

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 07/01/2022 and ending 06/30/2023	
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 SOFT DRINK AND BREWERY WORKERS UNION LOCAL 812 RETIREMENT FUND	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 08/25/1957
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES SOFT DRINK AND BREWERY WORKERS UNION LOCAL 812 RETIREMENT FUND 445 NORTHERN BOULEVARD STE. 30 GREAT NECK, NY 11021-4804	2b	Employer Identification Number (EIN) 13-5660090
		2c	Plan Sponsor's telephone number 516-303-1455
		2d	Business code (see instructions) 312110

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.	01/29/2024	JOSEPH VITTA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/29/2024	MICHAEL LORENCA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 8080
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) 2237
a(2) Total number of active participants at the end of the plan year		6a(2) 1948
b Retired or separated participants receiving benefits		6b 2897
c Other retired or separated participants entitled to future benefits.....		6c 2424
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 7269
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 707
f Total. Add lines 6d and 6e		6f 7976
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 41
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 07/01/2022 and ending 06/30/2023

- 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 SOFT DRINK AND BREWERY WORKERS UNION LOCAL 812 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 BOARD OF TRUSTEES SOFT DRINK AND BREWERY WORKERS	D Employer Identification Number (EIN) 13-5660090

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

1a Enter the valuation date: Month 07 Day 01 Year 2022	
b Assets	
(1) Current value of assets	1b(1) 407984928
(2) Actuarial value of assets for funding standard account	1b(2) 434064994
c (1) Accrued liability for plan using immediate gain methods	1c(1) 862648383
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 815484591
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) 1563796320
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 28976575
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 55787162
(3) Expected plan disbursements for the plan year	1d(3) 58137162

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	01/12/2024
Signature of actuary JOSHUA KAPLAN, FSA, FCA, MAAA	Date 23-05487
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000
Firm name 333 WEST 34TH STREET, NEW YORK, NY 10001	Telephone number (including area code)
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	408367955
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	3508	707863868
(2) For terminated vested participants	2335	340727623
(3) For active participants:		
(a) Non-vested benefits		11395260
(b) Vested benefits		503809569
(c) Total active	2095	515204829
(4) Total	7938	1563796320
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	26.11 %

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
08/15/2022	464469839				
01/15/2023	1750143				
Totals ▶			3(b)	466219982	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 119500

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	53.2 %
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	E
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."		

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	2.27 %
		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)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.00 %	7.00 %
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)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		5.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		-7.9 %
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) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		2265864
(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	7977163	818551

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)		5
(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		53943823

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

a Prior year funding deficiency, if any	9a	59912514
b Employer's normal cost for plan year as of valuation date	9b	7313546

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)	404158694	49055793
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 8139730**e** Total charges. Add lines 9a through 9d.....**9e** 124421583**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** 466219982**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	35487819	6909993

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 28988627**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)	494315391	
9j(2)	1011087511	
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** 502118602**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 377697019**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****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****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 07/01/2022 and ending 06/30/2023		
A Name of plan SOFT DRINK AND BREWERY WORKERS UNION LOCAL 812 RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SOFT DRINK AND BREWERY WORKERS	D Employer Identification Number (EIN) 13-5660090	

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
HIGHBRIDGE CAPITAL MANAGEMENT LLC
20-1901985

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARBOURVEST PARTNERS LP
74-3130888

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ENTRUST PARTNERS LLC
13-4021839

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIERA CAPITAL INC.
13-2726734

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

RIVERSTONE ENERGY PARTNERS VI, L.P.

37-1760347

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

NEUBERGER BERMAN TRUST CO. N.A.

27-2510082

(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

COLLER INVESTMENT MANAGEMENT LTD.

98-1219985

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

ENTRUST GLOBAL PARTNERS, LLC

46-4544969

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

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

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

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

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

AMALGAMATED BANK

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?
19 28 51	NONE	583270	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PHARO GLOBAL ADVISORS LTD

13 CASTLE STREET
ST. HELIER, JE UT JE

(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 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	396152	Yes ☐ No ☒

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

SUSETTE STONE

13-5660090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	282421	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)

CLARKSTON CAPITAL PARTNERS LLC

83-0473650

(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	NONE	273764	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CARY KANE LLP

88-1989795

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	266523	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(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	243929	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)

INTERCONTINENTAL REAL ESTATE CORP

04-2895544

(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	241165	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSKAEUR ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	193970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUAN-VEST CONSULTANTS INC

11-2559669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	128992	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)

JAMES L. GREEN, P.C.

20-0844028

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	116000	Yes ☐ No ☒	Yes ☐ No ☐		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	113558	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERSATILE COMPUTER SOLUTIONS,LLC

04-0257794

(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	110857	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)

AQR CAPITAL MANAGEMENT LLC

13-3987414

(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 52	NONE	109433	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRESCENT CAPITAL GROUP LP

27-2698206

(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 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	103249	Yes ☐ No ☒

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

CHARMETTA THOMPSON

13-5660090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	98269	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)

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	96230	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YAHAIIRA PEREZ

13-5660090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RCP F1 GP, L.P. (RIVERSTONE)

47-3075554

(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 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	70793	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)

JESSICA WRIGHT

13-5660090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	59311	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SDBWU LOCAL 812 UNION

13-5045803

(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 LOCAL UNION	58774	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBBIE MITCHELL

13-5660090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	52020	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)

INTEGRATED CONNECTIONS, INC.

20-2197728

(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	42424	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	41856	Yes ☐ No ☒

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

PERFECT PRINTING SOLUTIONS, INC.

46-1378840

(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?
99 50	NONE	35578	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)

ANDRE' A. GONZALES

59-3671236

(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	32330	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

25-6078093

(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	20809	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22 53	23217
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CHUBB 13-1963496	INSURANCE BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22 53	11378
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUCLID SPECIALTY 45-3957469	INSURANCE BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22 53	2969
(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.	
RLI 37-0915434	INSURANCE BROKER COMMISSIONS	

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
CRESCENT CAPITAL GROUP LP	28 52	10229

(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.
CRESCENT MESSANINE PTN VIB 80-0790681	MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CRESCENT CAPITAL GROUP LP	28 52	93020

(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.
CRESCENT MESSANINE PTN VIIB 47-3358654	MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RCP F1 GP, L.P. (RIVERSTONE)	28 52	70793

(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.
RIVERSTONE GLOBAL VI LP 36-4790074	INVESTMENT FEE

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
PHARO GLOBAL ADVISORS LTD	28 52	396152
(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.	
PHARO GAIA FUND, LTD. 98-1209039	INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22 53	4292
(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.	
TRAVELERS 06-0566090	INSURANCE BROKER COMMISSIONS	
(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 07/01/2022 and ending 06/30/2023		
A Name of plan SOFT DRINK AND BREWERY WORKERS UNION LOCAL 812 RETIREMENT FUND	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SOFT DRINK AND BREWERY WORKERS	D Employer Identification Number (EIN) 13-5660090	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT STRATEGIC ALPHA TRUST			
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY LLC			
c EIN-PN 20-8080381-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77891934	
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGE CAP 500 INDEX FUND			
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) 349806074	
a Name of MTIA, CCT, PSA, or 103-12 IE: EB EMERGING MKTS DEBT OPPORTUNISTIC			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-286	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5405	
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN EMERGING MKTS EQTY			
b Name of sponsor of entity listed in (a): NEUBERGER BERMAN TRUST COMPANY NA			
c EIN-PN 20-4797982-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9771608	
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM DB SL ACWI EX-US FUND			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-193	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41258984	
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW CORE BOND FUND			
b Name of sponsor of entity listed in (a): AMALGAMATED BANK			
c EIN-PN 13-4920330-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64014511	
a Name of MTIA, CCT, PSA, or 103-12 IE: INSTITUTIONAL CREDIT FUND, L.P.			
b Name of sponsor of entity listed in (a): HPS INVESTMENT PARTNERS LLC			
c EIN-PN 20-8774276-002	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14050199	

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL EQUITY LONG - ONLY FUND LP

b Name of sponsor of entity listed in (a): FIERA CAPITAL INC.

c EIN-PN 90-0947943-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49665141
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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)
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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)
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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)
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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)
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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)
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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

<b style="font-size: 1.2em;">SCHEDULE H <b style="font-size: 1.1em;">(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b style="font-size: 1.2em;">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 <b style="font-size: 1.2em;">2022 This Form is Open to Public Inspection				
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023						
A Name of plan SOFT DRINK AND BREWERY WORKERS UNION LOCAL 812 RETIREMENT FUND	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center; color: blue;">001</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	001		
B Three-digit plan number (PN) ►	001					
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SOFT DRINK AND BREWERY WORKERS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">D Employer Identification Number (EIN) 13-5660090</td> <td style="width: 20%;"></td> </tr> </table>		D Employer Identification Number (EIN) 13-5660090			
D Employer Identification Number (EIN) 13-5660090						

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	221221132080
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	5593071877329
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	79112418101309007
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	2238206947081509
(5) Partnership/joint venture interests		1c(5)	10570492076507451
(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)	216376605542748516
(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)	63715340
(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)	5593040345142207

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	131004	185611
f Total assets (add all amounts in lines 1a through 1e)	1f	480417947	878699050

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	323858	542912
i Acquisition indebtedness	1i		
j Other liabilities	1j	71726134	85014
k Total liabilities (add all amounts in lines 1g through 1j)	1k	72049992	627926

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	408367955	878071124
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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)	466100482	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	259633	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		466360115
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9343274	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2252309	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11595583
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	564408	
(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)		564408
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	776516635	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	773927949	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2588686
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-11678259	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-11678259

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		54917101
(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)		7588884
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		11107
d Total income. Add all income amounts in column (b) and enter total	2d		531947625
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	52961619	
(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)		52961619
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)	893149	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1562718	
(4) Other	2i(4)	6826970	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9282837
j Total expenses. Add all expense amounts in column (b) and enter total	2j		62244456
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		469703169
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 FRANCELLE, 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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 494447.

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 07/01/2022 and ending 06/30/2023		
A Name of plan SOFT DRINK AND BREWERY WORKERS UNION LOCAL 812 RETIREMENT FUND		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SOFT DRINK AND BREWERY WORKERS		D Employer Identification Number (EIN) 13-5660090
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): _____ 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 **LIBERTY COCA-COLA BEVERAGES, LLC**

b EIN **82-1396019** **c** Dollar amount contributed by employer **250561090**

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 **05** Day **31** Year **2026**

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): **LUMP SUM CONTRIBUTION**

a Name of contributing employer **PEPSI-COLA BOTTLING CO. OF NY**

b EIN **11-2692997** **c** Dollar amount contributed by employer **125405260**

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 **05** Day **31** Year **2026**

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): **LUMP SUM CONTRIBUTION**

a Name of contributing employer **MANHATTAN BEER DISTRIBUTORS LLC**

b EIN **13-3992843** **c** Dollar amount contributed by employer **24989344**

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 **02** Day **28** Year **2026**

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): **LUMP SUM CONTRIBUTION**

a Name of contributing employer **OAK BEVERAGES**

b EIN **13-3019271** **c** Dollar amount contributed by employer **12672000**

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 **05** Day **31** Year **2027**

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): **LUMP SUM CONTRIBUTION**

a Name of contributing employer **BOENING BROTHERS**

b EIN **11-2042790** **c** Dollar amount contributed by employer **3786063**

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 **05** Day **31** Year **2027**

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): **LUMP SUM CONTRIBUTION**

a Name of contributing employer **CLARE ROSE DISTRIBUTING COMPANY**

b EIN **11-2036262** **c** Dollar amount contributed by employer **25398824**

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 **2024**

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

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

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

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 **ANHEUSER BUSCH**

b EIN **43-1510617** **c** Dollar amount contributed by employer **21816000**

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 **05** Day **31** Year **2027**

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): **LUMP SUM CONTRIBUTION**

a Name of contributing employer **AMERICAN COMPRESSED GASES INC**

b EIN **13-2599538** **c** Dollar amount contributed by employer **460083**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **01** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **8.50**

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

a Name of contributing employer **BETT-A-WAY BEVERAGE DISTRIBUTOR INC**

b EIN **11-2616774** **c** Dollar amount contributed by employer **388942**

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 **05** Day **31** Year **2024**

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

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

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

a Name of contributing employer **SOFT DRINK WORKERS UNION LOCAL 812**

b EIN **13-5045803** **c** Dollar amount contributed by employer **177080**

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 **05** Day **31** Year **2024**

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

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

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

a Name of contributing employer

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	62
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	70
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	72
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	1.04
b	The corresponding number for the second preceding plan year.....	15b	1.04
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	4
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	1198549
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: 52.0 % Investment-Grade Debt: 9.0 % High-Yield Debt: 4.0 % Real Estate: 14.0 % Other: 21.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

FINANCIAL STATEMENTS

JUNE 30, 2023

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

JUNE 30, 2023 AND 2022

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Soft Drink and Brewery Workers Union
Local 812 Retirement Fund

Opinion

We have audited the financial statements of the Soft Drink and Brewery Workers Union Local 812 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 June 30, 2023 and 2022, 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 Plan as of June 30, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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 are supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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
January 23, 2024

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2023 AND 2022

ASSETS	<u>2023</u>	<u>2022</u>
INVESTMENTS		
Common stocks	\$ 47,081,509	\$ 22,382,069
Common collective trusts	542,748,516	216,376,605
Limited partnerships and joint ventures	126,172,592	105,704,920
Hedge fund of funds	14,050,199	29,419,047
Private commingled funds	39,857,916	19,941,680
Private equity secondary funds	5,284,291	6,569,676
Short-term investments	<u>101,309,007</u>	<u>79,112,418</u>
Total investments	<u>876,504,030</u>	<u>479,506,415</u>
RECEIVABLES		
Employer contributions	132,080	221,221
Withdrawal liability	523,160	383,027
Securities sold and not settled	782,302	-
Due from related party	-	11,925
Interest and dividends	<u>471,075</u>	<u>80,277</u>
Total receivables	<u>1,908,617</u>	<u>696,450</u>
OTHER ASSETS		
Property and equipment - net	185,611	131,004
Prepaid expenses	92,681	75,967
Security deposit	<u>8,111</u>	<u>8,111</u>
Total other assets	<u>286,403</u>	<u>215,082</u>
 Total assets	 <u>878,699,050</u>	 <u>480,417,947</u>
 LIABILITIES AND NET ASSETS		
LIABILITIES		
Cash overdraft	85,014	72,120
Escrow payable	-	71,589,446
Securities purchased and not settled	-	64,568
Accounts payable and accrued expenses	<u>542,912</u>	<u>323,858</u>
 Total liabilities	 <u>627,926</u>	 <u>72,049,992</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 878,071,124</u></u>	 <u><u>\$ 408,367,955</u></u>

See accompanying notes to financial statements.

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 53,416,412	\$ (38,034,877)
Interest and dividends	<u>12,159,991</u>	<u>2,619,323</u>
	65,576,403	(35,415,554)
Less investment expenses	<u>(1,562,718)</u>	<u>(1,108,456)</u>
Net investment income (loss)	64,013,685	(36,524,010)
 Fund rehabilitation plan	 464,469,839	 -
 Employer contributions	 1,630,643	 17,794,777
Withdrawal liabilities	259,633	579,828
Other income	<u>11,107</u>	<u>7,563</u>
 Total additions	 <u>530,384,907</u>	 <u>(18,141,842)</u>
 DEDUCTIONS		
Retirement benefits	52,961,619	51,037,064
Escrow interest expense - CCR	5,209,360	-
Administrative expenses	<u>2,510,759</u>	<u>2,438,479</u>
 Total deductions	 <u>60,681,738</u>	 <u>53,475,543</u>
 NET INCREASE (DECREASE)	 469,703,169	 (71,617,385)
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>408,367,955</u>	<u>479,985,340</u>
 End of year	 <u><u>\$ 878,071,124</u></u>	 <u><u>\$ 408,367,955</u></u>

See accompanying notes to financial statements.

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2023 AND 2022

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Soft Drink and Brewery Workers Union Local 812 Retirement Fund (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

The Plan is a multi-employer defined benefit pension plan established under the provisions of an Agreement and Declaration of Trust between Soft Drinks, Brewery Workers and Delivery Employees, Industrial Employees, Warehousemen, Helpers and Miscellaneous Workers, Greater New York and Vicinity, Local Union No. 812 International Brotherhood of Teamsters (the Union) and the various employers having collective bargaining agreements with the Union. 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 their investment advisors.

Effective August 27, 2022, the Plan has been frozen. No participant will earn any additional benefits or pension credits based on services performed on or after this date.

Benefits

The Plan provides normal, early and other types of retirement benefits, to participants on whose behalf the employers contributed into the Plan. The participants must meet the eligibility and vesting requirements, as stated in the Plan Document.

Contributions

The Plan is financed by employer contributions. The employer contribution rates have been established under collective bargaining agreements entered into between the Union and various employers, inclusive of the rehabilitation plan. Employer contributions are accounted for as exchange transactions.

The employer contribution rates ranged from \$7.50 to \$9.00 per hour during the year ended June 30, 2023 and from \$6.40 to \$8.50 per hour during the year ended June 30, 2022.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investments and Income Recognition - Investments in common stocks are carried at fair value which generally represents quoted market prices or the net asset value of the fund as of the last business day of the fiscal year as provided by the custodian. Common collective trusts, limited partnerships and joint ventures, hedge fund of funds, private commingled funds, and private equity secondary funds are valued at net asset value (NAV) of units held or at estimated fair value as determined by the investment managers. The NAV is used as a practical expedient to estimate fair value. The NAV is used on the fair value of the underlying investments held by the funds less liabilities. Short-term investments are carried at costs which approximate fair value.

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

Employer Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided.

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 expenses currently. Depreciation is computed using the straight-line method over the respective estimated useful lives. Depreciation expense totaled \$35,849 and \$37,955 for the years ended June 30, 2023 and 2022, respectively.

Securities Purchased or Sold and Not Settled - This represents the amounts due to or from the brokers for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments 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 employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries.

Withdrawal Liability Income - Income is recognized when the withdrawal liability payments are received from the employer due to the uncertainty that the assessments will be paid in full.

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

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. In order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants and their beneficiaries. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as pre-described by ERISA and its related regulation. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plans net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitation, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 4. TAX STATUS

The Plan obtained its latest favorable determination letter on March 1, 2016 in which the Internal Revenue Service stated that the Plan continues to comply 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 5. RELATED PARTY TRANSACTIONS

Identification of Related Organizations

The Plan has the following related entities with which it has transactions:

- Soft Drink and Brewery Workers Union Teamsters Local 812 (Union)
- Local 812 Health Fund (Health Fund)
- Local 812 Annuity Fund (Annuity Fund)

NOTE 5. RELATED PARTY TRANSACTIONS (continued)

All of the above entities qualify as tax-exempt organizations. The entities listed above share common Trustees or officers with this Plan.

Certain plan investments are managed by Amalgamated Bank. Amalgamated Bank is a custodian of records and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental Schedules of Assets Held at End of Year and Reportable Transactions.

Administrative Expenses

The Plan shares office space with related organizations, which is leased by the Union on a month-to-month basis. Leasehold improvements and common expenses are allocated based on cost sharing agreements between the Plan and related organizations. The Plan reimbursed the Union in the amounts of \$215,100 and \$237,314 for the years ended June 30, 2023 and 2022, respectively. Rent expense was \$156,326 and \$156,380 for the years ended June 30, 2023 and 2022, respectively.

The Plan allocates to the Local 812 Annuity Fund for its portion of certain shared administrative expenses, which includes salaries, employee benefits, payroll taxes. The shared administrative expenses are allocated on a cost sharing agreement between the Plans. The allocated amounts for the year ended June 30, 2023 was \$35,391.

Benefits

Employees of the Plan, the Union and the Health Fund, a multiemployer welfare plan under ERISA, participate in the Plan, the Annuity Fund, and the Health Fund.

Contributions made to the Plan on behalf of all employee groups were \$106,250 and \$44,924 for the year ended June 30, 2023 and 2022, respectively. Contributions made to the Health Fund on behalf of all employee groups were \$84,556 and \$82,501 for the years ended June 2023 and 2022, respectively. Contributions made to the Annuity Fund on behalf of all employee groups were \$31,687 for the year ended June 30, 2023.

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

NOTE 6. PROPERTY AND EQUIPMENT

The following is a summary of property and equipment as of June 30, 2023 and 2022.

	<u>2023</u>	<u>2022</u>
Computer equipment	\$ 614,962	\$ 524,506
Leasehold improvements	339,223	339,233
Furniture and fixtures	<u>65,834</u>	<u>65,834</u>
	1,020,019	929,563
Less: accumulated depreciation	<u>(834,408)</u>	<u>(798,559)</u>
Property and equipment - net	<u>\$ 185,611</u>	<u>\$ 131,004</u>

NOTE 7. 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.

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 June 30, 2023 and 2022, there were no transfers in or out of levels 1, 2, or 3.

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level within the fair value hierarchy, the major categories of the Plan's assets measured at fair value at June 30, 2023 and 2022:

	Fair Value Measurements at June 30, 2023			
	Total	Level 1	Level 2	Level 3
Common stocks	\$ 47,081,509	\$ 47,081,509	\$ -	\$ -
Common collective trusts	501,484,127	-	501,484,127	-
Short-term investments	101,309,007	101,309,007	-	-
Total assets in the fair value hierarchy	649,874,643	<u>\$ 148,390,516</u>	<u>\$ 501,484,127</u>	<u>\$ -</u>
Investments measured at NAV *	226,629,387			
Total investments	<u>\$ 876,504,030</u>			

	Fair Value Measurements at June 30, 2022			
	Total	Level 1	Level 2	Level 3
Common stocks	\$ 22,382,069	\$ 22,382,069	\$ -	\$ -
Common collective trusts	186,150,081	-	186,150,081	-
Short-term investments	79,112,418	79,112,418	-	-
Total assets in the fair value hierarchy	287,644,568	<u>\$ 101,494,487</u>	<u>\$ 186,150,081</u>	<u>\$ -</u>
Investments measured at NAV *	191,861,847			
Total investments	<u>\$ 479,506,415</u>			

* 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 7. FAIR VALUE MEASUREMENTS (continued)

The following tables summarize investments for which fair values are measured using the net asset value per share as practical expedient at June 30, 2023 and 2022:

June 30, 2023	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hedge funds:				
HPS Institutional Credit Fund, LP	\$ 14,050,199	\$ -	Quarterly	90 days
Private Commingled Funds:				
AQR GRP EL Offshore Fund Ltd.	39,857,916	-	(b)	(b)
Partnerships and joint ventures:				
Boyd Watterson GSA Fund, L.P.	11,752,859	-	(k)	(k)
Crescent Mezzanine Partners, VIB, LP	1,206,635	741,409	(c)	(c)
Crescent Mezzanine Partners, VIIB, LP	6,133,156	3,255,823	(c)	(c)
EnTrust Permal Local 812 LP	15,274,283	-	(d)	(d)
Global Equity Long-Only Fund LP	49,665,141	-	(e)	(e)
Riverstone Global Energy & Power Fund VI, LP	3,645,125	1,413,711	(f)	(f)
U.S. Real Estate Investment Fund LLC	38,495,393	-	(g)	(g)
Common Collective Trusts:				
BNY Mellon DB SL ACWI ex-U.S. Fund	41,258,984	-	(l)	(l)
EB Emerging Markets Debt Opportunistic Fund	5,405	-	(h)	(h)
Private Equity Secondary Funds:				
Collier International Partners VII Feeder Fund, LP	2,234,715	1,528,487	(i)	(i)
Dover Street IX Cayman Fund LP	3,049,576	600,000	(j)	(j)
	<u>\$226,629,387</u>	<u>\$ 7,539,430</u>		
June 30, 2022	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Hedge funds:				
HPS Institutional Credit Fund, LP	\$ 13,121,603	\$ -	Quarterly	90 days
Pharo Gaia Fund Ltd.	16,297,444	-	(a)	(a)
Private Commingled Funds:				
AQR GRP EL Offshore Fund Ltd.	19,941,680	-	(b)	(b)
Partnerships and joint ventures:				
Boyd Watterson GSA Fund, L.P.	11,587,276	-	(k)	(k)
Crescent Mezzanine Partners, VIB, LP	1,331,997	741,409	(c)	(c)
Crescent Mezzanine Partners, VIIB, LP	6,237,054	3,483,972	(c)	(c)
EnTrust Permal Local 812 LP	17,914,453	-	(d)	(d)
Global Equity Long-Only Fund LP	18,004,853	-	(e)	(e)
Riverstone Global Energy & Power Fund VI, LP	4,872,850	982,299	(f)	(f)
U.S. Real Estate Investment Fund LLC	45,756,437	-	(g)	(g)
Common Collective Trusts:				
BNY Mellon DB SL ACWI ex-U.S. Fund	30,221,119	-	(l)	(l)
EB Emerging Markets Debt Opportunistic Fund	5,405	-	(h)	(h)
Private Equity Secondary Funds:				
Collier International Partners VII Feeder Fund, LP	2,881,935	1,528,487	(i)	(i)
Dover Street IX Cayman Fund LP	3,687,741	750,000	(j)	(j)
	<u>\$ 191,861,847</u>	<u>\$ 7,486,167</u>		

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

- (a) Pharo Gaia Fund Ltd - The Fund's investment objective is to consistently generate attractive risk-adjusted returns over a market cycle (typically three to five years) by investing primarily in emerging markets across a range of asset classes, including foreign exchange, credit, interest rates, commodities and equities. A shareholder may redeem the whole or part of its holdings as of the last business day of each calendar quarter by sending a written notice to the Administrator. Redemption requests must be received by the administrator at least 90 calendar days prior to any redemption date in order to be acted on as of that redemption date.
- (b) AQR GRP EL Offshore Fund Ltd. - A fund that invests substantially all of its net assets in a master-feeder arrangement where the master's objective is to efficiently deliver diversified exposure to a broadly diversified set of global risk premier covering equities, government bonds and commodities. Shares of the Fund may be redeemed at the net asset value as of the last calendar day of each calendar month, each Tuesday, or at such other dates as the Directors shall determine with the consent of the investment manager, by giving a written notice of redemption of at least 4 business days prior to the proposed redemption date.
- (c) Crescent Mezzanine Partners VIB and VIIB LP - The limited partnership's objective is to provide current income and long-term capital appreciation by investing in a diversified portfolio of mezzanine securities. The Fund will continue to reinvest until the tenth anniversary off effective date unless terminated earlier. Partners may not withdraw from the Fund prior to termination. Contributed capital returned to the Partners from disposition proceeds received by the Fund within twenty-four months of the related investment are callable.
- (d) EnTrustPermal Local 812 Partners LP. - A limited partnership with the investment objective to constitute a portfolio which will be comprised of diversified hedge fund investments and opportunistic co-investments. The portfolio will target an annualized return, net of fees and expenses. Withdrawals may be requested as of March 31, June 30, September 30 or December 31 by providing at least ninety days' prior written notice to the Partnership, but only twelve months after the initial capital contribution. The partnership is in liquidation and has decided to cease operations on December 29, 2021, the date the liquidation became imminent.
- (e) Global Equity Long-Only Fund LP. - A limited partnership with the investment objective of investing primarily in long-only portfolio of global equities. A limited partner may withdraw all or a portion of its interest(s) effective as of the close of any business day. A limited partner must provide the General Partner with a written withdrawal request at least three days prior to withdrawal date. The withdrawal must be made for a minimum of \$250,000 and a partial withdrawal will not be permitted if such withdrawal will cause the NAV of the limited partner to fall below the required minimum initial investment.

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

- (f) Riverstone Global Energy & Power Fund VI LP. - A limited partnership with the investment objective to generate long-term capital appreciation through privately negotiated equity and equity-related investments. Partners may not withdraw from the fund prior to termination but in the event cash or securities distributed by a portfolio company to the Partnerships constitute a return of capital invested by the Partnerships, the Partnerships will in turn, make a distribution to the Partners as a return of capital contributed with respect to such investment.
- (g) U.S. Real Estate Investment Fund LLC - The Fund's investment objectives are to: (i) preserve and protect investors' capital; (ii) provide potential for capital appreciation; (iii) generate current income on invested capital in the range of 6% to 8% per annum; and (iv) provide an average annual total return of approximately 10% per annum. The Fund will seek to invest directly and indirectly in real estate and real estate-related assets. At any time after the later of (i) the first anniversary of the Initial Closing and (ii) the date upon which the Net Asset Value first exceeds \$200 million, a Member may elect to have the Company redeem some or all of its interests by providing the Manager with written notice to such effect in a form acceptable to the Manager at least 90 days prior to a calendar quarter end. Redemption requests will be effective as of the first calendar quarter end upon or after the expiration of the 90-day notice period.
- (h) EB Emerging Markets Debt Opportunistic Fund - A common collective trust that has been closed and has been liquidating all investments. The Fund is no longer accepting redemption requests from current participants. The Fund will distribute available sales proceeds pro-rata to Fund investors.
- (i) Collier International Partners VII Feeder Fund - The Fund invests substantially all of its net assets in a master-feeder arrangement where the master's objective is the achievement of long-term capital appreciation through investing primarily, either directly or indirectly through other entities, in privately negotiated investments acquired in the secondary market. The Fund's policy is to treat all distribution as a permanent return of capital until all capital contributed has been returned. Thereafter distributions are treated as realized gains. The Fund is a closed ended fund, does not issue shares or units, is no longer open to new investors and redemptions are not possible.
- (j) Dover Street IX Cayman Fund LP - The Fund invests substantially all of its net assets in a master-feeder arrangement where the master will invest in aggregating partnership that invests primarily in secondary partnerships. The aggregating partnership may invest up to 10% in primary partnerships and 5% in secondary partnerships which have as their principal investment objective investing in power, energy, oil and gas, natural resources, real estate, debt or infrastructure assets. The Fund's policy is to treat all distribution as a permanent return of capital until all capital contributed has been returned and redemptions are not allowed.

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

- (k) Boyd Watterson GSA Fund, L.P. and Subsidiary - The Fund's investment objective is wealth preservation and generating consistent current income, using risk parameters and portfolio management strategies established by the General Partner. The Fund invests predominantly in real estate leased to the U.S. federal government through either the General Services Administration or other federal government agencies. Fund partners may request that the Fund redeem all or a portion of their units by delivering written notice to the Fund stating the number of units to be redeemed. Unless waived by the General Partner, partial redemptions of units are only permitted in increments of \$250,000. The Fund intends to redeem units on a quarterly basis at the NAV per units of the last day of the applicable calendar quarter less any applicable redemption fees. Redemption requests (and the request to resend a prior redemption request) shall be made no later than 60 days prior to and will be effective as of the last day of a calendar quarter.
- (l) BNY Mellon DB SL ACWI ex-U.S. Fund - The Fund's investment objective is to track the performance of the MSCI All Country World Index (ACWI) ex-U.S. ("the Index"). The Fund is constructed to mirror the Index to provide long-term capital growth. Participants may purchase or redeem units of the Fund for cash or securities based on the unit value determined as of the valuation date.

HPS Institutional Credit Fund portfolio is expected to be invested in corporate debt instruments and may also invest in other instruments. The portfolio may be hedged to reduce volatility and protect against systemic risk. A Limited Partner may, upon at least 90 days' prior written notice, withdraw all or any portion of its Capital Account as of any calendar quarter-end.

NOTE 8. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by the consulting actuary as of July 1, 2022. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 462,591,667
Other vested benefits	350,011,192
	812,602,859

Nonvested benefits	2,881,732
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Total actuarial present value of accumulated plan benefits	\$ 815,484,591
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NOTE 8. ACTUARIAL INFORMATION (continued)

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended June 30, 2022 were as follows:

Actuarial present value of accumulated plan benefits as of July 1, 2021	<u>\$ 797,395,825</u>
Increase (decrease) during the year attributable:	
Benefits accumulated, net experience gain or loss, changes in data	15,243,278
Interest	53,882,552
Benefits paid	<u>(51,037,064)</u>
Net increase	<u>18,088,766</u>
Actuarial present value of accumulated plan benefits as of June 30, 2022	<u><u>\$ 815,484,591</u></u>

The actuarial cost method used in the valuations is the Projected Unit Credit Actuarial Cost Method. Some of the more significant actuarial assumptions used in the July 1, 2022 valuation were:

- Mortality rates:

Healthy annuitant:	RP-2006 Blue Collar Healthy Annuitant Mortality Table with generational projection using Scale MP 2020.
Non-annuitants:	RP-2006 Blue Collar Employee Mortality Table with generational projection using Scale MP-2020.
Disabled participants:	RP-2006 Disabled Retiree Mortality Table with generational projection using Scale MP 2020.
- Retirement age assumption

The Plan was valued assuming active participants will retire according to the following rates:

<u>Age</u>	<u>Probability</u>
55-59	2%
60	30%
61-65	25%
66-69	20%
70+	100%

NOTE 8. ACTUARIAL INFORMATION (continued)

The preceding rates are approximately equivalent to a retirement age of 62 years in 2022.

Inactive terminated vested employees were assumed to retire at age 60.

- Net investment rate of return - 7.00%
- Administrative expenses - \$2,350,000

The above 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 actuarial results. Pension benefits in excess of the present net assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since the information on the actuarial present value of accumulated plan benefits as of June 30, 2023 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 June 30, 2023 and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended June 30, 2023. The complete financial status is presented as of June 30, 2022.

As of July 1, 2022, the Plan was classified as endangered (in the *Yellow Zone*) due to various factors including that the Plan was in critical status last year and a projected deficiency in the FSA exists within the next 10 years reflecting the amortization extensions elected under IRC Section 431(d). This projection was based on the Trustees' industry activity assumption that the active population will remain level and, on average, contributions will be made for 2,000 hours per year for each active participant.

NOTE 9. FUNDING IMPROVEMENT PLAN UNDER THE PENSION PROTECTION ACT OF 2006 (PPA)

The Plan's actuary has certified to the U.S. Department of the Treasury and the Union that the plan is in endangered status pursuant to the Pension Protection Act of 2006 (PPA) for the Plan year beginning July 1, 2022.

As required under the PPA, the Trustees have adopted a Funding Improvement Plan (FIP) designed to improve the financial condition of the Plan in accordance with the standards set forth in the PPA. The FIP includes two schedules, a Preferred and a Default Schedule.

The terms of this FIP reflect the existence of a Contribution Agreement between the Fund's Trustees, Local 812 IBT and seven of the Fund's largest contributing employers, under which the employers remitted lump sum contributions to the Fund in the total amount of \$464,469,839 on or about August 1, 2022 and certain of the employers are obligated to remit subsequent lump sum contributions totaling \$14,350,500 over the next five years.

NOTE 9. FUNDING IMPROVEMENT PLAN UNDER THE PENSION PROTECTION ACT OF 2006 (PPA) (continued)

Effective August 27, 2022, the Plan has been frozen. No participant will earn any additional benefits or pension credits based on services performed on or after this date.

NOTE 10. DERIVATIVES

The Plan is invested in derivative financial instruments through hedge funds, limited partnerships and other investments as allowed under the Plan's investment policy. According to management, its use of derivative financial instruments seeks to lessen market risk by investing in a diverse group of securities and strategies that are not correlated with the traditional public equity and fixed income markets.

Risks associated with derivatives vary widely, but generally may be categorized as market risk and credit risk. Market risk is defined as that risk associated with fluctuations in market price. Credit risk is defined as that risk associated with an entity not paying.

To monitor the Plan's investment portfolio, reports are reviewed, and investments are monitored by the investment consultant. Specific reports related to accounts with derivative transactions are prepared by the investment manager in which market values, sector and strategy allocations and gains and losses, are presented to the investment consultant for review.

The investment managers may use options, futures and swaps. An option is a contract that grants the right, but not the obligation, to exercise a specific purchase or sales transaction at a stated exercise price. A futures contract is a standardized agreement between two parties to buy and sell an asset at a set price on a future date. The Plan invests in hedge fund of funds whose underlying investment managers may invest in financial futures contracts for the purpose of gaining exposure to a specific segment of the investment market without having to purchase individual securities that comprise that market. If a hedge fund of funds underlying investment manager enters into a financial futures contract, the investment manager is required to pledge to the broker an amount in cash, U.S. Government securities or other assets equal to a certain percentage of the contract amounts (initial margin deposit).

Subsequent payments, known as "variation margin," are made or received by the hedge fund of funds underlying investment managers each day, depending on the daily fluctuations in the fair value of the underlying security. The underlying investment manager recognizes a gain or loss equal to the daily variation margin. Should market conditions move unexpectedly, the underlying investment manager may not achieve the anticipated benefits of the financial futures contracts and may realize a loss. The use of futures transactions involves the risk of imperfect correlation in movements in the price of futures contracts, interest rates and the underlying hedged assets.

The hedge fund of funds underlying investment manager may sell a security it does not own in anticipation of a decline in the fair value of that security. When the underlying investment manager sells a security short, it must borrow the security sold short and deliver it to the broker-dealer through which the short sale was made. A gain, limited to the price which the underlying investment manager sold the security short, or a loss, unlimited in size, will be recognized upon termination of the short sale.

NOTE 10. DERIVATIVES (continued)

In addition, the hedge fund of funds underlying investment manager has entered into interest rate swap agreements. Through such transactions, parties agree to pay on specific dates either a fixed or floating rate of interest on the contract amount. Risks in these transactions involve both the risk of counterparty nonperformance under the terms of the contract and the risk associated with changes in the market value of the swaps.

NOTE 11. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as interest rate, market, sector, and credit 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 Statements 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.

During the year ended June 30, 2022, the Plan received withdrawal liability payments from Coca-Cola Bottling Co of New York. The payments received have been segregated into an escrow account as the withdrawal liability assessment was in dispute. On August 16, 2022, a settlement was reached and the Plan refunded Coca-Cola Bottling Co of New York \$76,866,654 in withdrawal liability payments received which was held in escrow.

NOTE 12. WITHDRAWAL LIABILITY

As of the year ended June 30, 2021, two participating employers are paying withdrawal liability to the Plan. The original estimated withdrawal liability for these employers was determined by the Plan's actuary to total \$431,355 at present value. One employer is required to make sixty-six quarterly payments of \$3,684, which includes interest calculated at 7.5% and one final payment of \$2,421. The other employer required to make seventy-five quarterly payments of \$5,200, which includes interest calculated at 7.5% and one final payment of \$1,936. The Plan received withdrawal liability payments of \$24,500 and \$31,900 during the years ended June 30, 2023 and 2022, respectively. The withdrawal liability receivable at estimated present value for these two employers was \$323,160 and \$323,027 as of June 30, 2023 and 2022, respectively.

Additionally, other employers withdrew from the Plan during the year ended June 30, 2023. Two employers fully settled and the Plan received withdrawal liability settlement payments totaling \$35,000 during the year ended June 30, 2023. Three employers also withdrew in 2023 and made settlement payments of \$200,000 in the subsequent year. The amount is included as withdrawal liability receivable as of June 30, 2023.

NOTE 12. WITHDRAWAL LIABILITY (continued)

Additionally, other employers withdrew from the Plan during the year ended June 30, 2022. Eight employers fully settled and the Plan received withdrawal liability settlement payments totaling \$590,491 during the year ended June 30, 2022. One employer also withdrew in 2022 and made a settlement payment of \$60,000 in September 2022. The amount is included as a withdrawal liability receivable as of June 30, 2022.

NOTE 13. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through January 23, 2024, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2023 AND 2022

	2023	2022
Legal fees	\$ 571,921	\$ 665,006
Payroll	551,699	532,599
PBGC insurance	258,560	256,215
Insurance	248,721	215,171
Employee benefits	222,493	127,425
Rent	156,326	156,380
Accounting and auditing	105,311	105,168
Actuary fees	96,230	118,637
Computer consulting	80,119	50,839
Printing, stationary and office	74,538	75,909
Payroll audits	39,568	31,015
Depreciation	35,849	37,955
Payroll taxes	35,163	35,669
Repairs and maintenance	12,401	7,949
Telephone	7,327	9,333
Dues and subscriptions	5,239	4,319
Utilities	3,989	3,605
Conferences and meetings	3,505	3,485
Arbitration	1,800	1,800
Total administrative expenses	<u>\$ 2,510,759</u>	<u>\$ 2,438,479</u>

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

SCHEDULE OF ASSETS HELD AT END OF YEAR

JUNE 30, 2023

Form 5500, Schedule H, Item 4i

E.I.N. 13-5660090
Plan No. 001

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Rate of Interest, Collateral, Par or Maturity					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Item 1c(1) Short-term investments:							
* Amalgamated Bank Money Market		MMA	Demand	0.350 %	5,336,426	\$ 5,336,426	\$ 5,336,426
Dreyfus Government Cash Management		MMA	Demand	Var	89,027,846	89,027,846	89,027,846
JP Morgan 100% US Treasury Money Market		MMA	Demand	Var	6,944,735	6,944,735	6,944,735
Total short-term investments						<u>101,309,007</u>	<u>101,309,007</u>
Item 1c(4)b Common stocks:							
Affiliated Managers Group Inc.		Stock				2,922,615	3,597,360
Altice USA Inc.		Stock				3,720,824	936,200
Artisan Partners Asset		Stock				1,473,001	1,926,190
Brown & Brown Inc.		Stock				1,662,587	2,547,080
C.H. Robinson Worldwide Inc.		Stock				1,701,317	1,792,650
Clarvita PLC		Stock				4,433,833	3,990,716
Energizer Holdings New Com		Stock				1,846,016	2,014,800
Enerpac Tool Group Corp		Stock				1,330,325	1,620,000
Franklin Resources		Stock				1,643,009	1,762,860
GFL Environmental Inc Sub		Stock				1,140,879	1,474,400
Hillenbrand Inc		Stock				2,579,960	3,538,320
Leslies Inc Com		Stock				1,403,246	1,126,293
LPL Financial Holdings Inc.		Stock				2,023,945	3,696,310
Molson Coors Brewing Corp		Stock				2,138,419	2,896,960
Nielsen Holdings		Stock				2,329,854	2,686,150
Post Holdings Inc.		Stock				3,643,422	3,436,560
Sysco Corp.		Stock				1,277,819	1,632,400
US Foods Holdings		Stock				2,386,005	3,564,000
Wiley John & Sons Inc		Stock				1,771,086	1,429,260
Willis Towers Watson		Stock				1,116,931	1,413,000
Total common stocks						<u>42,545,093</u>	<u>47,081,509</u>
Item 1c(5) Partnerships and joint ventures:							
Boyd Watterson GSA Fund, LP						10,000,000	11,752,859
Crescent Mezzanine Partners VIB, LP						9,258,591	1,206,635
Crescent Mezzanine Partners VIIB, LP						6,744,177	6,133,156
EnTrustPermal Local 812 Partners LP						19,173,389	15,274,283
Global Equity Long- Only Fund LP						35,000,000	49,665,141
Riverstone Global Energy and Power Fund VI, LP						3,295,422	3,645,125
U.S. Real Estate Investment Fund, LLC						27,176,666	38,495,393
Total partnerships and joint ventures						<u>110,648,245</u>	<u>126,172,592</u>

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Rate of Interest, Collateral, Par or Maturity					
	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(9) Common collective trusts:</u>						
	BNY Mellon DB SL ACWI ex-U.S. Fund					\$ 35,553,206	\$ 41,258,984
	EB Emerging Market Debt Opportunistic Fund					664	5,405
*	LongView Core Bond Fund					64,004,196	64,014,511
*	LongView LargeCap 500 Index Fund					263,656,397	349,806,074
	Neuberger Berman Emerging Markets Equity Trust					10,692,551	9,771,608
	NHIT: Strategic Alpha Trust					70,763,586	77,891,934
	Total common collective trusts					444,670,600	542,748,516
	<u>Item 1c(15) Other investments:</u>						
	AQR GRP EL Offshore Fund Ltd.					35,515,183	39,857,916
	Coller International Partners VII Feeder Fund, LP					3,471,513	2,234,715
	Dover Street IX Cayman Fund LP					4,400,000	3,049,576
	HPS Institutional Credit Fund LP					10,000,000	14,050,199
	Total other investments					53,386,696	59,192,406
	Total investments					\$ 752,559,641	\$ 876,504,030

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

**SOFT DRINK AND BREWERY WORKERS UNION
LOCAL 812 RETIREMENT FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2023

Form 5500, Schedule H, Item 4j

E.I.N. 13-5660090
Plan No. 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
		Purchase Price	Selling Price	Cost of Asset	Current Value of Collateral	Net Gain or (Loss)
* AB Interest Bearing Acct.		\$ 26,416,578	N/A	N/A	\$ 26,416,578	N/A
* AB Interest Bearing Acct.		6,569,676		\$ 26,416,578	26,416,578	\$ -
Dreyfus Government Cash Management		709,420,739	N/A	N/A	709,420,739	N/A
Dreyfus Government Cash Management		N/A	\$692,794,915	692,794,915	692,794,915	-
Global Equity Long- Only Fund LP		25,000,000	N/A	N/A	25,000,000	N/A
JP Morgan 100% US Treasury Money Market		37,729,648	N/A	N/A	37,729,648	N/A
JP Morgan 100% US Treasury Money Market		N/A	32,069,516	32,069,516	32,069,516	-
LongView Core Bond Fund		64,011,809	N/A	N/A	64,011,809	N/A
LongView Core Bond Fund		N/A	7,694	7,614	7,694	80
LongView LargeCap 500 Index Fund		180,021,499	N/A	N/A	180,021,499	N/A
LongView LargeCap 500 Index Fund		N/A	6,070,804	3,863,051	6,070,804	2,207,754
NHIT: Strategic Alpha Trust		30,000,000	N/A	N/A	30,000,000	N/A
NHIT: Strategic Alpha Trust		N/A	3,000,000	2,502,222	3,000,000	497,778

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

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of Plan Provisions

(Schedule MB, Line 6)

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

Plan Year	July 1 through June 30						
Pension Credit Year	January 1 through December 31						
Plan Status	Ongoing plan						
Regular Pension	• <i>Age Requirement:</i> 60 • <i>Service Requirement:</i> 5 years • <i>Amount:</i> Accrual rate for each pension credit according to schedule below:<table><tr><th>Hourly Contribution Rate¹</th><th>Accrual Rate</th></tr><tr><td>\$1.00</td><td>\$34.00</td></tr><tr><td>2.00 or greater</td><td>100.00</td></tr></table> ¹ Not including contribution rate increases called for in Rehabilitation Plan	Hourly Contribution Rate ¹	Accrual Rate	\$1.00	\$34.00	2.00 or greater	100.00
Hourly Contribution Rate ¹	Accrual Rate						
\$1.00	\$34.00						
2.00 or greater	100.00						
Early Retirement	• <i>Age Requirement:</i> 55 • <i>Service Requirement:</i> 10 years of vesting or pension credit • <i>Amount:</i> Normal pension accrued, reduced by ½ of 1% for each month of age less than 60						
Vesting	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of vesting credit • <i>Amount:</i> Normal or early pension accrued based on plan in effect when last active • <i>Normal Retirement Age:</i> The later of age 60 or fifth anniversary of participation						
Spouse's Pre-Retirement Death Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of vesting credit • <i>Amount:</i> 50% of the benefit participant would have received had they retired the day before death and elected the joint and survivor option. If the participant died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the earliest date the participant would have been eligible for a benefit.						

Section 3: Certificate of Actuarial Valuation

Post-Retirement Death Benefit	Joint and Survivor: If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint-and-survivor coverage. If rejected or if not married, benefits are payable for the life of the participant without reduction, or in any other available optional form elected by the participant in an actuarially equivalent amount.		
Optional Forms of Benefits	Single life annuity; 50% Joint and Survivor option; 75% Joint and Survivor option; Ten-year certain option		
Pension Credit	400 hours -	4/10	years of pension credit
	800 hours -	6/10	years of pension credit
	1,200 hours -	8/10	years of pension credit
	1,600 hours -	1	year of pension credit
Vesting Credit	One year of vesting service for each credit year during the contribution period in which the participant works 750 hours.		
Contribution Rates	Varies from \$7.50 to \$8.50 per hour as of the valuation date with an average rate of \$7.66 per hour for the year beginning July 1, 2022. Select employers entered a Contribution Agreement in lieu of ongoing obligated contributions to the Fund. The remaining employers who did not enter the contribution agreement will continue to contribute to the Fund at their negotiated contribution rates.		
Changes in Plan Provisions	The Plan was amended to freeze all accruals for all participants effective August 27, 2022. This will be reflected in valuation cost beginning in the July 1, 2023 actuarial valuation.		

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Schedule MB, line 8b(2) - Schedule of Active Participant Data

The participant data is for the year ended December 31, 2021. Table shows count and average accrued monthly benefit payable at normal retirement age.

Age	Total	Pension Credits								
		1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	46	44	2	-	-	-	-	-	-	-
	\$238	\$226	-	-	-	-	-	-	-	-
25 - 29	110	78	32	-	-	-	-	-	-	-
	\$409	\$303	\$669	-	-	-	-	-	-	-
30 - 34	219	105	86	26	2	-	-	-	-	-
	\$553	\$270	\$693	\$1,156	-	-	-	-	-	-
35 - 39	242	76	69	59	35	3	-	-	-	-
	\$868	\$301	\$717	\$1,238	\$1,667	-	-	-	-	-
40 - 44	250	41	49	49	59	52	-	-	-	-
	\$1,320	\$289	\$737	\$1,244	\$1,807	\$2,200	-	-	-	-
45 - 49	329	42	32	59	63	102	31	-	-	-
	\$1,629	\$289	\$713	\$1,286	\$1,767	\$2,263	\$2,674	-	-	-
50 - 54	381	22	40	44	68	101	78	26	2	-
	\$1,958	\$305	\$706	\$1,331	\$1,805	\$2,253	\$2,701	\$3,245	-	-
55 - 59	357	27	26	25	54	87	62	45	28	3
	\$2,194	\$250	\$724	\$1,267	\$1,794	\$2,283	\$2,710	\$3,265	\$3,690	-
60 - 64	139	7	29	18	14	23	23	16	8	1
	\$1,923	-	\$763	-	-	\$2,191	\$2,661	-	-	-
65 - 69	22	2	2	2	2	5	5	-	1	3
	\$2,310	-	-	-	-	-	-	-	-	-
Total	2,095	444	367	282	297	373	199	87	39	7
	\$1,480	\$281	\$712	\$1,259	\$1,773	\$2,251	\$2,695	\$3,251	\$3,665	-

Note: Excludes 142 participants with less than one pension credit

Soft Drink and Brewery Workers Union Local 812 Retirement Fund
EIN 13-5660090/PN 001



September 28, 2022

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

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of July 1, 2022 for the following plan:

Name of Plan: Soft Drink and Brewery Workers Union Local 812 Retirement Fund
Plan number: EIN 13-5660090 / PN 001
Plan sponsor: Board of Trustees, Soft Drink and Brewery Workers Union Local 812 Retirement Fund
Address: 445 Northern Boulevard, Suite 30, Great Neck, NY 11021
Phone number: 516.303.1455

As of July 1, 2022, the Plan is in endangered status. In addition, the Plan is not projected to be in critical status for any of the succeeding five plan years.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Joshua Kaplan".

Joshua Kaplan, FSA, FCA, MAAA
Senior Vice President and Actuary
Enrolled Actuary No. 20-05487

Actuarial Status Certification as of July 1, 2022 under IRC Section 432

September 28, 2022

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

This is to certify that Segal has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Soft Drink and Brewery Workers Union Local 812 Retirement Fund as of July 1, 2022 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

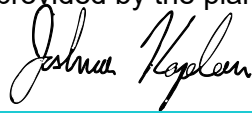
The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic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

This certification is based on the July 1, 2021 actuarial valuation, dated February 28, 2022. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA). Additional assumptions required for the projections (including those under MPRA), and sources of financial information used are summarized in Exhibit 6.

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

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

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that offer my best estimate of anticipated experience under the Plan. Furthermore, as required by IRC Section 432(b)(3)(B)(iii), the projected industry activity takes into account information provided by the plan sponsor.



Joshua Kaplan, FSA, FCA, MAAA

EA# 20-05487

Title Senior Vice President and Actuary

Email jkaplan@segalco.com

Certificate Contents

Exhibit 1	Status Determination as of July 1, 2022
Exhibit 2	Summary of Actuarial Valuation Projections
Exhibit 3	Funding Standard Account Projections
Exhibit 4	Funding Standard Account — Projected Bases Assumed Established After July 1, 2021
Exhibit 5	Solvency Projection
Exhibit 6	Actuarial Assumptions and Methodology

Actuarial Status Certification under IRC Section 432

Exhibit 1: Status Determination as of July 1, 2022

Status	Condition	Component Result	Final Result
Critical Status:			
1. Initial critical status tests:			
C1.	A funding deficiency is projected in four years (ignoring any amortization extensions)?	No	No
C2. a.	A funding deficiency is projected in five years (ignoring any amortization extensions),	No	
b.	and the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	Yes	
c.	and the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	No	No
C3. a.	A funding deficiency is projected in five years (ignoring any amortization extensions),	No	
b.	and the funded percentage is less than 65%?	Yes	No
C4. a.	The funded percentage is less than 65%,	Yes	
b.	and the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years	No	No
C5.	The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	No	No
2. Emergence test:			
C6. a.	Was in critical status for the immediately preceding plan year,	Yes	
b.	and either a funding deficiency is projected for the plan year or any of the next nine plan years, taking into account any extension of amortization periods under ERISA Section 304(d)(2) or ERISA Section 304 as in effect prior to PPA'06,	No	
c.	or insolvency is projected for the current year or any of the 30 succeeding plan years?	No	
Plan did NOT emerge?			No
3. In Critical Status? (If C1–C6 is Yes, then Yes)			No
4. In Critical Status in any of the five succeeding plan years?			No

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

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of July 1, 2022 (based on projections from the July 1, 2021 valuation certificate):

1. Financial Information			
a.	Market value of assets		\$409,571,372
b.	Actuarial value of assets		437,220,089
c.	Reasonably anticipated contributions (including withdrawal liability payments from previously withdrawn employers)		
1)	Upcoming year)		465,915,374
2)	Present value for the next five years		421,173,609
3)	Present value for the next seven years		425,070,649
d.	Projected benefit payments for upcoming year		53,997,228
e.	Projected administrative expenses for upcoming year (beginning of year)		2,311,182
2. Liabilities			
a.	Present value of vested benefits for active participants		222,951,589
b.	Present value of vested benefits for non-active participants		586,163,221
c.	Total unit credit accrued liability		812,096,439
d.	Present value of payments	Benefit Payments	Administrative Expenses
1)	Next five years	\$239,953,296	\$10,525,216
2)	Next seven years	321,377,572	14,078,898
e.	Unit credit normal cost plus expenses		2,311,182
f.	Ratio of inactive participants to active participants		2.4179
3. Funded Percentage (1.b)/(2.c)			53.8%
4. Funding Standard Account			
		Without Amortization Extension	With Amortization Extension
a.	Credit Balance (Funding Deficiency) as of the end of prior year	(\$105,011,319)	(\$56,108,093)
b.	Years to projected funding deficiency	N/A	N/A
5. Year Projected to be in Critical Status, if within next five years			N/A

Exhibit 3: Funding Standard Account Projections

The tables below present the Funding Standard Account Projections for the Plan Years beginning July 1.

With Amortization Extension under IRC Section 431(d)

	Year Beginning July 1,					
	2021	2022	2023	2024	2025	2026
1. Credit balance/(funding deficiency) (BOY)	(\$25,724,050)	(\$56,108,093)	\$386,890,733	\$371,060,360	\$354,146,532	\$336,082,465
2. Interest on (1)	(1,800,684)	(3,927,567)	27,082,351	25,974,225	24,790,257	23,525,773
3. Normal cost	5,658,817	0	0	0	0	0
4. Administrative expenses	2,265,864	2,311,182	2,357,405	2,404,553	2,452,644	2,501,697
5. Net amortization charges	40,127,368	42,066,515	41,910,650	41,840,445	41,760,832	45,863,903
6. Interest on (3), (4) and (5)	3,363,643	3,106,439	3,098,764	3,097,150	3,094,943	3,385,592
7. Expected contributions	22,122,567	465,915,374	4,315,635	4,315,635	4,315,635	4,315,635
8. Interest on (7)	709,766	28,495,155	138,460	138,460	138,460	138,460
9. Credit balance/(funding deficiency) (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	(\$56,108,093)	\$386,890,733	\$371,060,360	\$354,146,532	\$336,082,465	\$312,311,141

	2027	2028	2029	2030	2031
1. Credit balance/(funding deficiency) (BOY)	\$312,311,141	\$288,189,296	\$259,722,081	\$229,888,578	\$198,996,706
2. Interest on (1)	21,861,780	20,173,251	18,180,546	16,092,200	13,929,769
3. Normal cost	0	0	0	0	0
4. Administrative expenses	2,551,731	2,602,766	2,654,821	2,707,918	2,762,076
5. Net amortization charges	44,586,325	44,249,925	43,612,433	42,596,741	42,501,704
6. Interest on (3), (4) and (5)	3,299,664	3,279,688	3,238,708	3,171,326	3,168,465
7. Expected contributions	4,315,635	1,445,535	1,445,535	1,445,535	1,445,535
8. Interest on (7)	138,460	46,378	46,378	46,378	46,378
9. Credit balance/(funding deficiency) (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	\$288,189,296	\$259,722,081	\$229,888,578	\$198,996,706	\$165,986,143

Without Amortization Extension under IRC Section 431(d)

	Year Beginning July 1,					
	2021	2022	2023	2024	2025	2026
1. Credit balance/(funding deficiency) (BOY)	(\$67,726,215)	(\$105,011,319)	\$332,946,913	\$312,187,684	\$292,350,806	\$272,020,843
2. Interest on (1)	(4,740,835)	(7,350,792)	23,306,284	21,853,138	20,464,556	19,041,459
3. Normal cost	5,658,817	0	0	0	0	0
4. Administrative expenses	2,265,864	2,311,182	2,357,405	2,404,553	2,452,644	2,501,697
5. Net amortization charges	43,829,153	43,578,075	42,988,023	40,720,784	39,835,780	44,374,657
6. Interest on (3), (4) and (5)	3,622,768	3,212,248	3,174,180	3,018,774	2,960,190	3,281,345
7. Expected contributions	22,122,567	465,915,374	4,315,635	4,315,635	4,315,635	4,315,635
8. Interest on (7)	709,766	28,495,155	138,460	138,460	138,460	138,460
9. Credit balance/(funding deficiency) (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	(\$105,011,319)	\$332,946,913	\$312,187,684	\$292,350,806	\$272,020,843	\$245,358,698

	2027	2028	2029	2030	2031
1. Credit balance/(funding deficiency) (BOY)	\$245,358,698	\$220,696,533	\$193,282,154	\$165,233,588	\$141,432,295
2. Interest on (1)	17,175,109	15,448,757	13,529,751	11,566,351	9,900,261
3. Normal cost	0	0	0	0	0
4. Administrative expenses	2,551,731	2,602,766	2,654,821	2,707,918	2,762,076
5. Net amortization charges	40,711,231	38,850,551	37,597,730	31,740,266	27,283,945
6. Interest on (3), (4) and (5)	3,028,407	2,901,732	2,817,679	2,411,373	2,103,221
7. Expected contributions	4,315,635	1,445,535	1,445,535	1,445,535	1,445,535
8. Interest on (7)	138,460	46,378	46,378	46,378	46,378
9. Credit balance/(funding deficiency) (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	\$220,696,533	\$193,282,154	\$165,233,588	\$141,432,295	\$120,675,227

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after July 1, 2021
Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Actuarial loss	7/1/2022	\$7,204,483	15	\$739,265
Actuarial loss	7/1/2023	10,170,884	15	1,043,653
Actuarial loss	7/1/2024	6,899,611	15	707,982
Actuarial loss	7/1/2025	717,436	15	73,617
Actuarial loss	7/1/2026	15,115,037	15	1,550,981

Exhibit 5: Solvency Projection

The table below presents the projected Market Value of Assets for the Plan Years beginning July 1, 2021 through 2052.

	Year Beginning July 1,							
	2021	2022	2023	2024	2025	2026	2027	2028
1. Market Value at beginning of year	\$479,540,508	\$409,571,372	\$874,134,248	\$879,960,830	\$884,689,156	\$888,382,464	\$890,983,244	\$892,453,146
2. Contributions	22,122,567	465,915,374	4,315,635	4,315,635	4,315,635	4,315,635	4,315,635	1,445,535
3. Benefit payments	51,032,634	53,997,288	55,201,432	56,603,923	57,870,444	59,121,578	60,334,967	61,414,700
4. Administrative expenses	2,685,560	2,397,000	2,444,940	2,493,839	2,543,716	2,594,590	2,646,482	2,699,411
5. Interest earnings	(38,373,509)	55,041,790	59,157,319	59,510,453	59,791,833	60,001,313	60,135,715	60,103,909
6. Market Value at end of year: (1)+(2)-(3)-(4)+(5)	\$409,571,372	\$874,134,248	\$879,960,830	\$884,689,156	\$888,382,464	\$890,983,244	\$892,453,146	\$889,888,478

	Year Beginning July 1,							
	2029	2030	2031	2032	2033	2034	2035	2036
1. Market Value at beginning of year	\$889,888,478	\$886,110,258	\$881,260,497	\$875,373,531	\$868,116,939	\$860,059,952	\$851,271,414	\$841,972,506
2. Contributions	1,445,535	1,445,535	1,445,535	1,445,535	1,445,535	1,445,535	1,445,535	1,445,535
3. Benefit payments	62,357,287	63,080,132	63,696,532	64,562,140	64,785,804	64,887,994	64,726,561	64,619,738
4. Administrative expenses	2,753,400	2,808,468	2,864,637	2,921,930	2,980,368	3,039,976	3,100,775	3,162,791
5. Interest earnings	59,886,931	59,593,303	59,228,668	58,781,943	58,263,649	57,693,897	57,082,893	56,434,055
6. Market Value at end of year: (1)+(2)-(3)-(4)+(5)	\$886,110,258	\$881,260,497	\$875,373,531	\$868,116,939	\$860,059,952	\$851,271,414	\$841,972,506	\$832,069,567

	Year Beginning July 1,							
	2037	2038	2039	2040	2041	2042	2043	2044
1. Market Value at beginning of year	\$832,069,567	\$821,713,093	\$811,381,981	\$801,166,553	\$791,151,367	\$781,613,260	\$772,694,844	\$764,536,108
2. Contributions	1,440,589	1,430,800	1,430,800	1,430,800	1,410,000	1,410,000	1,410,000	1,410,000
3. Benefit payments	64,321,028	63,524,255	62,650,622	61,702,012	60,478,168	59,168,418	57,764,197	56,244,476
4. Administrative expenses	3,226,046	3,290,567	3,356,379	3,423,506	3,491,976	3,561,816	3,633,052	3,705,713
5. Interest earnings	55,750,012	55,052,911	54,360,772	53,679,533	53,022,037	52,401,817	51,828,514	51,312,723
6. Market Value at end of year: (1)+(2)-(3)-(4)+(5)	\$821,713,093	\$811,381,981	\$801,166,553	\$791,151,367	\$781,613,260	\$772,694,844	\$764,536,108	\$757,308,642

	Year Beginning July 1,							
	2045	2046	2047	2048	2049	2050	2051	2052
1. Market Value at beginning of year	\$757,308,642	\$751,309,481	\$746,662,734	\$743,489,019	\$741,948,060	\$742,209,519	744,452,003	748,958,208
2. Contributions	1,410,000	1,410,000	1,410,000	1,410,000	1,410,000	1,410,000	1,410,000	1,410,000
3. Benefit payments	54,499,932	52,717,180	50,907,925	49,042,593	47,122,351	45,149,992	43,035,636	41,008,301
4. Administrative expenses	3,779,828	3,855,424	3,932,533	4,011,183	4,091,407	4,173,235	4,256,700	4,341,834
5. Interest earnings	50,870,599	50,515,858	50,256,743	50,102,817	50,065,217	50,155,711	50,388,541	50,778,113
6. Market Value at end of year: (1)+(2)-(3)-(4)+(5)	\$751,309,481	\$746,662,734	\$743,489,019	\$741,948,060	\$742,209,519	\$744,452,003	\$748,958,208	\$755,796,186

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the July 1, 2021 actuarial valuation certificate, dated February 28, 2022, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

Plan of Benefits:	The Plan was amended effective as of July 31, 2022 to freeze all accruals for all participants as of August 27, 2022, as well as close the plan to new entrants for employers that entered into the Contribution Agreement.
Contributions:	Effective February 28, 2022, select employers entered a Contribution Agreement in lieu of ongoing obligated contributions to the Fund. The remaining employers who did not enter the contribution agreement will continue to contribute to the Fund at their negotiated contribution rates. Specifically, on August 15, 2022 the following employers made a lump sum payment:

Employer	Lump Sum Amount
Liberty Coca-Cola	\$250,561,090
Pepsi Bottling	125,328,235
Manhattan Beer	24,989,344
Oak Beverages	12,672,000
Boeing Brothers	3,780,000
Anheuser Busch	21,816,000
Clare Rose	25,323,171
Total Paid:	\$464,469,839

In addition, the following employers will make 5 yearly installments beginning July 1, 2023:

Employer	Annual Installment Payment
Oak Beverages	\$950,400
Boeing Brothers	283,500
Anheuser Busch	1,636,200

Asset Information:	The financial information as of July 1, 2022 was based on an unaudited financial statement provided by the Fund Accountant. For projections after that date, the assumed administrative expenses were increased by 2.0% per year and the benefit payments were projected based on the July 1, 2021 actuarial valuation. The projected net investment return was assumed to be 7.0% of the average market value of assets for the Plan Years beginning July 1, 2022 – 2052. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.
Projected Industry Activity:	As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on this information, the number of active participants whose employers did not enter into the Contribution Agreement is assumed to remain level and, on the average, contributions will be made for each such active for 2,000 hours each year. In addition to projections of industry activity directly linked to the level of ongoing employment, these determinations also project the contribution amounts derived from withdrawal liability assessments, based on information from the Trustees.
Future Normal Costs:	Future normal costs are projected to be zero because the Retirement Plan has been amended to cease benefit accruals on and after August 27, 2022, for all participants.

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

Schedule MB, Line 3(d) - Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
07/20/2022	\$5,200.00	\$0.00	\$5,200.00
09/07/2022	\$3,700.00	\$0.00	\$3,700.00
09/26/2022	\$0.00	\$24,049.49	\$24,049.49
09/27/2022	\$0.00	\$35,950.51	\$35,950.51
11/03/2022	\$5,200.00	\$0.00	\$5,200.00
01/06/2023	\$0.00	\$20,000.00	\$20,000.00
02/02/2023	\$5,200.00	\$0.00	\$5,200.00
04/13/2023	\$5,200.00	\$0.00	\$5,200.00
04/17/2023	\$0.00	\$15,000.00	\$15,000.00
Total	\$24,500.00	\$95,000.00	\$119,500.00

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)¹

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	07/01/1980	\$486,487	3	\$173,249
Plan amendment	07/01/1981	826,808	4	228,128
Plan amendment	07/01/1988	575,135	1	575,135
Plan amendment	07/01/1989	78,308	2	40,478
Plan amendment	07/01/1992	5,605,003	5	1,277,578
Plan amendment	07/01/1993	102,404	6	20,078
Plan amendment	07/01/1994	6,258,688	7	1,085,346
Plan amendment	07/01/1996	662,531	9	95,037
Plan amendment	07/01/1997	1,946,299	10	258,981
Plan amendment	07/01/1998	2,173,792	11	270,925
Assumption change	07/01/1998	8,095,952	11	1,009,020
Plan amendment	01/01/1999	13,156,207	11.5	1,591,770
Plan amendment	07/01/1999	37,985	12	4,470
Plan amendment	09/01/1999	13,860,966	12.17	1,616,196
Plan amendment	07/01/2000	11,593,365	13	1,296,407
Plan amendment	01/01/2001	12,530,447	13.5	1,368,898
Plan amendment	07/01/2001	1,551,544	14	165,805
Plan amendment	07/01/2002	1,335,011	15	136,988
Plan amendment	07/01/2003	4,590	16	454
Actuarial loss	07/01/2003	664,780	1	664,780
Actuarial loss	07/01/2004	1,469,337	2	759,512
Actuarial loss	07/01/2005	1,246,964	3	444,073

¹ For charges established prior to 7/1/2018 that are not subject to relief, reflects election of five-year amortization extension.

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	07/01/2006	1,215,406	4	335,348
Assumption change	07/01/2006	2,960,307	19	267,681
Assumption change	07/01/2007	3,268,175	20	288,311
Actuarial loss	07/01/2008	5,320,625	6	1,043,219
Actuarial loss	07/01/2009	5,458,591	7	946,597
Investment loss subject to relief	07/01/2009	76,274,069	16	7,545,975
Assumption change	07/01/2010	6,489,547	8	1,015,692
Actuarial loss	07/01/2012	19,268,360	10	2,563,907
Investment loss subject to relief	07/01/2013	10,441,904	16	1,033,042
Investment loss subject to relief	07/01/2014	17,167,404	16	1,698,412
Assumption change	07/01/2015	9,335,197	13	1,043,892
Actuarial loss	07/01/2015	14,029,383	13	1,568,811
Actuarial loss	07/01/2016	27,136,982	14	2,899,978
Actuarial loss	07/01/2017	21,401,457	15	2,196,042
Actuarial loss	07/01/2018	23,381,199	11	2,914,060
Actuarial loss	07/01/2019	17,604,275	12	2,071,414
Actuarial loss	07/01/2020	12,506,201	13	1,398,484
Assumption change	07/01/2020	38,659,846	13	4,323,069
Actuarial loss	07/01/2022	7,977,163	15	818,551
Total		\$404,158,694		\$49,055,793

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in asset valuation method	07/01/1993	\$40,398	1	\$40,398
Assumption change	07/01/1994	42,178	2	21,802
Actuarial gain	07/01/2010	1,303,178	3	464,092
Investment loss subject to relief	07/01/2010	2,128,292	16	210,557
Assumption change	07/01/2011	125,914	4	34,741
Plan amendment	07/01/2011	470,753	4	129,887
Investment loss subject to relief	07/01/2011	1,214,554	16	120,159
Actuarial gain	07/01/2011	10,695,130	4	2,950,937
Investment loss subject to relief	07/01/2012	1,110,753	16	109,889
Actuarial gain	07/01/2013	3,707,331	6	726,900
Actuarial gain	07/01/2014	8,041,160	7	1,394,452
Actuarial gain	07/01/2021	6,608,178	14	706,179
Total		\$35,487,819		\$6,909,993

Section 3: Certificate of Actuarial Valuation

Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five-year period. The market value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus the greater of pension credits or vesting credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.
Election for Extension of Amortization Period (IRC Section 431(d)(1)(A))	Eligible amortization charge bases established as of July 1, 2017 were calculated with a 5-year automatic extension.
Current Liability Assumptions	<i>Interest:</i> 2.27%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2020 (previously, MP-2019)
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 5.4%, for the Plan Year ending June 30, 2022 <i>On current (market) value of assets (Schedule MB, line 6h):</i> -7.9%, for the Plan Year ending June 30, 2022
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility, and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.33% to 2.27% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of Actuarial Assumptions, Methods, and Models

(Schedule MB, Line 6)

Mortality Rates

Non-annuitant: RP-2006 Blue Collar Employee Mortality Table with generational projection using Scale MP-2020

Healthy annuitant: RP-2006 Blue Collar Healthy Annuitant Mortality Table with generational projection using Scale MP-2020

Disabled annuitant: RP-2006 Disabled Retiree Mortality Table with generational projection using Scale MP-2020

The underlying tables with generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

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

Annuitant Mortality Rates

Age	Rate (%) ¹			
	Healthy		Disabled	
	Male	Female	Male	Female
55	0.64	0.42	2.49	1.50
60	0.89	0.66	2.81	1.95
65	1.45	0.96	3.63	2.53
70	2.38	1.70	4.88	3.43
75	3.89	2.49	6.70	4.91
80	6.38	4.54	9.43	7.26
85	10.51	7.80	13.71	10.85
90	17.31	13.38	20.46	15.86

¹ Mortality rates shown for base table.

Section 3: Certificate of Actuarial Valuation

Termination Rates

Age	Rate (%)						
	Mortality ¹			Withdrawal ²			
				Years of Service			
				Less than 2 Years	2-4 Years	5-9 Years	10 Years or More
20	0.07	0.02	0.05	17.99	14.19	--	--
25	0.07	0.02	0.05	21.74	17.14	15.55	--
30	0.06	0.02	0.05	18.61	13.58	10.07	5.81
35	0.07	0.03	0.06	16.78	11.02	8.58	6.02
40	0.10	0.05	0.09	15.91	10.35	7.21	4.98
45	0.16	0.09	0.18	15.48	9.47	6.98	4.48
50	0.26	0.13	0.40	15.60	8.90	6.38	4.19
55	0.38	0.19	0.85	13.52	7.82	3.11	1.06

¹ Mortality rates shown for base table.

² Withdrawal and disability rates do not apply at or beyond early retirement age.

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

Retirement Rates for Active Participants

Age	Annual Retirement Rates
55 – 59	2%
60	30%
61 – 65	25%
66 – 69	20%
70 and above	100%

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

Section 3: Certificate of Actuarial Valuation

Description of Weighted Average Retirement Age	Age 62, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the July 1, 2022 actuarial valuation.
Retirement Age for Inactive Vested Participants	60 The retirement age for inactive vested participants was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the past several years.
Future Benefit Accruals	One pension credit per year.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as those with at least 400 hours in the most recent credit year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.
Percent Married	50% for males and 50% for females
Age of Spouse	Spouses of male participants are three years younger, and spouses of female participants are three years older, if actual age is unknown.
Benefit Election	45% of participants are assumed to elect a 50% Joint and Survivor annuity. 55% of participants are assumed to elect a Single Life annuity. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the past several years.
Delayed Retirement Factors	Active participants assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases, but not beyond age 75.
Net Investment Return	7.00% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$2,350,000 for the year beginning July 1, 2022 (equivalent to \$2,265,864 payable at the beginning of the year) or 44.9% of Normal Cost. The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Section 3: Certificate of Actuarial Valuation

Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five-year period. The market value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus the greater of pension credits or vesting credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.
Election for Extension of Amortization Period (IRC Section 431(d)(1)(A))	Eligible amortization charge bases established as of July 1, 2017 were calculated with a 5-year automatic extension.
Current Liability Assumptions	<i>Interest:</i> 2.27%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2020 (previously, MP-2019)
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 5.4%, for the Plan Year ending June 30, 2022 <i>On current (market) value of assets (Schedule MB, line 6h):</i> -7.9%, for the Plan Year ending June 30, 2022
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility, and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.33% to 2.27% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

NAME OF PLAN: SOFT DRINK & BREWERY WORKERS UNION, LOCAL 812 RETIREMENT FUND

NAME OF PLAN SPONSOR: BD OF TRUSTEES SDBWU L812 RET. FUND

EIN: 13-5660090

PLAN NUMBER: 001

ATTACHMENT TO 2022 FORM 5500

SCHEDULE R, SUMMARY OF FUNDING IMPROVEMENT PLAN

Pursuant to the Pension Protection Act of 2006 (PPA) The Plan was determined to be in endangered status as of July 1, 2022.

As required under the PPA, the Trustees adopted a Funding Improvement Plan ("FIP") on May 24, 2023 designed to improve the financial condition of the Plan in accordance with the standards set forth in the PPA. The terms of the FIP reflect the existence of a Contribution Agreement ("Agreement") between the Fund's Trustees, Local 812 IBT and seven of the Fund's largest contributing employers ("Agreement Employers"), pursuant to which these employers remitted significant lump sum contributions to the Fund and certain of these employers are obligated to remit additional lump sum contributions over the next five years. The Contribution Agreement further provides for the Agreement employers to make "deficiency payments" as set in the Contribution Agreement to maintain a certain level of funding for the next 20 years as required by the Contribution Agreement.

The FIP does not reduce the level of a Participant's accrued benefit payable on the Participant's Normal Retirement Date for any Participant with an Annuity Starting Date prior to the effective date of the FIP.

A summary of the FIP is as follows:

	Preferred and Default Schedules
Applicability	The Preferred Schedule of the FIP applies to participants whose contributing employers agree to comply with the Preferred Schedule under collective bargaining agreements effective on or after June 1, 2023. The Default Schedule will apply to participating employers who adopt the Default Schedule and Participants who are employees of those employers, as well as to participating employers who fail to adopt a Schedule in accordance with this FIP within 180 days following the expiration of a CBA that was in effect when the Fund entered Endangered Status and Participants of such employers. The Default Schedule is identical to the Preferred Schedule. An employer may, within 180 days following the expiration of a CBA in which the employer adopted either the Preferred or Default Schedule adopt a new schedule under this FIP. If the bargaining parties to a CBA providing for contributions to the Fund that was in effect at the time the Fund entered Endangered Status expires and the parties to that CBA fail to adopt a contribution schedule with terms consistent with the FIP and the Schedules, the Default Schedule shall be imposed upon the employer 180 days after the date on which the CBA expires.
Contributions	For Agreement Employers, contributions shall be made in accordance with the terms of the Contribution Agreement. For all other employers, for any CBA expiring, reopened or renewed on or after June 1, 2023, the contribution rate paid for each employee of such employers shall be increased by 50 cents per employee per hour as of each June 1st during the period in which the CBA is in effect.
	Preferred Schedule
Future Benefit Accruals*	*Effective August 27, 2022, benefit accruals were frozen for all Participants.
Benefit Adjustments	As of October 28, 2010 and continuing throughout the period during which the Rehabilitation Plan applied, no lump sum payments of benefits in excess of the monthly amount paid under a single life annuity, including severance and death benefits and the Social Security Option, were permitted for any active or terminated vested Fund Participant. This restriction does not apply under the FIP. The ten-year certain form of benefit and subsidized early retirement benefit also remain available to Participants who are subject to the Preferred Schedule.

Section 2: Actuarial Valuation Results

Schedule MB line 6f(1) - Description of Withdrawal Liability Interest Rate

- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.
- The present value of vested benefits is based on a blend of two liability calculations. The first calculation uses discount rates selected based on estimated annuity purchase rates available for benefits being settled, because withdrawal liability is a final settlement of an employer's obligation to the Plan. The second calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets. For benefits that could be settled immediately, because assets on hand are sufficient, the first calculation is used: annuity purchase rates promulgated by PBGC under ERISA Sec. 4044 for multiemployer plans terminating by mass withdrawal on the measurement date. For benefits that cannot be settled immediately because they are not currently funded, the calculation uses the second calculation: the interest rate used for plan funding calculations.
- Reductions in accrued benefits or contribution surcharges for a plan in critical status (Red Zone) are disregarded in determining an employer's allocation of the UVB. The Trustees have adopted a method for calculating the UVB effective for withdrawals that occur on and after June 30, 2011. The method is based on the PBGC's Technical Update 10-3, which describes how to account for the effect of benefit reductions that are implemented as part of a Rehabilitation Plan ("Affected Benefits") when a pension plan is in critical status.

Interest	For liabilities up to market value of assets, 2.40% for 20 years and 2.12% beyond (1.82% for 20 years and 1.68% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding for the plan year ending June 30, 2022 (the corresponding funding rate as of a year earlier was used for the prior year's value)
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of June 30, 2022 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of June 30, 2022 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2022	\$1,208,758	\$3,287,694	\$51,223,168	\$55,719,620
2023	2,637,079	4,116,627	49,868,034	56,621,740
2024	4,256,016	5,046,788	48,474,539	57,777,343
2025	5,858,183	5,874,808	47,039,207	58,772,198
2026	7,375,557	6,781,053	45,534,438	59,691,048
2027	8,908,925	7,755,834	43,956,015	60,620,774
2028	10,520,258	8,664,509	42,335,895	61,520,662
2029	12,003,337	9,728,554	40,670,979	62,402,870
2030	13,589,848	10,474,021	38,955,581	63,019,450
2031	15,092,755	11,267,047	37,180,199	63,540,001
2032	16,594,517	12,345,342	35,406,303	64,346,162
2033	17,917,774	12,857,456	33,644,683	64,419,913
2034	19,149,457	13,420,461	31,872,015	64,441,933
2035	20,119,194	13,960,710	30,095,068	64,174,972
2036	21,109,633	14,615,288	28,320,379	64,045,300
2037	22,059,869	15,071,480	26,554,063	63,685,412
2038	22,661,117	15,411,697	24,801,856	62,874,670
2039	23,193,527	15,629,045	23,069,390	61,891,962

This assumes the following:

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

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2040	\$23,630,767	\$15,915,888	\$21,362,280	\$60,908,935
2041	23,901,382	16,019,133	19,686,175	59,606,690
2042	24,160,037	16,048,231	18,046,883	58,255,151
2043	24,307,299	16,061,162	16,450,509	56,818,970
2044	24,331,270	16,004,049	14,903,495	55,238,814
2045	24,221,216	15,796,361	13,412,529	53,430,106
2046	23,994,160	15,612,998	11,984,499	51,591,657
2047	23,752,622	15,332,695	10,626,324	49,711,641
2048	23,404,319	15,090,289	9,344,733	47,839,341
2049	22,973,311	14,783,401	8,146,067	45,902,779
2050	22,473,526	14,379,704	7,035,903	43,889,133
2051	21,820,615	13,905,097	6,018,626	41,744,338
2052	21,170,939	13,429,153	5,097,077	39,697,169
2053	20,429,386	12,898,160	4,272,298	37,599,844
2054	19,609,102	12,331,886	3,543,322	35,484,310
2055	18,753,875	11,751,816	2,907,235	33,412,926
2056	17,833,555	11,153,811	2,359,400	31,346,766
2057	16,895,634	10,546,557	1,893,777	29,335,968

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are converted by the Plan.
- Benefits are paid in the form assumed with valuation.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2058	\$15,927,530	\$9,933,444	\$1,503,309	\$27,364,283
2059	14,957,418	9,318,128	1,180,271	25,455,817
2060	13,978,008	8,704,506	916,644	23,599,158
2061	13,004,013	8,096,506	704,428	21,804,947
2062	12,050,592	7,497,954	535,906	20,084,452
2063	11,123,422	6,912,606	403,857	18,439,885
2064	10,227,682	6,343,918	301,711	16,873,311
2065	9,368,886	5,794,947	223,661	15,387,494
2066	8,550,406	5,268,414	164,709	13,983,529
2067	7,775,399	4,766,575	120,659	12,662,633
2068	7,045,645	4,291,270	88,059	11,424,974
2069	6,362,223	3,843,900	64,130	10,270,253
2070	5,725,229	3,425,355	46,681	9,197,265
2071	5,134,282	3,036,169	34,019	8,204,470

This assumes the following:

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

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	\$465,879,839	\$35,535	\$465,915,374
2023	\$4,280,100	\$35,535	\$4,315,635
2024	\$4,280,100	\$35,535	\$4,315,635
2025	\$4,280,100	\$35,535	\$4,315,635
2026	\$4,280,100	\$35,535	\$4,315,635
2027	\$4,280,100	\$35,535	\$4,315,635
2028	\$1,410,000	\$35,535	\$1,445,535
2029	\$1,410,000	\$35,535	\$1,445,535
2030	\$1,410,000	\$35,535	\$1,445,535
2031	\$1,410,000	\$35,535	\$1,445,535

NAME OF PLAN: SOFT DRINK & BREWERY WORKERS UNION, LOCAL 812 RETIREMENT FUND

NAME OF PLAN SPONSOR: BD OF TRUSTEES SDBWU L812 RET. FUND

EIN: 13-5660090

PLAN NUMBER: 001

ATTACHMENT TO 2022

FORM 5500

SCHEDULE R, LINE 13e – INFORMATION ON CONTRIBUTION RATES AND BASE UNITS

COMPANY	EIN	HOURLY RATE	CONTRIBUTION PERIOD
Bett-A-Way Beverages	11-2616774	\$8.00-----	6/1/2022-5/31/2023
		\$8.50-----	6/1/2023-5/31/2024
Teamsters Local Union No. 812	13-5045803	\$8.50-----	6/1/2022-5/31/2023
		\$9.00-----	6/1/2023-5/31/2024

COMPANY	EIN	HOURLY RATE	CBA EXPIRING DATE
Liberty Coca-Cola Beverages LLC	82-1396019	*See below	5/31/2026
Pepsi-Cola Bottling Co. of NY	11-2692997	*See below	5/31/2026
Clare Rose Distributing	11-2036262	*See below	12/31/2024
Manhattan Beer Distributors, LLC	13-3992843	*See below	2/28/2026
Anheuser Busch	43-1510617	*See below	5/31/2027
Oak Beverages	13-3019271	*See below	5/31/2027
Boening Brothers	11-2042790	*See below	5/31/2027

* Pursuant to a Contribution Agreement between the Union and various contributing employers, the above employers agreed that in lieu of the contributions that they are obligated to contribute to the Fund under any present or future collective bargaining agreement with the Union and any applicable Fund Rehabilitation Plan, a lump sum contribution would be made to the Fund in August 2022 and the employers would remain obligated to contribute to the Fund in amounts necessary to maintain a certain level of funding for the next 20 years as required by the Contribution Agreement.

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

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 and ending

- 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 SOFT DRINK AND BREWERY WORKERS UNION LOCAL 812 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 BOARD OF TRUSTEES SOFT DRINK AND BREWERY WORKERS	D Employer Identification Number (EIN) 13-5660090

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

1a Enter the valuation date: Month 07 Day 01 Year 2022	
b Assets	
(1) Current value of assets	1b(1) 407,984,928
(2) Actuarial value of assets for funding standard account	1b(2) 434,064,994
c (1) Accrued liability for plan using immediate gain methods	1c(1) 862,648,383
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 815,484,591
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) 1,563,796,320
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 28,976,575
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 55,787,162
(3) Expected plan disbursements for the plan year	1d(3) 58,137,162

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 JOSHUA KAPLAN JK Signature of actuary JOSHUA KAPLAN, FSA, FCA, MAAA Type or print name of actuary SEGAL Firm name 333 WEST 34TH STREET NEW YORK NY 10001 Address of the firm	01/12/2024 Date 2305487 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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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

- 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** 2.27 %
- | | 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) A | A |
| (2) Females | 6c(2) A | A |
| d Valuation liability interest rate | 6d 7.00 % | 7.00 % |
| 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) | % |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g | 5.4 % |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | -7.9 % |
| 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) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2) | 2,265,864 |
| (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	7,977,163	818,551

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)** 5
- (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	53,943,823
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9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	59,912,514
b Employer's normal cost for plan year as of valuation date	9b	7,313,546

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)	404,158,694
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0

d Interest as applicable on lines 9a, 9b, and 9c	9d	8,139,730
e Total charges. Add lines 9a through 9d	9e	124,421,583

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	466,219,982

	Outstanding balance	
h Amortization credits as of valuation date	9h	35,487,819

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	28,988,627
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j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	494,315,391
(2) "RPA '94" override (90% current liability FFL)	9j(2)	1,011,087,511
(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	502,118,602
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	377,697,019
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No