 13, 2007. The Trust's investment objective is total return and to outperform the Bloomberg Barclays Capital U.S. Government/Credit Index.

NOTE 10. RISK AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market, and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

NOTE 11. WITHDRAWAL LIABILITY

In 2022, three employers withdrew from the Plan. One employer withdrew from the Plan and was assessed at \$19,581,326 that required 56 equal quarterly payments of \$514,350 starting in April 2023. Another employer that withdrew from the Plan was assessed at \$198,330 that required 60 equal quarterly payments of \$4,995 starting in April 2023. Last employer that withdrew from the Plan was assessed at \$1,588,764, which was paid in full in March 2023.

NOTE 12. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 10, 2023, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

LOCAL 338 RETIREMENT FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
Pension Benefit Guaranty Corporation premiums	\$ 575,392	\$ 570,431
Payroll and payroll taxes	439,823	371,692
Legal fees	291,077	281,984
Employee benefits	157,837	162,218
Insurance	61,262	61,779
Accounting and auditing	58,000	58,000
Rent	50,581	51,767
Actuarial consulting	40,097	40,223
Office and other	40,079	40,521
Printing and stationery	23,375	19,530
Auto	18,566	19,489
Bank fees	17,264	16,900
Conferences and educational training	16,383	4,760
Utilities	10,653	9,659
Postage and delivery	9,665	12,671
Depreciation	9,388	1,035
Office equipment and maintenance	3,502	5,302
Payroll processing	1,436	1,786
Computer and data processing	329	2,804
Total administrative expenses	<u>\$ 1,824,709</u>	<u>\$ 1,732,551</u>

LOCAL 338 RETIREMENT FUND

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2022

Form 5500, Schedule H, Line 4i

E.I.N. 13-6533678

Plan No. 001

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(1)- Interest-Bearing Cash:</u>							
* Comerica cash		MMA	Demand	Var	2,773	\$ 2,773	\$ 2,773
* Comerica Short Term Fund		MMA	Demand	Var	6,151,952	6,151,952	6,151,952
Total interest-bearing cash						6,154,725	6,154,725
<u>Item 1c(2) United States Government Securities:</u>							
Fed Farm CRD Discount		Note	01/05/23	0.0%	4,215,000	4,200,693	4,213,988
Federal Home LN BKS Disc		Note	02/08/23	0.0%	4,000,000	3,977,988	3,982,360
Federal Home LN BKS Disc		Note	04/28/23	0.0%	250,000	245,145	246,503
Federal Home LN BKS Disc		Note	06/28/23	0.0%	6,525,000	6,372,609	6,382,495
Federal Home LN BKS Disc		Note	06/30/23	0.0%	550,000	534,047	537,856
Federal Home LN BKS Disc		Bond	07/27/23	4.3%	2,665,000	2,658,337	2,662,761
US Treasury Bill		Note	01/26/23	0.0%	4,000,000	3,969,080	3,990,080
US Treasury Bill		Note	02/09/23	0.0%	2,000,000	1,980,780	1,992,020
US Treasury Bill		Note	02/23/23	0.0%	4,075,000	4,029,544	4,050,469
US Treasury Bill		Note	03/07/23	0.0%	2,000,000	1,974,007	1,985,240
US Treasury Bill		Note	03/14/23	0.0%	4,000,000	3,943,750	3,967,520
US Treasury Bill		Note	03/28/23	0.0%	75,000	73,910	74,264
US Treasury Bill		Note	04/13/23	0.0%	3,000,000	2,947,509	2,966,130
US Treasury Bill		Note	04/18/23	0.0%	1,000,000	985,342	987,050
US Treasury Bill		Note	05/18/23	0.0%	3,000,000	2,933,229	2,949,209
Total United States Government Securities						40,825,970	40,987,945
<u>1c(3) Corporate debt instruments:</u>							
Abbvie Inc		Bond	11/21/24	2.60%	250,000	239,330	239,462
Amazon Inc		Bond	06/28/23	4.77%	250,000	242,476	242,467
AON Plc		Bond	02/02/23	4.95%	250,000	247,305	247,305
Apple Inc		Bond	05/03/23	2.40%	250,000	247,522	247,997
Bank of America		Bond	06/14/24	0.52%	250,000	242,260	244,083
Capital One		Bond	06/15/23	3.50%	250,000	247,895	248,483
Caterpillar		Bond	01/17/25	4.90%	250,000	250,407	250,452
Citigroup Inc		Bond	10/25/23	3.88%	250,000	247,472	247,827
Consolidated Edison Company		Bond	01/10/23	4.70%	250,000	248,294	248,294

(a)	(b)	(c)			(d)		(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
				Par / Maturity			
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Value or Shares	Cost	Current Value
<u>1c(3) Corporate debt instruments (continued):</u>							
	Cummins Inc	Bond	01/04/23	4.19%	500,000	\$ 497,330	\$ 497,330
	CVS Corp	Bond	08/15/24	2.63%	250,000	241,372	240,157
	Deere Jphn Cap Corp	Bond	06/24/24	2.65%	250,000	242,440	242,385
	Dollar General Corp	Bond	01/10/23	4.60%	500,000	497,978	497,978
	Duke Energy	Bond	01/04/23	4.38%	500,000	497,128	497,128
	Fontainebleau Las Vegas Hldgs	Bond	N/A	0.00%	515,000	508,534	-
	Gilead Sciences Inc	Bond	04/01/24	3.70%	250,000	246,577	245,841
	Goldman Sachs Group	Bond	03/03/24	4.00%	250,000	246,750	246,715
	Hrp Myrtle Beach Hldgs Llc	Bond	N/A	0.00%	96,474	83,720	-
	Humana Inc	Bond	08/03/23	0.65%	250,000	242,217	243,545
	JP Morgan Chase Co	Bond	02/01/24	3.88%	250,000	247,827	246,822
	Massmutual Global Fundin PP	Bond	08/28/23	0.48%	250,000	241,722	242,635
	Metlife Inc	Bond	09/15/23	4.37%	250,000	249,262	249,190
	Morgan Stanley	Bond	05/22/23	4.10%	250,000	249,107	249,082
	Oracle Corp	Bond	01/03/23	4.72%	500,000	497,080	497,080
	Southern CO	Bond	07/01/23	2.95%	250,000	247,400	247,577
	Starbucks Corp	Bond	10/01/23	3.85%	250,000	247,807	248,325
	Toyota Mtr cr Corp	Bond	10/18/23	2.25%	250,000	244,257	244,786
	Truist Financial Corp	Bond	12/06/23	3.75%	250,000	246,965	247,327
	Union PAC Corp	Bond	01/09/23	4.02%	500,000	497,005	497,006
	University Tex Fing Sys	Bond	01/19/23	4.18%	500,000	496,426	499,038
	Verizon Communications	Bond	03/22/24	0.75%	250,000	237,755	237,315
	Verizon Master Turst Abs	Bond	01/20/27	1.04%	1,020,000	992,508	997,606
	Walt Disney Co	Bond	08/30/24	1.75%	250,000	237,692	238,452
	Total corporate debt instruments					10,449,820	9,869,690
<u>Item 1c(4)b-Corporate stocks:</u>							
	Abbott Labs	Stock			5,600	647,367	614,824
	Academy Sports And Outdoors Inc	Stock			3,420	169,437	179,587
	Acadia Healthcare Co Inc	Stock			3,880	286,315	319,402
	Accenture Plc	Stock			10,633	2,547,507	2,837,310
	Adapt Healthcare Co Inc	Stock			6,470	142,233	124,353
	ADCBE Sys Inc	Stock			3,924	1,627,387	1,320,544
	Addus Homecare Corp	Stock			8,670	839,317	882,578
	Adtran Inc	Stock			70,150	1,355,271	1,318,188
	Advanced Micro Devices	Stock			8,276	874,041	536,035
	Adyen NV	Stock			73,188	1,246,506	1,006,355
	AEHR Test Sys	Stock			6,435	164,315	129,343
	Aerovironment Inc	Stock			1,285	119,007	110,073
	AES Corp	Stock			82,155	1,940,821	2,382,778
	AIA Group LTD	Stock			29,101	881,523	1,294,559

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Corporate stocks (continued):</u>							
	Air Transport Services Group	Stock			54,335	\$ 1,276,224	\$ 1,411,523
	AirBnB Inc	Stock			1,927	226,003	164,758
	Alcon Inc	Stock			17,306	957,126	1,186,326
	Alphabet Inc	Stock			19,004	1,215,571	1,586,225
	Alphabet Inc Cl A	Stock			19,188	1,205,574	1,692,957
	Altria Group Inc	Stock			20,306	914,404	928,279
	Amazon Com Inc	Stock			21,761	2,224,120	1,827,924
	Ambarella In c	Stock			1,365	118,237	112,244
	Ameriprise Finl Inc	Stock			3,767	1,116,012	1,172,931
	Aon Plc SHS Cl	Stock			4,867	1,086,508	1,460,781
	APA Corporation	Stock			23,205	1,052,706	1,483,209
	Apellis Pharmaceuticals Inc	Stock			1,815	94,433	93,854
	Api Group Corp	Stock			73,365	1,257,499	1,379,996
	Apple Inc	Stock			52,115	3,604,165	6,771,302
	Applied Industrial Tech	Stock			2,075	229,093	261,712
	Applied Matls Inc	Stock			11,789	879,255	1,148,043
	Arcosa Inc	Stock			3,895	246,445	211,654
	Array Technologies Inc	Stock			18,860	347,246	364,564
	Artisan Partners Asset Mgmt Inc	Stock			44,355	1,563,086	1,317,349
	Ashland Global Holdings	Stock			3,989	348,706	428,937
	ASM Intl	Stock			2,806	1,036,037	705,700
	ASML Holding	Stock			2,472	433,193	1,350,702
	Astrazeneca PLc	Stock			18,231	1,187,755	1,236,062
	Atalast Copcp	Stock			56,460	515,118	667,119
	Atlassian Corporation	Stock			7,588	1,995,190	976,424
	Axcelis Technologies Inc	Stock			3,935	261,409	312,282
	Axonics Modulation Technologies	Stock			3,810	236,674	238,239
	Beacon Roofing Supply Inc	Stock			12,223	409,046	645,252
	Belden CDT Inc	Stock			2,165	165,439	155,563
	Berkshire Hathaway Inc	Stock			8,325	2,358,371	2,571,592
	Bio-Techne Corp	Stock			7,506	576,880	622,263
	BJ's Restuarants Inc	Stock			3,990	126,792	105,256
	Boot Barn Holdings Inc	Stock			3,705	236,314	231,637
	Booz Allen Hamilton Holdings Corp	Stock			6,031	493,912	630,360
	Box Inc	Stock			6,535	196,873	203,434
	Boyd Gaming Corp	Stock			9,148	614,594	498,840
	Brightview Hldgs Inc	Stock			140,135	1,996,891	965,530
	Bristol Myers Squibb Co	Stock			24,535	1,675,553	1,765,293
	Broadcom Inc	Stock			3,184	1,122,593	1,780,269
	Brown & Brown Inc	Stock			15,067	599,138	858,367
	Calix Inc	Stock			4,915	257,601	336,333

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Corporate stocks (continued):</u>							
	Callaway Golf Co	Stock			56,430	\$ 1,219,589	\$ 1,114,492
	Canadian Pacific Railway	Stock			25,032	688,729	1,867,167
	Carmax Inc	Stock			6,349	549,483	386,591
	Casella Waste Sys Inc	Stock			2,825	227,398	224,051
	Catalent Inc	Stock			19,555	1,494,268	880,170
	CBRE Group Inc	Stock			12,471	1,023,620	959,768
	Celsius Holdings	Stock			3,090	345,274	321,484
	Championx Corporation	Stock			4,700	135,582	136,253
	Cisco Sys Inc	Stock			61,179	2,836,874	2,914,567
	Clean Harbors Inc	Stock			1,965	222,628	224,246
	Clear Secure Inc	Stock			5,455	176,266	149,631
	Clearfield Inc	Stock			915	119,221	86,138
	Coherent Corp	Stock			3,390	130,819	118,989
	Comcast Corp	Stock			18,266	573,806	638,762
	Compass Minerals Intl Inc	Stock			34,775	2,104,652	1,425,775
	Costco Wholesale Corp	Stock			2,996	1,464,697	1,367,674
	Crocs Inc Com	Stock			3,555	239,283	385,469
	CSL LTD - Sponsoed	Stock			12,114	444,988	1,181,987
	CSX Corp	Stock			9,800	286,342	303,604
	Curtiss Wright Corp	Stock			800	143,350	133,592
	Cushman & Wakefield	Stock			32,707	658,336	407,529
	Darling Intl Inc	Stock			8,354	535,780	522,578
	Deckers Outdoor Corp	Stock			370	120,431	147,689
	Delta Airlines Inc	Stock			9,944	435,809	326,760
	Devon Energy Corporation	Stock			35,625	905,590	2,191,294
	Diamondback Energy Inc	Stock			2,215	162,912	30,968
	Digital Intl Inc	Stock			7,775	228,527	284,176
	Dorman Prods Inc	Stock			4,719	258,203	381,625
	DSV AS ADR	Stock			9,009	204,980	708,855
	E2Open Parent Holdings Inc	Stock			75,237	600,429	441,641
	Element Solutions Inc	Stock			46,675	954,201	849,018
	Elf Beauty Inc	Stock			10,365	405,979	573,184
	Emcor Group Inc	Stock			4,710	403,774	697,598
	Encompass Health Corp	Stock			11,285	624,586	674,956
	Encore Capital Group Inc	Stock			20,450	805,076	980,373
	Ensign Group Inc	Stock			475	45,482	44,940
	Enstar Group	Stock			2,869	594,091	662855
	Entegris Inc	Stock			8,854	668,059	580,734
	EOG Resources Inc	Stock			2,945	257,509	381,436
	EPAM Sys Inc	Stock			3,192	1,405,609	1,046,146
	Etsy Inc	Stock			3,502	582,539	419,470

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Corporate stocks (continued):</u>							
	Evercore Partners Inc	Stock			8,175	\$ 622,623	\$ 891,729
	Evolution Gaming Group	Stock			10,930	1,877,445	1,065,150
	Evoqua Water Technologies Corp	Stock			5,445	242,136	215,622
	Exlservices Holdings Inc	Stock			1,300	201,857	220,259
	Experian Group LTD	Stock			42,914	777,615	1,451,264
	Extreme Networks Inc	Stock			14,635	174,465	267,967
	Facebook Inc	Stock			5,659	1,121,956	681,004
	Fedex Corp	Stock			4,393	1,168,308	760,868
	Ferguson Plc	Stock			6,036	892,028	766,392
	Ferrari	Stock			6,192	979,019	1,326,450
	Fluor Corp	Stock			7,450	234,749	258,217
	Focus Finl Psrtners	Stock			24,324	732,161	906,555
	Fortinet Inc	Stock			15,055	791,078	736,039
	Freshpet Inc	Stock			2,880	138,179	151,978
	Gartner Inc	Stock			2,317	697,028	778,836
	Gentex Corp	Stock			50,670	1,305,310	1,381,771
	Gentherm Inc	Stock			2,835	199,547	185,097
	Gitlab Inc Class	Stock			1,540	64,523	69,978
	Globus Med Inc	Stock			3,340	239,162	248,062
	Godaddy Inc	Stock			11,727	844,614	877,414
	Graco Inc	Stock			9,256	484,373	622,558
	Granite Construction Inc	Stock			41,005	1,471,471	1,438,045
	Grocery Outlet Holding Corp	Stock			21,259	647,318	620,550
	Haemonetics Corp	Stock			4,495	357,835	353,532
	Halozyme Therapeutics Inc	Stock			4,370	248,313	248,653
	Harmonic Inc	Stock			19,255	284,909	252,240
	Harmony Biosciences Holdings Inc	Stock			5,255	242,366	289,550
	Hayward Holdings Inc	Stock			22,172	245,654	208,417
	HCI Group Inc	Stock			21,920	1,447,188	867,813
	Hillenbrand Inc	Stock			41,775	1,360,844	1,782,539
	Home Depot Inc	Stock			3,485	1,103,277	1,100,772
	Horizon Therapeutics Public Limited Comp	Stock			8,686	568,169	988,477
	Hostess Brands Inc	Stock			49,297	636,616	1,106,225
	Howard Hughes Corp	Stock			27,020	2,410,905	2,064,868
	Huron Conuslting	Stock			4,755	285,873	345,213
	Icici Bank LTD	Stock			46,004	1,731,782	1,007,028
	Icon Plc	Stock			5,522	795,995	1,072,648
	ICU Med Inc	Stock			4,433	869,027	598,109
	Impinj Inc	Stock			1,460	102,614	159,403
	Inmodel LTD	Stock			10,050	386,130	358,796
	Inspire Med Sys Inc	Stock			1,895	400,528	477,313

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Corporate stocks (continued):</u>							
	Instructure Holdings Inc	Stock			5,862	\$ 140,949	\$ 137,405
	Inter Parfums Inc	Stock			6,988	426,255	674,482
	Intra-cellular Therapies Inc	Stock			2,700	140,985	142,884
	Iridium Communications Inc	Stock			2,250	115,163	115,650
	Iveric Bio Inc	Stock			5,985	131,738	128,139
	James River Group Holdings	Stock			55,455	1,831,765	1,159,564
	Janus International Group	Stock			109,710	1,325,952	1,044,739
	Johnson & Johnson	Stock			12,525	1,617,318	2,212,541
	Jones Lang Lasalle Inc	Stock			3,629	629,072	578,354
	JP Morgan Chase & co	Stock			14,470	1,709,707	1,940,427
	Karuna Therapeutics Inc	Stock			305	71,269	59,932
	KB Home	Stock			3,625	118,671	115,456
	Kinsale Cap Group Inc	Stock			1,255	307,099	328,208
	Kirby Corp	Stock			2,385	169,545	153,475
	Knight-Swift Trans Holdings Inc	Stock			4,460	241,316	233,749
	Lancaster Colony Corp	Stock			2,743	387,981	541,194
	Landstar System Inc	Stock			4,525	518,051	737,122
	Lasertec Corp	Stock			22,333	787,214	736,118
	Lattice Semiconductor Corp	Stock			5,680	311,274	368,518
	Leslie S Inc	Stock			50,367	979,600	614,981
	Li Ning CO	Stock			3,217	958,609	698,120
	Lincoln Electric Hldgs	Stock			4,718	456,415	681,704
	Linde Plc	Stock			2,403	786,837	783,810
	Lockheed Martin Corp	Stock			1,479	639,615	719,519
	Lonza Group AG	Stock			11,474	702,738	561,915
	Lowes Cos Inc	Stock			5,774	1,078,776	1,150,412
	Lululemon Athletica Inc	Stock			2,440	486,766	781,727
	LVMH Moet Hennessy Louis Vuitton	Stock			7,407	242,871	1,074,933
	MA Com Technology Solutions	Stock			3,725	223,534	234,600
	Madrigal Pharmaceuticals Inc	Stock			435	114,332	126,259
	Magnite Inc	Stock			11,800	137,011	124,962
	Marathon Oil Corp	Stock			13,236	149,897	358,298
	Marriot Intl Inc	Stock			4,360	67,696	649,160
	Masco Corp	Stock			11,052	642,197	515,797
	Matador Res Co	Stock			5,310	288,566	303,944
	Mckesson Corp	Stock			5,027	1,050,050	1,885,728
	Merck & Co Inc	Stock			6,184	570,578	686,115
	Meritage Homes Corp	Stock			1,235	113,371	113,867
	Mettler-Toledo Intl Inc	Stock			628	365,766	907,743
	MGP Ingredients Inc	Stock			1,925	211,138	204,781
	Microsoft Corp	Stock			19,381	2,921,586	4,647,951

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Corporate stocks (continued):</u>							
	MKS Instruments Inc	Stock			7,011	\$ 1,009,857	\$ 594,042
	Model N Inc	Stock			8,945	270,490	362,809
	Montrose Environmental Group Inc	Stock			5,110	149,577	226,833
	Morgan Stanley	Stock			15,440	1,282,722	1,312,709
	Mosaic Co New	Stock			16,781	919,580	736,182
	MP Materials Corp	Stock			30,935	773,378	751,102
	Nestle SA Sponsored	Stock			10,170	744,475	1,177,705
	Novo Nordisk	Stock			12,695	1,394,327	1,718,841
	Nvidia Corp	Stock			4,946	743,967	722,808
	Ollies Bargain Outlet Holdings Inc	Stock			11,620	743,009	544,281
	On Semiconductor Corp	Stock			8,429	575,019	525,717
	Open Lending Corp	Stock			53,865	1,018,806	363,589
	Oracle Corporation	Stock			21,999	1,036,825	1,798,198
	Oxford Inds Inc	Stock			630	71,606	58,703
	Pagerduty Inc	Stock			8,565	223,239	227,486
	Paragon 28 Inc Com	Stock			5,480	113,443	104,723
	Patterson UTI Energy	Stock			13,380	226,494	235,319
	Paypal Hldgs Inc	Stock			10,016	915,847	723,339
	PDF Solutions Inc	Stock			2,400	72,619	68,448
	Penumbra Inc	Stock			1,760	353,806	391,530
	Pepsico Inc	Stock			5,230	604,233	944,852
	Pernod Ricards	Stock			22,112	719,668	867,254
	Philip Morris Intl Inc	Stock			20,335	1,669,643	2,058,105
	Planet Fitness Inc	Stock			5,430	357,717	427,884
	Powerschool Holdings Inc	Stock			7,530	167,483	173,792
	Ptc Inc	Stock			5,021	441,797	602,721
	Pure Storage Inc	Stock			11,291	314,898	302,147
	Qualcomm Inc	Stock			8,596	1,400,571	945,044
	R1 RCM Inc Com	Stock			92,689	972,659	1,014,944
	Red Rock Resorts Inc	Stock			3,170	142,381	126,832
	Resmed Inc	Stock			3,486	372,354	725,541
	Royalty Pharma	Stock			43,140	1,855,320	1,704,893
	Schnieder Elec	Stock			42,756	1,370,544	1,192,977
	Schwab Charles Corp	Stock			7,214	575,303	600,638
	Shift Payments Inc	Stock			6,120	307,087	342,292
	Shockwave Med Inc	Stock			485	64,103	99,721
	Sika AG ADR	Stock			38,370	716,656	919,427
	Silk Road Medical Inc	Stock			7,110	365,746	375,763
	Simon Property Group Inc	Stock			11,734	1,420,276	1,378,510
	Siteone Landscape	Stock			5,265	647,020	617,690
	Sitime Corporation	Stock			1,165	128,477	118,387

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Corporate stocks (continued):</u>							
	Sovos Brands Inc	Stock			5,185	\$ 76,139	\$ 74,508
	Sp Plus Corp	Stock			41,770	1,381,902	1,450,254
	Sps Comm Inc	Stock			1,885	227,672	242,090
	SPX Technologies Inc	Stock			3,485	239,490	228,790
	Stericycle Inc	Stock			27,250	1,385,312	1,359,502
	Steris Public Company	Stock			5,455	638,480	1,007,484
	Supernus Pharmaceuticals Inc	Stock			10,270	347,652	366,331
	Surgery Partners Inc	Stock			1,690	45,998	47,083
	Target Corp	Stock			1,159	167,430	172,737
	Taylor Morrison Home Corp	Stock			7,620	234,851	231,267
	Technipfmc Plc	Stock			37,450	453,142	456,515
	Tecnoglass Inc	Stock			1,515	46,282	46,616
	Terex Corp New	Stock			3,235	144,860	138,199
	Terreno Rlty Corp	Stock			31,130	1,930,651	1,770,362
	Tesla Motors Inc	Stock			4,287	1,597,537	528,073
	Texas Roadhouse Inc	Stock			2,435	208,862	221,463
	The Azek Company Inc	Stock			27,175	689,130	562,196
	Thompson Reuters Corp	Stock			6,993	801,011	797,691
	Thoughtworks Holding Inc	Stock			9,729	129,771	99,138
	Transmedics Group Inc	Stock			4,780	136,515	295,022
	Treace Medical Concepts Inc	Stock			2,885	70,368	68,326
	Unifirst Corp Mass	Stock			3,705	753,954	715,028
	Union Pacific Corp	Stock			3,360	625,956	695,755
	United Parcel Service	Stock			9,905	1,913,964	1,721,885
	Unitedhealth Group Inc	Stock			3,363	839,964	1,782,995
	Veracyte Inc	Stock			5,180	131,100	122,921
	Verizon Communications	Stock			34,010	1,810,499	1,339,994
	Verra Mobility Corporation	Stock			45,621	639,615	630,938
	Visteon Corp	Stock			1,625	232,518	212,599
	Waste Connections Inc	Stock			18,806	2,204,969	2,492,924
	Watsco Inc	Stock			2,320	409,631	578,608
	Weatherford International	Stock			8,930	413,271	454,716
	Willscot Mobile Mini Holdings	Stock			55,745	1,092,098	2,518,002
	Wingstop Inc	Stock			2,305	256,806	317,214
	World Fuel Services Corp	Stock			49,810	1,463,814	1,361,307
	Wyndham Hotels & Resorts Inc	Stock			7,511	398,536	535,609
	Xponential Fitness Inc	Stock			17,240	356,791	395,313
	Yeti Hldgs Inc Com	Stock			22,482	1,348,686	928,731
	Zimmer Biomet Holdings, Inc	Stock			10,840	1,498,018	1,382,100
	Total corporate stocks					182,734,134	197,062,997

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>Item 1c(5)-Partnerships/joint venture interests:</u>						
	CIFC CLO Opportunity Fund II LP					\$ 55,909	\$ 6,377,918
	DSF Multi-Family Fund-2019 A, LP					19,162,440	22,107,611
	DSF Multi-Family Real Estate Fund III-A, LP					-	6,806,411
	EnTrust Special Opportunity Fund III, LTD					7,489,379	7,141,568
	PineBridge Credit Opportunities II					8,225,588	9,133,935
	Potomac Energy Fund					12,261,918	-
	Red Oak Institution Founders					-	4,397,781
	SROA Capital Fund VIII (ERISA), LP					15,164,371	16,722,452
	Strategic Partners Parallel Fund V					-	2,016,724
	Terra Cap Partners IV LP					9,891,192	18,347,824
	Terra Cap Partners V LP					17,496,147	21,429,838
	Townsend Real Estate Alpha Fund III					8,846,597	12,599,147
	Boyd Watterson					29,300,000	30,567,838
	Vibrant Sente Fund					15,000,000	16,985,318
	VCFA Venture Partners VI					10,203,500	21,951,292
	LibreMax Capital, LLC					7,436,827	15,990,134
	Total Partnerships/joint venture interests					160,533,868	212,575,791
	<u>Item 1c(9) Common Collective Trusts:</u>						
	Amalgamated LVF 500				47,669	75,448,042	67,186,676
	Loomis Sayles				596,321	16,635,820	14,484,630
	Total Common Collective Trusts					92,083,862	81,671,306
	Total investments					\$ 492,782,379	\$ 548,322,454

* A party-in-interest as defined by ERISA.

LOCAL 338 RETIREMENT FUND

SCHEDULE OF REPORTABLE (5%) TRANSACTIONS

YEAR ENDED DECEMBER 31, 2022

Form 5500, Schedule H, Item 4j

E.I.N. 13-6533678
Plan No. 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
*	Comerica	\$ 155,827,861	N/A	N/A	\$ 155,827,861	N/A
	Short Term Fund	N/A	\$ 156,291,440	\$ 156,291,440	156,291,440	\$ -
	LibreMax Offshore	-	N/A	N/A	-	N/A
	Fund, Ltd.	N/A	49,986,234	49,986,234	49,986,234	-
	Dreyfus Government	90,465,359	N/A	N/A	90,465,359	N/A
	Cash Management	N/A	90,465,359	90,465,359	90,465,359	-

SECTION 2. PLAN DESCRIPTION

IN GENERAL

The plan is funded through employer contributions and investment yield on the plan funds.

Coverage is afforded participants working in the Local 338 jurisdiction for employers with collective bargaining agreements providing for contributions to the plan

PLAN PROVISIONS

A summary of the major plan provisions in effect as of 1/1/2022 is contained in Table 1.

TABLE 1.
PLAN PROVISIONS

VESTING SERVICE:		
Time Period	Years of Vesting Service Earned	
Beginning January 1, 1953	One year for each year in which at least 1,000 hours of benefit service or related service is earned.	
BENEFIT SERVICE:		
Time Period	Years of Benefit Service Earned	
Service After December 31, 1975	Each covered employee shall be credited with a portion of each calendar year as follows:	
	Number of Credited Hours Completed <u>In Calendar Year</u>	<u>Credit for Calendar Year</u>
	1,834 or more	12 months
	1,667 - 1,833	11 months
	1,501 - 1,666	10 months
	1,333 - 1,500	9 months
	1,168 - 1,332	8 months
	1,001 - 1,167	7 months
	1,000	6 months

SECTION 2. PLAN DESCRIPTION (CONT'D)

ELIGIBILITY FOR BENEFITS:		
Type of Benefit	Age Requirement	Service Requirement
Normal Pension	65	5 years of vesting service
Early Pension	62 60	20 years of vesting service or 30 years of pension service
Disability Pension	Under normal pension age	15 years of pension service and receiving Social Security disability benefit
Death Benefits		
Pre-Pension Surviving Spouse Pension	None	vested and married for one year
Post-Pension Surviving Spouse Pension	None	Participant receiving benefits under married couple form

SECTION 2. PLAN DESCRIPTION (CONT'D)

BENEFITS:		
Type	Amount	Duration
Normal Pension	Years of Pension Service earned on or after July 1, 2016 multiplied by \$50.00 (\$30.00 for Plan 2 and PT) and for years of Pension Service earned prior to July 1, 2016 multiplied by \$60 (\$30 for Plan 2 and PT). With a maximum of 40 years of Pension Service. For employees hired on or after July 1, 2016, all years of Pension Service multiplied by \$40 (\$30 for Plan 2 and PT) to a maximum of 40 years of Pension Service.	Life
Early Pension	Same as normal but reduced for each year that Early Retirement Date precedes Normal Retirement Date. Unreduced at age 60 with 30 years of benefit service or age 62 with 25 years of benefit service.	Life
Disability Pension	75% of normal pension	Life
Pre-Pension Surviving Spouse Pension	Married couple benefit	Life
Post-Pension Surviving Spouse Pension	Married couple benefit	Life

OPTIONS AT NORMAL AND EARLY PENSION AGE:		
Type	Amount	Duration
Life Only	same as normal	life
Married Couple	actuarially reduced with 50% payable to surviving spouse	life of both pensioner and spouse

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Attachment to 2021 IRS Form 5500
Schedule MB, Line 8b(2) – Schedule of Active Participant Data

Years of Pension Service																				
0-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-50		No.
No.	Average Benefit	No.	Average Benefit	No.	Average Benefit	No.	Average Benefit	No.	Average Benefit	No.	Average Benefit	No.	Average Benefit	No.	Average Benefit	No.	Average Benefit	No.	Average Benefit	
15-19	61	\$60	1																	62
20-24	213	\$60	67	\$78																280
25-29	88	\$65	81	\$129	10															179
30-34	64	\$64	82	\$168	50	\$366	10		1											207
35-39	48	\$60	49	\$139	29	\$374	44	\$559	13											183
40-44	150	\$62	60	\$150	30	\$331	47	\$591	37	\$750	1									325
45-49	47	\$73	42	\$172	28	\$421	40	\$546	45	\$938	10									212
50-54	46	\$66	67	\$186	29	\$395	67	\$689	74	\$1,107	10	6								299
55-59	58	\$80	62	\$231	37	\$426	71	\$762	85	\$1,083	14	10		1						338
60-64	43	\$101	50	\$231	37	\$459	67	\$711	72	\$1,288	13	8		4		4				298
65-69	14		24	\$323	16		41	\$682	25	\$1,391	5	5		1		4		1		136
70-74	4		9				15		9			2								42
75-80	2		3				4		4					1				1		16
Total	838	\$66	597	\$168	270	\$399	406	\$655	365	\$1,086	53	\$1,460	31	7		8		2		2,577

March 21, 2022

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

Re: Annual Certification Pension Protection Act of 2006 (PPA)

Plan Identification

Local 338 Retirement Fund
EIN 13-6533678
Board of Trustees
1505 Kellum Place
Mineola, NY 11501
Telephone Number: 516-294-1338

This certification is being made for the plan year January 1, 2022 through December 31, 2022.

Enrolled Actuary Certification

Frank Iannucci, MAAA, MSPA
Enrolled Actuary Number: 20-05241
Telephone Number: 609-575-6805

Summit Actuarial Services, LLC
115 N. Church Street, Suite 3
Moorestown, NJ 08057

Information on Plan Status

The Local 338 Retirement Fund is in critical status. Based on a seven-year projection of the actuarial value of assets and the present value of accumulated benefits, the plan is projected to be more than 80% funded as of January 1, 2022 but is projected to have an accumulated funding deficiency in the current fiscal year.

Projections are based on reasonable actuarial assumptions and methods that offer the best estimate of the anticipated experience under the plan. Projections reflect both the most recent asset value and present value of accumulated benefits available and also reflect reasonably anticipated employer contributions for the current and succeeding plan years. Actuarial assumptions and methods used in the projections are the same as those used in the prior valuation. Actual results will vary due to differences between actual plan experience and that anticipated in the projections.

3/21/2022



Attachment to 2022 Form 5500

Schedule MB, line 4a - Illustration Supporting Actuarial Certification of Status

Plan Name Local 338 Retirement Fund **EIN:** 13-6533678

Plan Sponsor's Name Trustees Local 338 Retirement Fund **PN:** 001

Illustrate the details providing the actuarial certification of status.

The Plan is in Critical status because it has funding or liquidity issues, or both. As of the beginning of the Plan Year the Fund was 88% funded.

Attachment to 2022 Form 5500

Schedule MB, line 4c - Illustration Supporting Actuarial Certification of Status

Plan Name Local 338 Retirement Fund **EIN:** 13-6533678

Plan Sponsor's Name Trustees Local 338 Retirement Fund **PN:** 001

Compare the current status of the plan to the scheduled progress under the applicable funding improvement or rehabilitation plan to this Schedule MB.

Based upon the actuarial and financial status of the Local 338 Retirement Fund as well as current and expected contribution levels, the Pension Fund is expected to meet the Reasonable Measures Rehabilitation Plan as required under the Pension Protection Act.



Local 338

RETIREMENT FUND

JOHN R. DURSO
Chairman

EARL MATHURIN
Fund Administrator

Local 338 Retirement Fund
2022 Withdrawal Liability Payments

1.	<u>Super G Foods</u>		
	January 14th	\$ 100,000.00	
	March 3rd	100,000.00	
		<u>\$ 200,000.00</u>	Paid in Full
2.	<u>BAM Produce</u>		
	September 28th	<u>\$ 3,941.00</u>	
3.	<u>Angelo & Joe's Supermarket</u>		
	March 29th	\$ 477,430.00	
	March 29th	10,936.57	
	May 12th	10,936.57	
	June 7th	10,936.57	
	July 7th	10,936.57	
	August 12th	443,833.44	
		<u>\$ 965,009.72</u>	Paid in Full
4.	<u>West Side Supermarket - aka Villa Management Holdings, LLC</u>		
	January 18th	\$ 15,198.00	
	March 29th	15,198.00	
	April 13th	15,198.00	
	June 30th	15,198.00	
	September 22nd	15,198.00	
		<u>\$ 75,990.00</u>	
	TOTALS	<u><u>\$ 1,244,940.72</u></u>	

STRONGER | TOGETHER

Our Mission: To Better The Lives Of Our Members And All Working People.
1505 Kellum Place • Mineola, NY 11501 • (516) 294-1338 • www.local338.org

8/2/2023

**SCHEDULE B ATTACHMENT LINE #7
LOCAL 338 RWDSU PENSION PLAN
E.I.N. 13-6533678 PLAN NUMBER 001
AMORTIZATION RECORD IN SUPPORT OF FUNDING STANDARD ACCOUNT FOR 2022**

	DATE OF FIRST	YEARS	OUTSTANDING BALANCE	AMORTIZATION
	<u>CHARGE OR CREDIT</u>	<u>REMAINING</u>	<u>BEGINNING OF YEAR</u>	<u>CHARGE OR CREDIT</u>
AMORTIZATION CHARGES				
Combined IRC 412 Base	01/01/2017	9	83,280,046	11,846,488
Actuarial Loss	01/01/2017	10	23,826,526	3,141,232
Actuarial Loss	01/01/2019	12	22,614,279	2,631,725
Actuarial Loss	01/01/2020	13	18,433,790	2,036,973
Assumption Change	01/01/2022	15	29,779,804	3,014,729
			177,934,444	22,671,147
Total Charges				
AMORTIZATION CREDITS				
	01/01/2018	11	352,994	43,550
Actuarial Gain	01/01/2021	14	22,667,831	2,391,783
Actuarial Gain	01/01/2021	9	69,119,169	9,832,611
Method Change	01/01/2022	15	13,421,449	1,358,707
Actuarial Gain				
			105,561,443	13,626,651

Attachment to 2022 IRS Form 5500
Schedule MB, Lines 11 – Justification for Change in Actuarial Assumptions
Local 338 Retirement Fund - EIN: 13-6533678 PN: 001

We have changed the following assumptions to better reflected expected future Plan experience:

- Mortality table from 1983 Group Annuity Mortality table to the RP-2014 Blue Collar Mortality Table.

SECTION 4. ACTUARIAL STATUS

ACTUARIAL FUNDING METHOD

We have employed the "projected unit credit" cost method in establishing the normal cost and actuarial accrued liability for the participants.

NORMAL COST

In this method an active participant's pension benefit earned for the current fiscal year is determined on a present value basis. This current pension cost is an annual cost (called the "normal cost" in this method). Normal costs are levied for active participants only.

ACTUARIAL ACCRUED LIABILITY

One of the calculations made in the course of the actuarial valuation is the estimate of the plan's "actuarial accrued liability" on the valuation date. In general, this term means the present worth, expressed in a single sum, of the benefits yet to be paid, for each of the three major classes of plan participants:

1. those already receiving pension benefits;
2. those who have separated from active service, are vested in their accrued benefits, are still living, and are not yet receiving pension benefits; and
3. those who are in active service in employment covered by the plan.

The benefits taken into account in making this calculation, for pensioned and for separated vested participants, are those which are already accrued by the valuation date. For active participants, we take into account not only their accrued benefits, but, also, the benefits they are anticipated to accrue in the future before pension age; the value of the yet-to-be-accrued benefits is reduced by the present value of the future "normal costs" for the plan.

The results of our calculation of the plan's actuarial accrued liability as of the current valuation date is shown in Table 7.

SECTION 4. ACTUARIAL STATUS (CONT'D)

LIABILITIES - CONTINUING STATUS

The following table contains an analysis of the plan's actuarial accrued liability as of 1/1/2022 and the preceding two plan years.

TABLE 7.
ACTUARIAL ACCRUED LIABILITY: AT START OF THREE YEARS

ITEM	1/1/2022	1/1/2021	1/1/2020
Pensioner Liability.....	\$418,746,848.	\$378,013,900.	\$381,739,876.
Separated Vested Liability	285,852,143.	254,148,981.	251,080,905.
Active Liability	84,914,184.	80,100,356.	80,972,281.
Total Actuarial Accrued Liability	789,513,175.	712,263,237.	713,793,062.
Assets.....	685,335,137.	629,885,506.	531,626,371.
Unfunded Actuarial Accrued Liability.....	104,178,038.	82,377,731.	182,166,691.

SECTION 4. ACTUARIAL STATUS (CONT'D)

CHANGE IN UNFUNDED ACTUARIAL ACCRUED LIABILITY

The amount by which the actuarial accrued liability exceeds the plan assets on the valuation date is also shown in Table 7. In a well-funded plan future employer contributions are anticipated to amortize this "unfunded actuarial accrued liability" over a reasonable period of time. There are a number of factors that can influence the change in the size of the plan's unfunded actuarial accrued liability. The following is a description of the particular factors:

Contribution

When the plan's contributions exceed the plan's normal cost, the excess is applied toward reducing the plan's unfunded actuarial accrued liability.

During the plan year ending 2021, there was no such excess.

Plan Change

When a change in benefits takes place, an increase or decrease in the plan's unfunded actuarial accrued liability and other costs may take place.

No plan changes have taken place since the 1/1/2021 actuarial valuation.

Change in Assumptions

When experience, or other factor, calls for a change in assumptions, at the time such a change is made an increase or decrease in the plan's liability and other costs may take place.

A change in assumptions has taken place since the 1/1/2021 actuarial valuation. This change increased the plan's unfunded liability.

Change in Actuarial Method

When a change in actuarial method takes place, an increase or decrease in the plan's liability and other costs may take place.

No change in method has taken place since the 1/1/2021 valuation.

Actuarial Gain or Loss

The assumptions underlying the actuarial valuation are just that, i.e. estimates as to economic and demographic experience in the future. Although an attempt is made to choose each assumption on a reasonable basis, it is sufficient that the combined set of assumptions be reasonably related to the experience of the plan and its expectations and represent our best estimate of future experience.

During the year ending 2021, there was an overall actuarial gain.

Summary of Factors

Table 8. shows the change in the unfunded actuarial accrued liability between 1/1/2021 and 1/1/2022.

SECTION 4. ACTUARIAL STATUS (CONT'D)

TABLE 8.
DETAILS OF CHANGE IN UNFUNDED ACTUARIAL ACCRUED
LIABILITY FROM 1/1/2021 TO 1/1/2022

ITEM NO.	DESCRIPTION	AMOUNT
1.	Unfunded Actuarial Accrued Liability On 1/1/2021	\$82,377,731.
2.	Increase Due to Normal Costs in Excess of Contributions...	2,368,846.
3.	Change Due to Change in Plan of Benefits	0.
4.	Increase Due to Change in Assumptions	29,779,804.
5.	Change Due to Change in Actuarial Method	0.
6.	Increase Due to Overall Actuarial Gain	-10,348,343.
7.	Increase in Unfunded Actuarial Accrued Liability (Items 2. Through 6.).....	21,800,307.
8.	Unfunded Actuarial Accrued Liability On 1/1/2022	104,178,038.

SECTION 4. ACTUARIAL STATUS (CONT'D)

AMORTIZATION OF UNFUNDED ACTUARIAL ACCRUED LIABILITY

Table 9. contains our analysis of how future employer contributions will be used. Note that a portion of such contributions will be used for the normal costs of the plan and the balance will be used to amortize the plan's unfunded actuarial accrued liability.

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

One of the components of the actuarial accrued liability displayed in Table 7. is the actuarial present value of the benefits earned to date.

A comparison of assets with the actuarial present value of accumulated plan benefits provides another measure of the funded status of the plan, sometimes referred to as the "benefit security" ratio. The actuarial present value of accumulated plan benefits is the liability, based on only mortality and interest rate assumptions, for just the pension benefits that have been earned on the basis of each participant's service history as of the valuation date. As a result, ancillary benefits for active participants are not included in this liability.

Table 10. portrays the present value of all participants' earned benefits as of 1/1/2022 and the preceding two plan years.

CHANGE IN ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

There are a number of factors which affect the change in the size of the actuarial present value of accumulated plan benefits from one actuarial valuation to the next. Table 8. depicts the effects of each of these factors. This information may be of particular interest to the plan's auditor.

SECTION 4. ACTUARIAL STATUS (CONT'D)

ESTIMATE FOR FUTURE

The following is our estimate of the future annual fiscal activity of the plan as of 1/1/2022 based on the 2021 contributions.

TABLE 9.
FUTURE ANNUAL FISCAL ACTIVITY: ONE YEAR

ITEM	1/1/2022
	AMOUNT
Employer Contributions	\$6,827,665.
Normal Cost Pension Service	3,621,965.
Annual Amount Toward Unfunded Actuarial Accrued Liability	3,205,700.

SECTION 4. ACTUARIAL STATUS (CONT'D)

TABLE 10.
PRESENT VALUE OF ACCUMULATED PLAN BENEFITS: AT START OF THREE YEARS

ITEM	1/1/2022	1/1/2021	1/1/2020
Vested Benefits			
Pensioned	\$418,746,848.	\$378,013,900.	\$381,739,876.
Separated Vested.....	285,852,143.	254,148,981.	251,080,905.
Active	69,675,741.	66,563,068.	67,256,663.
Total	774,274,732.	698,725,949.	700,077,444.
Market Value of Assets.....	685,335,137.	629,885,506.	562,759,432.
Ratio of Assets to Present Value of Vested Benefits	89%	90%	80%
Non-Vested Benefits.....	1,964,534.	2,159,652.	2,337,982.
Present Value of Total Benefits	776,239,266.	700,885,601.	702,415,426.

SECTION 4. ACTUARIAL STATUS (CONT'D)

TABLE 11.
DETAILS OF CHANGE IN ACTUARIAL PRESENT VALUE
OF ACCUMULATED PLAN BENEFITS FROM 1/1/2021 TO 1/1/2022

ITEM NO.	DESCRIPTION	AMOUNT
1.	Actuarial Present Value of Accumulated Plan Benefits On 1/1/2021.....	\$700,885,601.
2.	Net Increase (Including Benefits Accumulated and the Effect of Non-Investment Experience and Retirements).....	47,434,011.
3.	Decrease Due to Benefits Paid	- 47,564,622.
4.	Change Due to Change in Plan of Benefits.....	0.
5.	Increase Due to Change in Assumptions	29,779,804.
6.	Increase Due to Decrease in Discount Period.....	45,704,472.
7.	Increase in Actuarial Present Value of Accumulated Plan Benefits (Items 2. Through 6.).....	75,353,665.
8.	Actuarial Present Value of Accumulated Plan Benefits On 1/1/2022.....	776,239,266.

SECTION 4. ACTUARIAL STATUS (CONT'D)

ASSUMPTIONS

We suggest and have used in this valuation the following assumptions:

1. MORTALITY. The mortality table we have employed in this valuation is the RP2014 Blue Collar Mortality Table.
2. INVESTMENT YIELD FOR VALUATION PURPOSES. We have assumed that the plan funds will earn 6.75% annual compound interest in the future.
3. TURNOVER. For normal cost calculations, we have assumed that terminations of employment, other than death, disability or pension, will occur in the future in accordance with the Crocker Sarason T-8 incidence of turnover for Plan 1 vested participants. For all others, we assumed twice the T-8 incidence of turnover.
4. DISABILITY. We have employed the 1973 Disability Model, Transactions of Society of Actuaries, XXVI, in assuming the rate of disability in the future.
5. FUTURE WORK YEAR. We have assumed that each active participant will earn benefit service in each year in the future based on their service earned in the current year.
6. AGE AT PENSION. We have assumed that the active participants will elect pension as soon as eligible for normal pension but not before one year if already eligible.
7. ADMINISTRATION EXPENSES. We have assumed \$1,750,000 will be the annual cost of administration, the present value of which is included in the present value of the actuarial accrued liability for active participants.
8. NUMBER OF ACTIVE PARTICIPANTS. We have assumed that the number of active participants will remain constant from here forward with replacements being made immediately upon pension, death or disability.

Schedule R, Part V, Line 13e

Plan Name: Local 338 Retirement Fund

Plan Sponsor: Trustees Local 338 Retirement Fund

EIN: 13-6533678

Plan Number: 001

Plan year beginning January 1, 2022 and ending December 31, 2022

Emp #	Contract Name	Benefit Classification	Fund	Plan Name	Monthly basis
CCY001	DE CICC0 (G&S CORP) - BENEFITS	LEVEL 1 FT FAMILY	RETIREE	GOLD PLAN	418.250000
CCY001	DE CICC0 (G&S CORP) - BENEFITS	LEVEL 1 FT FAMILY	RETIREE	GOLD PLAN	418.250000
CCY001	DE CICC0 (G&S CORP) - BENEFITS	LEVEL 1 FT OPT OUT	RETIREE	GOLD PLAN	418.250000
CCY001	DE CICC0 (G&S CORP) - BENEFITS	LEVEL 1 FT OPT OUT	RETIREE	GOLD PLAN	418.250000
CCY001	DE CICC0 (G&S CORP) - BENEFITS	LEVEL 1 FT SINGLE	RETIREE	GOLD PLAN	418.250000
CCY001	DE CICC0 (G&S CORP) - BENEFITS	LEVEL 1 FT SINGLE	RETIREE	GOLD PLAN	418.250000
CCY001	DE CICC0 (G&S CORP) - BENEFITS	LEVEL 1 FT SINGLE + 1	RETIREE	GOLD PLAN	418.250000
CCY001	DE CICC0 (G&S CORP) - BENEFITS	LEVEL 1 FT SINGLE + 1	RETIREE	GOLD PLAN	418.250000
CCY001	DE CICC0 (G&S CORP) - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	148.500000
CCY001	DE CICC0 (G&S CORP) - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	148.500000
CCW001	DE CICC0 OF JEFFERSON VALLEY - BENEFITS	Level 1 FT	RETIREE	GOLD PLAN	418.500000
CCW001	DE CICC0 OF JEFFERSON VALLEY - BENEFITS	Level 1 FT	RETIREE	GOLD PLAN	418.500000
CCW001	DE CICC0 OF JEFFERSON VALLEY - BENEFITS	Level 1 FT	RETIREE	GOLD PLAN	398.500000
CCW001	DE CICC0 OF JEFFERSON VALLEY - BENEFITS	LEVEL 1 FT OPT OUT	RETIREE	GOLD PLAN	418.500000
CCW001	DE CICC0 OF JEFFERSON VALLEY - BENEFITS	LEVEL 1 FT OPT OUT	RETIREE	GOLD PLAN	418.500000
CCW001	DE CICC0 OF JEFFERSON VALLEY - BENEFITS	LEVEL 1 FT OPT OUT	RETIREE	GOLD PLAN	398.500000
CCW001	DE CICC0 OF JEFFERSON VALLEY - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	164.000000
CCW001	DE CICC0 OF JEFFERSON VALLEY - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	164.000000
CCW001	DE CICC0 OF JEFFERSON VALLEY - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	156.000000
CCW001	DE CICC0 OF JEFFERSON VALLEY - BENEFITS	PART TIME > 30 HOURS	RETIREE	GOLD PLAN	164.000000
CCW001	DE CICC0 OF JEFFERSON VALLEY - BENEFITS	PART TIME > 30 HOURS	RETIREE	GOLD PLAN	164.000000
CCW001	DE CICC0 OF JEFFERSON VALLEY - BENEFITS	PART TIME > 30 HOURS	RETIREE	GOLD PLAN	156.000000
CCW001	DE CICC0 OF JEFFERSON VALLEY - BENEFITS	PART TIME > 30 HOURS OPT OUT	RETIREE	GOLD PLAN	164.000000
CCW001	DE CICC0 OF JEFFERSON VALLEY - BENEFITS	PART TIME > 30 HOURS OPT OUT	RETIREE	GOLD PLAN	164.000000
CCW001	DE CICC0 OF JEFFERSON VALLEY - BENEFITS	PART TIME > 30 HOURS OPT OUT	RETIREE	GOLD PLAN	156.000000
CCM001	DE CICC0 OF NEW CITY - BENEFITS	Level 1 FT	RETIREE	GOLD PLAN	418.500000
CCM001	DE CICC0 OF NEW CITY - BENEFITS	Level 1 FT	RETIREE	GOLD PLAN	418.500000
CCM001	DE CICC0 OF NEW CITY - BENEFITS	Level 1 FT	RETIREE	GOLD PLAN	398.500000

Schedule R, Part V, Line 13e

Plan Name: Local 338 Retirement Fund

Plan Sponsor: Trustees Local 338 Retirement Fund

EIN: 13-6533678

Plan Number: 001

Plan year beginning January 1, 2022 and ending December 31, 2022

Emp #	Contract Name	Benefit Classification	Fund	Plan Name	Monthly basis
CCM001	DE CICC0 OF NEW CITY - BENEFITS	LEVEL 1 FT OPT OUT	RETIREE	GOLD PLAN	418.500000
CCM001	DE CICC0 OF NEW CITY - BENEFITS	LEVEL 1 FT OPT OUT	RETIREE	GOLD PLAN	418.500000
CCM001	DE CICC0 OF NEW CITY - BENEFITS	LEVEL 1 FT OPT OUT	RETIREE	GOLD PLAN	398.500000
CCM001	DE CICC0 OF NEW CITY - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	164.000000
CCM001	DE CICC0 OF NEW CITY - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	164.000000
CCM001	DE CICC0 OF NEW CITY - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	156.000000
CCM001	DE CICC0 OF NEW CITY - BENEFITS	PART TIME > 30 HOURS	RETIREE	GOLD PLAN	164.000000
CCM001	DE CICC0 OF NEW CITY - BENEFITS	PART TIME > 30 HOURS	RETIREE	GOLD PLAN	164.000000
CCM001	DE CICC0 OF NEW CITY - BENEFITS	PART TIME > 30 HOURS	RETIREE	GOLD PLAN	156.000000
CCM001	DE CICC0 OF NEW CITY - BENEFITS	PART TIME > 30 HOURS OPT OUT	RETIREE	GOLD PLAN	164.000000
CCM001	DE CICC0 OF NEW CITY - BENEFITS	PART TIME > 30 HOURS OPT OUT	RETIREE	GOLD PLAN	164.000000
CCM001	DE CICC0 OF NEW CITY - BENEFITS	PART TIME > 30 HOURS OPT OUT	RETIREE	GOLD PLAN	156.000000
FDP000	FOOD PARADE - BENEFITS	Level 1 FT	RETIREE	PLATINUM PLAN	364.660000
FDP000	FOOD PARADE - BENEFITS	LEVEL 1 FT OPT OUT	RETIREE	PLATINUM PLAN	364.660000
FDP000	FOOD PARADE - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	141.010000
FDP000	FOOD PARADE - BENEFITS	PART TIME > 30 + CHILD	RETIREE	SILVER PLAN	141.010000
FDP000	FOOD PARADE - BENEFITS	PART TIME > 30 + CHILDREN	RETIREE	SILVER PLAN	141.010000
FDP000	FOOD PARADE - BENEFITS	PART TIME > 30 HOURS	RETIREE	SILVER PLAN	141.010000
FDP000	FOOD PARADE - BENEFITS	PART TIME > 30 HOURS OPT OUT	RETIREE	SILVER PLAN	141.010000
NJS000	JANSON SUPERMARKETS LLC - BENEFITS	Level 1 FT	RETIREE	PLATINUM PLAN	383.250000
NJS000	JANSON SUPERMARKETS LLC - BENEFITS	Level 1 FT	RETIREE	PLATINUM PLAN	364.660000
NJS000	JANSON SUPERMARKETS LLC - BENEFITS	LEVEL 1 FT OPT OUT	RETIREE	PLATINUM PLAN	383.250000
NJS000	JANSON SUPERMARKETS LLC - BENEFITS	LEVEL 1 FT OPT OUT	RETIREE	PLATINUM PLAN	364.660000
NJS000	JANSON SUPERMARKETS LLC - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	148.050000
NJS000	JANSON SUPERMARKETS LLC - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	141.010000
NJS000	JANSON SUPERMARKETS LLC - BENEFITS	PART TIME > 30 + CHILD	RETIREE	SILVER PLAN	148.050000
NJS000	JANSON SUPERMARKETS LLC - BENEFITS	PART TIME > 30 + CHILD	RETIREE	SILVER PLAN	141.010000
NJS000	JANSON SUPERMARKETS LLC - BENEFITS	PART TIME > 30 + CHILDREN	RETIREE	SILVER PLAN	148.050000

Schedule R, Part V, Line 13e

Plan Name: Local 338 Retirement Fund

Plan Sponsor: Trustees Local 338 Retirement Fund

EIN: 13-6533678

Plan Number: 001

Plan year beginning January 1, 2022 and ending December 31, 2022

Emp #	Contract Name	Benefit Classification	Fund	Plan Name	Monthly basis
NJS000	JANSON SUPERMARKETS LLC - BENEFITS	PART TIME > 30 + CHILDREN	RETIREE	SILVER PLAN	141.010000
NJS000	JANSON SUPERMARKETS LLC - BENEFITS	PART TIME > 30 HOURS	RETIREE	SILVER PLAN	148.050000
NJS000	JANSON SUPERMARKETS LLC - BENEFITS	PART TIME > 30 HOURS	RETIREE	SILVER PLAN	141.010000
NJS000	JANSON SUPERMARKETS LLC - BENEFITS	PART TIME > 30 HOURS OPT OUT	RETIREE	SILVER PLAN	148.050000
NJS000	JANSON SUPERMARKETS LLC - BENEFITS	PART TIME > 30 HOURS OPT OUT	RETIREE	SILVER PLAN	141.010000
PND000	NAMDOR/SLOANS - BENEFITS	Level 1 FT	RETIREE	GOLD PLAN	379.850000
PND000	NAMDOR/SLOANS - BENEFITS	Level 1 FT	RETIREE	GOLD PLAN	361.750000
PND000	NAMDOR/SLOANS - BENEFITS	LEVEL 1 FT OPT OUT	RETIREE	GOLD PLAN	379.850000
PND000	NAMDOR/SLOANS - BENEFITS	LEVEL 1 FT OPT OUT	RETIREE	GOLD PLAN	361.750000
PND000	NAMDOR/SLOANS - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	148.000000
PND000	NAMDOR/SLOANS - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	141.000000
PND000	NAMDOR/SLOANS - BENEFITS	PART TIME > 30 + CHILD	RETIREE	SILVER PLAN	148.000000
PND000	NAMDOR/SLOANS - BENEFITS	PART TIME > 30 + CHILD	RETIREE	SILVER PLAN	141.000000
PND000	NAMDOR/SLOANS - BENEFITS	PART TIME > 30 + CHILDREN	RETIREE	SILVER PLAN	148.000000
PND000	NAMDOR/SLOANS - BENEFITS	PART TIME > 30 + CHILDREN	RETIREE	SILVER PLAN	141.000000
PND000	NAMDOR/SLOANS - BENEFITS	PART TIME > 30 HOURS	RETIREE	SILVER PLAN	148.000000
PND000	NAMDOR/SLOANS - BENEFITS	PART TIME > 30 HOURS	RETIREE	SILVER PLAN	141.000000
PND000	NAMDOR/SLOANS - BENEFITS	PART TIME > 30 HOURS OPT OUT	RETIREE	SILVER PLAN	148.000000
PND000	NAMDOR/SLOANS - BENEFITS	PART TIME > 30 HOURS OPT OUT	RETIREE	SILVER PLAN	141.000000
MOO000	TAPPS S/M INC - BENEFITS	LEVEL 1 FT OPT IN	RETIREE	SILVER PLAN	358.000000
MOO000	TAPPS S/M INC - BENEFITS	LEVEL 1 FT OPT IN	RETIREE	GOLD PLAN	358.000000
MOO000	TAPPS S/M INC - BENEFITS	LEVEL 1 FT OPT IN	RETIREE	PLATINUM PLAN	358.000000
MOO000	TAPPS S/M INC - BENEFITS	LEVEL 1 FT OPT OUT	RETIREE	SILVER PLAN	358.000000
MOO000	TAPPS S/M INC - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	141.000000
BFB001	ZABARS & CO INC - BENEFITS	FT FAMILY HIRED BEFORE 12/1/2017	RETIREE	GOLD PLAN	417.000000
BFB001	ZABARS & CO INC - BENEFITS	FT FAMILY HIRED BEFORE 12/1/2017	RETIREE	GOLD PLAN	397.000000
BFB001	ZABARS & CO INC - BENEFITS	FT FAMILY HIRED ON OR AFTER 12/1/2017 (ZABARS & CO INC - BENEFITS)	RETIREE	SILVER PLAN	417.000000
BFB001	ZABARS & CO INC - BENEFITS	FT FAMILY HIRED ON OR AFTER 12/1/2017 (ZABARS & CO INC - BENEFITS)	RETIREE	SILVER PLAN	397.000000

Schedule R, Part V, Line 13e

Plan Name: Local 338 Retirement Fund

Plan Sponsor: Trustees Local 338 Retirement Fund

EIN: 13-6533678

Plan Number: 001

Plan year beginning January 1, 2022 and ending December 31, 2022

Emp #	Contract Name	Benefit Classification	Fund	Plan Name	Monthly basis
BFB001	ZABARS & CO INC - BENEFITS	FT SINGLE + 1 HIRED BEFORE 12/1/2017	RETIREE	GOLD PLAN	417.000000
BFB001	ZABARS & CO INC - BENEFITS	FT SINGLE + 1 HIRED BEFORE 12/1/2017	RETIREE	GOLD PLAN	397.000000
BFB001	ZABARS & CO INC - BENEFITS	FT SINGLE + 1 HIRED ON OR AFTER 12/1/2017	RETIREE	SILVER PLAN	417.000000
BFB001	ZABARS & CO INC - BENEFITS	FT SINGLE + 1 HIRED ON OR AFTER 12/1/2017	RETIREE	SILVER PLAN	397.000000
BFB001	ZABARS & CO INC - BENEFITS	FT SINGLE HIRED BEFORE 12/1/2017	RETIREE	GOLD PLAN	417.000000
BFB001	ZABARS & CO INC - BENEFITS	FT SINGLE HIRED BEFORE 12/1/2017	RETIREE	GOLD PLAN	397.000000
BFB001	ZABARS & CO INC - BENEFITS	FT SINGLE HIRED BEFORE 12/1/2017 OPT OUT	RETIREE	GOLD PLAN	417.000000
BFB001	ZABARS & CO INC - BENEFITS	FT SINGLE HIRED BEFORE 12/1/2017 OPT OUT	RETIREE	GOLD PLAN	397.000000
BFB001	ZABARS & CO INC - BENEFITS	FT SINGLE HIRED ON OR AFTER 12/1/17 OPT OUT	RETIREE	SILVER PLAN	417.000000
BFB001	ZABARS & CO INC - BENEFITS	FT SINGLE HIRED ON OR AFTER 12/1/17 OPT OUT	RETIREE	SILVER PLAN	397.000000
BFB001	ZABARS & CO INC - BENEFITS	FT SINGLE HIRED ON OR AFTER 12/1/2017 (ZAB)	RETIREE	SILVER PLAN	417.000000
BFB001	ZABARS & CO INC - BENEFITS	FT SINGLE HIRED ON OR AFTER 12/1/2017 (ZAB)	RETIREE	SILVER PLAN	397.000000
BFB001	ZABARS & CO INC - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	167.000000
BFB001	ZABARS & CO INC - BENEFITS	Level 1 PT	RETIREE	PLAN 1B	159.000000
BFB001	ZABARS & CO INC - BENEFITS	PART TIME > 30 FAMILY	RETIREE	SILVER PLAN	167.000000
BFB001	ZABARS & CO INC - BENEFITS	PART TIME > 30 FAMILY	RETIREE	SILVER PLAN	159.000000
BFB001	ZABARS & CO INC - BENEFITS	PART TIME > 30 HOURS OPT OUT	RETIREE	SILVER PLAN	167.000000
BFB001	ZABARS & CO INC - BENEFITS	PART TIME > 30 HOURS OPT OUT	RETIREE	SILVER PLAN	159.000000
BFB001	ZABARS & CO INC - BENEFITS	PART TIME > 30 SINGLE	RETIREE	SILVER PLAN	167.000000
BFB001	ZABARS & CO INC - BENEFITS	PART TIME > 30 SINGLE	RETIREE	SILVER PLAN	159.000000
BFB001	ZABARS & CO INC - BENEFITS	PART TIME > 30 SINGLE + 1	RETIREE	SILVER PLAN	167.000000
BFB001	ZABARS & CO INC - BENEFITS	PART TIME > 30 SINGLE + 1	RETIREE	SILVER PLAN	159.000000

Schedule MB, line 4f - Solvency Projection**Local 338 Retirement Fund - Solvency Projection**

	<u>BOY Assets</u>	<u>Contribs/EWL Pymnts</u>	<u>Benefits & Administration</u>	<u>EOY Assets</u>
2022	\$684,814,790	\$6,270,800	\$50,268,900	\$551,744,900
2023	\$551,744,900	\$8,353,600	\$52,404,426	\$543,450,100
2024	\$543,450,100	\$7,699,400	\$53,289,758	\$533,003,900
2025	\$533,003,900	\$7,976,500	\$54,384,320	\$521,007,600
2026	\$521,007,600	\$8,267,400	\$55,933,690	\$506,900,600
2027	\$506,900,600	\$8,517,100	\$57,432,414	\$490,550,200
2028	\$490,550,200	\$8,812,680	\$58,752,866	\$472,036,700
2029	\$472,036,700	\$9,149,450	\$59,866,440	\$451,470,500
2030	\$451,470,500	\$9,503,050	\$60,465,220	\$429,262,600
2031	\$429,262,600	\$9,874,330	\$60,883,680	\$405,506,900
2032	\$405,506,900	\$10,264,180	\$61,423,660	\$379,992,500
2033	\$379,992,500	\$10,673,520	\$61,425,620	\$353,177,000
2034	\$353,177,000	\$11,103,330	\$61,064,392	\$325,369,200
2035	\$325,369,200	\$11,554,630	\$60,167,202	\$297,078,400
2036	\$297,078,400	\$12,028,490	\$59,077,932	\$268,493,800
2037	\$268,493,800	\$12,526,050	\$57,735,822	\$239,881,500
2038	\$239,881,500	\$13,048,480	\$56,106,670	\$211,562,100
2039	\$211,562,100	\$11,519,800	\$56,446,044	\$179,400,000
2040	\$179,400,000	\$12,095,800	\$52,625,220	\$149,612,200
2041	\$149,612,200	\$12,700,600	\$52,404,426	\$118,667,200
2042	\$118,667,200	\$13,335,600	\$50,850,636	\$87,896,100
2043	\$87,896,100	\$14,002,400	\$48,775,780	\$57,882,100
2044	\$57,882,100	\$14,702,500	\$46,822,640	\$28,584,900
2045	\$28,584,900	\$15,437,600	\$44,917,324	\$39,700
2046	\$39,700	\$16,209,500	\$40,991,640	-\$25,576,200

Assumptions:

1. MV of Assets @ 12.31.2021 and 12/31/2022 and will earn 6.75% per year thereafter
2. RP-2014BC Mortality Table
3. Contributions increase by 5% per year
4. MV os Assets as of 12/31/2022 estimated from auditors report

Attachment to 2022 IRS Form 5500
Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
Current	\$2,062,504	\$4,180,404	\$44,758,049	\$51,000,957
Current + 1	\$2,386,689	\$6,031,541	\$42,261,168	\$50,679,398
Current + 2	\$2,790,996	\$8,157,202	\$40,616,578	\$51,564,777
Current + 3	\$3,334,485	\$10,392,714	\$38,932,570	\$52,659,769
Current + 4	\$3,917,049	\$13,078,404	\$37,213,173	\$54,208,625
Current + 5	\$4,330,331	\$15,914,093	\$35,463,020	\$55,707,444
Current + 6	\$4,750,325	\$18,590,179	\$33,687,338	\$57,027,842
Current + 7	\$5,209,583	\$21,040,071	\$31,891,866	\$58,141,520
Current + 8	\$5,571,788	\$23,085,948	\$30,082,837	\$58,740,574
Current + 9	\$5,940,320	\$24,951,662	\$28,266,985	\$59,158,967
Current + 10	\$6,317,738	\$26,929,449	\$26,451,524	\$59,698,711
Current + 11	\$6,689,654	\$28,367,913	\$24,644,012	\$59,701,578
Current + 12	\$6,888,597	\$29,598,460	\$22,852,331	\$59,339,388
Current + 13	\$6,979,731	\$30,377,942	\$21,084,608	\$58,442,282
Current + 14	\$7,071,903	\$30,932,034	\$19,349,047	\$57,352,984
Current + 15	\$7,049,253	\$31,307,707	\$17,653,858	\$56,010,818
Current + 16	\$7,053,727	\$31,320,731	\$16,007,239	\$54,381,698
Current + 17	\$6,994,927	\$31,348,789	\$14,417,330	\$52,761,045
Current + 18	\$6,952,748	\$31,055,553	\$12,892,036	\$50,900,338
Current + 19	\$6,864,306	\$30,822,411	\$11,438,966	\$49,125,684
Current + 20	\$6,727,047	\$30,258,666	\$10,065,328	\$47,051,041
Current + 21	\$6,577,465	\$29,742,579	\$8,777,742	\$45,097,786
Current + 22	\$6,516,617	\$29,093,662	\$7,582,049	\$43,192,328
Current + 23	\$6,346,850	\$28,435,984	\$6,483,018	\$41,265,852
Current + 24	\$6,159,628	\$27,623,054	\$5,484,127	\$39,266,809
Current + 25	\$5,951,676	\$26,725,443	\$4,587,203	\$37,264,322
Current + 26	\$5,696,396	\$25,754,567	\$3,792,200	\$35,243,163
Current + 27	\$5,464,057	\$24,715,326	\$3,097,136	\$33,276,518
Current + 28	\$5,220,170	\$23,609,748	\$2,498,065	\$31,327,983
Current + 29	\$4,924,066	\$22,419,029	\$1,989,221	\$29,332,316
Current + 30	\$4,648,537	\$21,190,775	\$1,563,397	\$27,402,709
Current + 31	\$4,449,061	\$20,017,617	\$1,212,392	\$25,679,071
Current + 32	\$4,194,480	\$18,795,469	\$927,477	\$23,917,425
Current + 33	\$3,961,723	\$17,504,701	\$699,768	\$22,166,192
Current + 34	\$3,699,528	\$16,384,493	\$520,597	\$20,604,617
Current + 35	\$3,442,494	\$14,983,759	\$381,826	\$18,808,079
Current + 36	\$3,195,563	\$13,661,719	\$276,036	\$17,133,319
Current + 37	\$2,958,580	\$12,421,647	\$196,665	\$15,576,892
Current + 38	\$2,743,372	\$11,264,385	\$138,071	\$14,145,827
Current + 39	\$2,545,184	\$10,189,413	\$95,510	\$12,830,107
Current + 40	\$2,366,392	\$9,194,628	\$65,084	\$11,626,103
Current + 41	\$2,188,138	\$8,276,497	\$43,674	\$10,508,309
Current + 42	\$2,028,568	\$7,430,743	\$28,848	\$9,488,159
Current + 43	\$1,888,101	\$6,652,702	\$18,751	\$8,559,553
Current + 44	\$1,763,670	\$5,937,715	\$11,987	\$7,713,372
Current + 45	\$1,633,433	\$5,280,995	\$7,532	\$6,921,959
Current + 46	\$1,498,860	\$4,677,703	\$4,647	\$6,181,210
Current + 47	\$1,360,780	\$4,124,004	\$2,813	\$5,487,597
Current + 48	\$1,232,652	\$3,616,785	\$1,669	\$4,851,106
Current + 49	\$1,113,899	\$3,152,318	\$970	\$4,267,187

Schedule MB, line 8b(3) - Contribution EWL Projection

Local 338 Retirement Fund - Contributions and EWL Payments

	<u>Contributions</u>	<u>EWL Payments</u>	<u>Total</u>
2022	\$5,025,876	\$1,244,940	\$6,270,816
2023	\$5,277,200	\$3,258,410	\$8,535,610
2024	\$5,541,100	\$2,158,250	\$7,699,350
2025	\$5,818,200	\$2,158,250	\$7,976,450
2026	\$6,109,100	\$2,158,250	\$8,267,350
2027	\$6,414,600	\$2,102,490	\$8,517,090
2028	\$6,735,300	\$2,077,380	\$8,812,680
2029	\$7,072,100	\$2,077,380	\$9,149,480
2030	\$7,425,700	\$2,077,380	\$9,503,080
2031	\$7,797,000	\$2,077,380	\$9,874,380
2032	\$8,186,900	\$2,077,380	\$10,264,280
2033	\$8,596,200	\$2,077,380	\$10,673,580
2034	\$9,026,000	\$2,077,380	\$11,103,380
2035	\$9,477,300	\$2,077,380	\$11,554,680
2036	\$9,951,200	\$2,077,380	\$12,028,580
2037	\$10,448,800	\$2,077,380	\$12,526,180
2038	\$10,971,200	\$2,077,380	\$13,048,580
2039	\$11,519,800	\$0	\$11,519,800
2040	\$12,095,800	\$0	\$12,095,800
2041	\$12,700,600	\$0	\$12,700,600
2042	\$13,335,600	\$0	\$13,335,600
2043	\$14,002,400	\$0	\$14,002,400
2044	\$14,702,500	\$0	\$14,702,500
2045	\$15,437,600	\$0	\$15,437,600
2046	\$16,209,500	\$0	\$16,209,500
2047	\$17,020,000	\$0	\$17,020,000
2048	\$17,871,000	\$0	\$17,871,000
2049	\$18,764,600	\$0	\$18,764,600
2050	\$19,702,800	\$0	\$19,702,800
2051	\$20,687,900	\$0	\$20,687,900

Assumptions:

1. Assumes Contributions will increase 5% per year
2. Assumes any future withdrawals will be basically equal to lost contributions

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
--	--

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	17,981
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)	2,577
a(2) Total number of active participants at the end of the plan year	6a(2)	2,454
b Retired or separated participants receiving benefits	6b	5,624
c Other retired or separated participants entitled to future benefits	6c	10,324
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	18,402
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	625
f Total. Add lines 6d and 6e	6f	19,027
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	53

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022**This Form is Open to Public
Inspection**

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

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

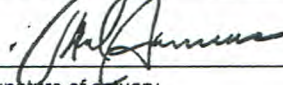
A Name of plan LOCAL 338 RETIREMENT FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES LOCAL 338 RETIREMENT FUND	D Employer Identification Number (EIN) 13-6533678

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 01 Day 01 Year 2022**b** Assets

(1) Current value of assets	1b(1)	684,814,790
(2) Actuarial value of assets for funding standard account.....	1b(2)	684,814,790
c (1) Accrued liability for plan using immediate gain methods	1c(1)	789,513,175
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	0
(b) Accrued liability under entry age normal method.....	1c(2)(b)	0
(c) Normal cost under entry age normal method	1c(2)(c)	0
(3) Accrued liability under unit credit cost method.....	1c(3)	776,239,266
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	1,315,034,788
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	10,351,207
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	0
(3) Expected plan disbursements for the plan year.....	1d(3)	48,545,480

Statement by Enrolled Actuary

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

SIGN HERE		10/06/2023
Signature of actuary		Date
FRANK IANNUCCI		2302541
Type or print name of actuary		Most recent enrollment number
SUMMIT ACTUARIAL SERVICES, LLC		856-234-8801
Firm name		Telephone number (including area code)

720 East Main Street Unit 2S
MOORESTOWN NJ 08057
Address of the firmIf the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule MB (Form 5500) 2022
v. 220413

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	684,814,790
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	5,468	565,150,400
(2) For terminated vested participants	9,409	601,799,823
(3) For active participants:		
(a) Non-vested benefits		6,681,992
(b) Vested benefits		141,402,573
(c) Total active	2,577	148,084,565
(4) Total	17,454	1,315,034,788
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	52.07 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2022	6,270,816	0			
Totals ▶			3(b)	6,270,816	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 1,244,940

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	88.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	☒ Yes ☐ No	
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?	☐ Yes ☒ No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☒		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		2046

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal	b ☐ Entry age normal	c ☒ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j

- k** Has a change been made in funding method for this plan year? ☐ Yes ☒ No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No
- m** If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability **6a** 2.22 %
- | | Pre-retirement | | | Post-retirement | | |
|---|------------------------------|---|-------------------------------------|--------------------------------|--|------------------------------|
| b Rates specified in insurance or annuity contracts | ☐ Yes | ☒ No | ☐ N/A | ☐ Yes | ☒ No | ☐ N/A |
| c Mortality table code for valuation purposes: | | | | | | |
| (1) Males | 6c(1) | 6 | | | | 6 |
| (2) Females | 6c(2) | 6F | | | | 6F |
| d Valuation liability interest rate | 6d | 6.75 % | | | | 6.75 % |
| e Salary scale | 6e | 0.00 % | ☐ N/A | | | |
| f Withdrawal liability interest rate: | | | | | | |
| (1) Type of interest rate | 6f(1) | ☒ Single rate | ☐ ERISA 4044 | ☐ Other | ☐ N/A | |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) | 6.75 % | | | | |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g | 16.5 % | | | | |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | 16.5 % | | | | |
| i Expense load included in normal cost reported in line 9b | 6i | ☐ N/A | | | | |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage | 6i(1) | 2.1 % | | | | |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2) | | | | | |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) | ☐ | | | | |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-13,421,449	-1,358,707
4	29,779,804	3,014,729

8 Miscellaneous information:

- a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval **8a**
- b** Demographic, benefit, and contribution information
- (1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No
- (2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No
- (3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No
- c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No
- d** If line c is "Yes," provide the following additional information:
- (1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No
- (2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. **8d(2)**
- (3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No
- (4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). **8d(4)**
- (5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**
- (6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s).....		8e	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any.....	9a		32,325,384
b Employer's normal cost for plan year as of valuation date	9b		3,621,965
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	177,934,444	22,671,147
(2) Funding waivers.....	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c	9d		3,956,749
e Total charges. Add lines 9a through 9d.....	9e		62,575,245
Credits to funding standard account:			
f Prior year credit balance, if any	9f		0
g Employer contributions. Total from column (b) of line 3	9g		6,270,816
h Amortization credits as of valuation date.....		Outstanding balance	
	9h	105,561,443	13,626,651
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		1,131,439
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	81,124,626	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	488,288,819	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency.....	9k(1)		0
(2) Other credits.....	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		21,028,906
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		41,546,339
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		41,546,339
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No