

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>AMERICA'S FAMILY DEFINED BENEFIT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMERICA'S FAMILY BENEFIT PLANS</u> <u>WILLIAM OCHOCINSKI</u> <u>35 GEORGE KARL BOULEVARD, SUITE 300</u> <u>WILLIAMSVILLE, NY 14221</u>	1c Effective date of plan <u>12/03/1968</u> 2b Employer Identification Number (EIN) <u>16-6103576</u> 2c Plan Sponsor's telephone number <u>716-631-2210</u> 2d Business code (see instructions) <u>813000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/29/2023	WILLIAM OCHOCINSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3154
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 221 6a(2) 210 6b 1290 6c 1588 6d 3088 6e 6f 3088 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 26
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> ¹ A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2022</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<p>A Name of plan AMERICA'S FAMILY DEFINED BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AMERICA'S FAMILY BENEFIT PLANS</p>	<p>D Employer Identification Number (EIN) 16-6103576</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	000350		07/01/2021	06/30/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end.....	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **FIXED DOLLAR INSURANCE CONTRAC**

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	0
▶ MARKET VALUE CREDIT		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	0
▶ ALLOC ADJ, RETURN TO CONTRACT HOLDE		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount		10b	
Specify nature of costs.			

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**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**

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan <u>AMERICA'S FAMILY DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMERICA'S FAMILY BENEFIT PLANS</u>	D Employer Identification Number (EIN) <u>16-6103576</u>

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

1a Enter the valuation date: Month 01 Day 01 Year 2022

b Assets

(1) Current value of assets	1b(1)	<u>1</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>1</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>100754871</u>
(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)	<u>100754871</u>
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)	<u>211365439</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>1285000</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>6825000</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>7250000</u>

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

PHILIP D. STASHIN, EA, MAAA

Type or print name of actuary

FEDERATED PENSION BUREAU, INC.

Firm name

2870 HEMPSTEAD TURNPIKE, SUITE 102, LEVITTOWN, NY 11756

Address of the firm

Date

20-02485

Most recent enrollment number

212-643-0100

Telephone number (including area code)

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

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

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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	1290	111188906
(2) For terminated vested participants	1588	80285773
(3) For active participants:		
(a) Non-vested benefits		628446
(b) Vested benefits.....		19262314
(c) Total active	210	19890760
(4) Total.....	3088	211365439
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....	2c	0.00 %

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	
07/01/2022	561041	0				
Totals ▶			3(b)	561041	3(c)	
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	84396

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	0.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	2022
• 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..... <input checked="" type="checkbox"/>		
• 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 <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> 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?.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m		

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.22 %
b Rates specified in insurance or annuity contracts	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	4+1
(2) Females.....	6c(2)	4F-4
d Valuation liability interest rate.....	6d	7.50 %
e Salary scale.....	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	18.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	18.7 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	419013
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1056885	-111378

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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	83479935
b Employer's normal cost for plan year as of valuation date	9b	918403

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)	27836172	5361520
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	6716276
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e Total charges. Add lines 9a through 9d.....

9e	96476134
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Credits to funding standard account:

f Prior year credit balance, if any.....

9f	
-----------	--

g Employer contributions. Total from column (b) of line 3.....

9g	561041
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h Amortization credits as of valuation date.....

	Outstanding balance	
9h	8842536	2474278

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....

9i	206610
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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)	111130659	
9j(2)	198785805	
9j(3)		

k (1) Waived funding deficiency.....

9k(1)	
--------------	--

(2) Other credits.....

9k(2)	
--------------	--

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	3241929
-----------	---------

m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	
-----------	--

n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	93234205
-----------	----------

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)	
9o(2)(a)	
9o(2)(b)	
9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	93234205
-----------	----------

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>AMERICA'S FAMILY DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICA'S FAMILY BENEFIT PLANS</u>	D Employer Identification Number (EIN) <u>16-6103576</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

FEDERATED PENSION BUREAU

13-1787563

(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?
	ACTUARY	117400	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIAM OCHOCINSKI

(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	EMPLOYEE	95715	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DAVID B. HERRMANN, JR.

22-3273016

(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	LEGAL ADVISOR	39950	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MICHELLE OCHOCINSKI

(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	EMPLOYEE	38462	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAYMOND MORGAN

(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	EMPLOYEE	23465	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAMBRIDGE ADVISORS

6225 SHERIDAN DRIVE
WILLIAMSVILLE, NY 14221

(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	NONE	21323	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

SOFTPATH, INC.

16-1502471

(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?
64	COMPUTER CO	16402	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EFPR GROUP, CPAS, PLLC

47-4526160

(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	NONE	14500	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan AMERICA'S FAMILY DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICA'S FAMILY BENEFIT PLANS	D Employer Identification Number (EIN) 16-6103576

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	2095966	1989295
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	20513	43886
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	220766	106757
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	139057	138963
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)	19212	19212
(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)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	18672	

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	5067	3997
f Total assets (add all amounts in lines 1a through 1e).....	1f	2519253	2302110

Liabilities

g Benefit claims payable.....	1g		
h Operating payables.....	1h	19253	13220
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4218700	10676100
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4237953	10689320

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	-1718700	-8387210
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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)	561041	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		561041
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	588	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		588
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	0	
(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)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	31	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		117875
d Total income. Add all income amounts in column (b) and enter total	2d		679535
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6826347	
(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)		6826347
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)	92174	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	278	
(4) Other	2i(4)	429246	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		521698
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7348045
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-6668510
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: EFPR GROUP, CPAS, PLLC

(2) EIN: 47-4526160

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 486808.

Structured Attachment <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Schedule MB, line 3(d) Withdrawal Liability Amounts	2022 This Form is Open to Public Inspection
---	--	---

Name of Plan	AMERICA'S FAMILY DEFINED BENEFIT PLAN						
Plan Year Begin Date	01/01/2022	Plan Year Begin Date	12/31/2022	EIN	16-6103576	PN	001

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
2023-07-01		84396	84396

INDEPENDENT AUDITORS' REPORT

The Trustees
America's Family Defined Benefit Plan:

Opinion

We have audited the accompanying financial statements of America's Family Defined Benefit Plan (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 (deficit) as of December 31, 2022 and 2021, the related statements of changes in net assets available for benefits (deficit) for the years then ended, the statement of accumulated plan benefits as of December 31, 2021, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits (deficit) of America's Family Defined Benefit Plan as of December 31, 2022 and 2021, and changes in its net assets available for benefits (deficit) for the years then ended, and the accumulated plan benefits as of December 31, 2021 and changes in its accumulated plan benefits for the year 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

Auditors' 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 auditors' 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 audits.
- 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 audits 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 audits.

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Operating Expenses, Assets (Held at End of Year), and Reportable Transactions 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 Schedule of Assets (Held at End of Year) and Reportable Transactions are 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 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

EFPR Group, CPAs, PLLC

Williamsville, New York
November 29, 2023

SECTION 1

SUMMARY OF PLAN PROVISIONS

Eligibility for Participation:

Upon completion of 1,000 hours of credit in 12 consecutive months.

Crediting Service:

Past Service Credit

period from date of hire to date of entry into the plan (up to 25 years). 16-2/3% of Past Service Credit for each year of Future Credit Service to a maximum of 100% for 6 or more years of Future Credited Service.

Future Service Credit

period from date of entry into the plan to date of termination.

Eligibility for Pension Benefits:

Normal Retirement

Age 65 and 6 years of future credited service.

Early Retirement

Age 62 and 6 years of future credited service.

Vesting:

graded from 50% for 1 year to 100% for 6 or more years of Future Service.

Retirement Benefits:

Past Service Benefit Calculations

Years of Past Service x Weekly Contribution Rate / 1.75 x Past Service Rate for Shop x Applicable Dollar Amount x Vesting Percentage.

Future Service Benefit Calculation

(Total Contributions / 65) x Applicable Dollar Amount x Vesting Percentage

Applicable Dollar Amount

\$180.00 (at age 65.)

Early or Deferred Retirement

If benefit is payable at early or deferred retirement age, it is the actuarial equivalent of the benefit payable at age 65.

SECTION 1

SUMMARY OF PLAN PROVISIONS (CONTINUED)

Termination Benefit

Prior to eligibility for Early Retirement

Vested Accrued Benefit using an Applicable Dollar amount of \$80.00 up to age 50 and increasing \$8.00/year up to \$120.00 at age 65 with less than 6 years of Future Service Credit. Suspended by Pension Protection Act.

After eligibility for Early Retirement

Accrued Benefit using an Applicable Dollar Amount of \$180.00.

Form of Payment:

Life Annuity and Joint and Survivor Annuity Payments as well as Lump Sum or monthly payments of 60, 120 or 180 months based on a 7% interest rate assumption.

Death Benefit:

Beneficiary receives lump sum payment similar to the Retirement or Early Termination Benefit.

AMERICA'S FAMILY DEFINED BENEFIT PLAN

U.S. Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 16-6103576

Plan Number: 001

December 31, 2022

(a)	(b) Identify of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Cash equivalents:			
	TD Ameritrade	FDIC insured deposit account	\$ 17	17
	TD Ameritrade - Agway	FDIC insured deposit account	915	915
	Total cash equivalents		932	932
	Fixed income - Wintrust Bank	4.15% bond, maturing		
	Bank	January 30, 2023	138,000	138,031
	Limited partnership - Consolidated			
	Capital	Common share	19,212	19,212
	Total investments		\$ 158,144	158,175

America's Family Defined Benefit Plan (EIN: 16-6103576)
 America's Family Defined Benefit Plan (Plan No. 001)

Form 5500, Schedule B, Item 8c - Schedule of Active Participant Data
 Valuation Date: 1/1/2022

AGE (LAST BIRTHDAY)	YEARS OF CREDITED SERVICE (COMPLETED YEARS)									TOTAL
	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & OVER	
UNDER 20 NUMBER EARNINGS AVERAGE	2	0	0	0	0	0	0	0	0	2
20 -24 NUMBER EARNINGS AVERAGE	11	0	0	0	0	0	0	0	0	11
25 -29 NUMBER EARNINGS AVERAGE	10	3	1	0	0	0	0	0	0	14
30 -34 NUMBER EARNINGS AVERAGE	13	7	1	0	0	0	0	0	0	21
35 -39 NUMBER EARNINGS AVERAGE	10	8	1	0	0	0	0	0	0	19
40 -44 NUMBER EARNINGS AVERAGE	11	3	4	1	1	0	0	0	0	20
45 -49 NUMBER EARNINGS AVERAGE	11	1	4	0	3	2	0	0	0	21
50 -54 NUMBER EARNINGS AVERAGE	5	1	1	0	1	5	7	0	0	20
55 -59 NUMBER EARNINGS AVERAGE	3	7	3	5	2	2	10	3	1	36
60 -64 NUMBER EARNINGS AVERAGE	4	3	3	2	3	3	7	6	7	38
65 -69 NUMBER EARNINGS AVERAGE	0	2	0	0	2	0	0	0	3	7
70 & OVER NUMBER EARNINGS AVERAGE	0	0	0	0	0	1	0	0	0	1
TOTAL	80	35	18	8	12	13	24	9	11	210

SECTION V

ACTUARIAL CERTIFICATION

This is to certify that we have prepared an actuarial valuation of the Fund as of January 1, 2022.

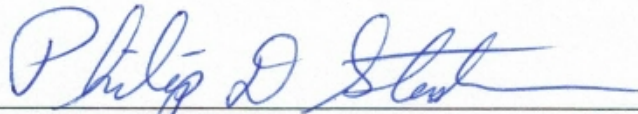
The valuation was based on the following information:

- a. Provisions of the Plan as outlined in Section I;
- b. Employee census data, retiree statistics and financial data as set forth in Section II and on the Exhibits referred to in Section II;
- c. Actuarial assumptions and funding method as shown in Section III.

On the basis of this information, we certify that the results of the actuarial valuation shown in Section IV are a true and accurate statement of the actuarial valuation made and the results obtained.

The actuarial assumptions and methods used in our valuation are in accordance with standard actuarial practice and provide a reasonable basis for forecasting the costs of the benefits provided under the Plan.

FEDERATION PENSION BUREAU, INC.



Philip D. Stashin, M.A.A.A.
Enrolled Actuary No. 23-02485
Under the Employee Retirement Income
Security Act of 1974

Schedule MB, Line 4c

Illustration supporting Actuarial Certification Status

Plan Name: America's Family Defined Benefit Plan EIN: 16-6103576

Plan Sponsor: America's Family Defined Benefit Plan PN: 001

Illustrate the details providing support for the actuarial certification of status.

The Plan is insolvent and has a funding deficiency.

America's Family Benefit Plans

2022 Schedule MB, line 8b(3) – Schedule of projection of Employee Contributions and Withdrawal Liability Payments

Year	Employer Contribs	Withdrawal liab	Total
2022	465,089	84,396	549,485
2023	436,217	84,396	520,613
2024	410,214	84,396	494,610
2025	379,641	84,396	464,037
2026	290,072	84,396	374,468
2027	267,115	84,396	351,511
2028	218,256	84,396	302,652
2029	220,119	84,396	304,515
2030	218,770	84,396	303,166
2031	221,454	33,976	255,430

America's Family Benefit Plans
 America's Family Benefit Plans
 2022 Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases

Plan Year Beginning 01/01/2022
 Funding Standard Account Interest Rate = 7.50%

	Date of First Charge or Credit	Number of Years Remaining	Outstanding Balance Beginning of Year	Amortization Charge or Credit
Amortization Charges				
1994 plan change	01/01/94	2	38,201	19,790
1995 plan change	01/01/95	3	224,505	80,307
2000 plan change	01/01/00	8	60,180	9,557
2002 assumption change	01/01/02	10	230,010	31,172
2008 actuarial loss/gain	01/01/08	1	85,584	85,584
2009 actuarial loss/gain	01/01/09	2	3,085,422	1,598,472
2013 actuarial loss/gain	01/01/13	6	4,761,921	943,723
2015 actuarial loss/gain	01/01/15	8	2,702,908	429,264
2016 actuarial loss/gain	01/01/16	9	6,919,345	1,009,047
2017 actuarial loss/gain	01/01/17	10	1,491,244	202,096
2019 actuarial loss/gain	01/01/19	12	4,628,910	556,666
2020 actuarial loss/gain	01/01/20	13	99,754	11,419
2021 actuarial loss/gain	01/01/21	14	3,508,188	384,423
Total Charges			27,836,172	5,361,520
Amortization Credits				
2008 method change	01/01/08	1	452,583	452,584
2010 actuarial loss/gain	01/01/10	3	1,295,028	463,244
2011 actuarial loss/gain	01/01/11	4	2,221,878	617,098
2012 actuarial loss/gain	01/01/12	5	2,967,319	682,248
2014 actuarial loss/gain	01/01/14	7	820,895	144,172
2018 actuarial loss/gain	01/01/18	11	27,948	3,554
2022 actuarial loss/gain	01/01/22	15	1,056,885	111,378
Total Credits			8,842,536	2,474,278
Total Charges less Credits	Net		18,993,636	2,887,242

SECTION III

ACTUARIAL ASSUMPTIONS AND FUNDING METHOD

The January 1, 2022 Valuation was based on the following actuarial assumptions:

Mortality:

UP84 set forward 1 year for males and set back 4 years for females.

Interest:

7.50% per annum

Turnover:

Special table furnished by the Social Security Department of the United Automobile Workers (UAW) International. This table is assumed to include all causes of termination.

Retirement Age:

Age 65 and 6 years of participation

Funding Method:

Accrued Benefit

Assets:

Market Value

America's Family Benefit Plans
 America's Family Benefit Plans
 2022 Schedule MB, line 8b(1) - Schedule of Projection of Benefit Payments

Plan Year	Active	Terminated Vested	Retired and Beneficiaries	Total
2022	162,500	1,212,300	7,686,100	9,060,900
2023	242,700	1,472,700	7,423,800	9,139,200
2024	331,500	1,858,800	7,148,800	9,339,100
2025	420,600	2,154,400	6,865,400	9,440,400
2026	542,000	2,476,100	6,572,600	9,590,700
2027	644,800	2,601,200	6,276,400	9,522,400
2028	674,100	2,791,800	5,977,600	9,443,500
2029	752,900	3,019,400	5,676,600	9,448,900
2030	802,600	3,174,400	5,364,200	9,341,200
2031	791,300	3,232,100	5,046,300	9,069,700
2032	805,400	3,339,000	4,727,500	8,871,900
2033	846,200	3,392,800	4,415,900	8,654,900
2034	872,300	3,430,600	4,094,500	8,397,400
2035	876,100	3,395,700	3,777,400	8,049,200
2036	860,400	3,367,400	3,459,400	7,687,200
2037	828,800	3,288,700	3,155,000	7,272,500
2038	805,300	3,239,200	2,864,900	6,909,400
2039	771,400	3,156,300	2,584,500	6,512,200
2040	727,700	3,026,400	2,315,400	6,069,500
2041	685,600	2,904,800	2,059,200	5,649,600
2042	665,400	2,744,300	1,817,300	5,227,000
2043	628,200	2,612,800	1,590,800	4,831,800
2044	599,700	2,457,900	1,380,700	4,438,300
2045	554,400	2,296,100	1,187,800	4,038,300
2046	515,100	2,142,500	1,012,300	3,669,900
2047	478,900	1,985,900	854,500	3,319,300
2048	441,300	1,829,100	714,000	2,984,400
2049	410,600	1,684,200	590,400	2,685,200
2050	376,400	1,537,300	483,000	2,396,700
2051	340,000	1,393,000	390,800	2,123,800
2052	307,800	1,259,400	312,600	1,879,800
2053	286,300	1,133,600	247,200	1,667,100
2054	259,200	1,020,300	193,200	1,472,700
2055	239,000	922,300	149,100	1,310,400
2056	226,900	824,100	113,700	1,164,700

AMERICA'S FAMILY
DEFINED BENEFIT PLAN

Financial Statements and
Supplemental Information

December 31, 2022 and 2021

(With Independent Auditors' Report Thereon)

AMERICA'S FAMILY
DEFINED BENEFIT PLAN

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INDEPENDENT AUDITORS' REPORT

The Trustees
America's Family Defined Benefit Plan:

Opinion

We have audited the accompanying financial statements of America's Family Defined Benefit Plan (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 (deficit) as of December 31, 2022 and 2021, the related statements of changes in net assets available for benefits (deficit) for the years then ended, the statement of accumulated plan benefits as of December 31, 2021, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits (deficit) of America's Family Defined Benefit Plan as of December 31, 2022 and 2021, and changes in its net assets available for benefits (deficit) for the years then ended, and the accumulated plan benefits as of December 31, 2021 and changes in its accumulated plan benefits for the year 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

Auditors' 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 auditors' 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 audits.
- 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 audits 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 audits.

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Operating Expenses, Assets (Held at End of Year), and Reportable Transactions 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 Schedule of Assets (Held at End of Year) and Reportable Transactions are 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 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

EFPR Group, CPAs, PLLC

Williamsville, New York
November 29, 2023

AMERICA'S FAMILY
DEFINED BENEFIT PLAN
Statements of Net Assets Available for Benefits (Deficit)
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets:		
Investments, at fair value:		
Cash equivalents	\$ 932	139,057
Fixed income	138,031	-
Limited partnership	<u>19,212</u>	<u>19,212</u>
Total investments, at fair value	<u>158,175</u>	<u>158,269</u>
Receivables:		
Employer contributions	43,886	20,513
Due from America's Family Health and Welfare Fund	58,231	54,945
Due from America's Family 401(k) Benefit Trust Fund	<u>48,526</u>	<u>165,821</u>
Total receivables	<u>150,643</u>	<u>241,279</u>
Cash	1,989,295	2,095,966
Prepaid expenses	-	18,672
Equipment and leasehold improvements, less accumulated depreciation and amortization	<u>3,997</u>	<u>5,067</u>
Total assets	<u>2,302,110</u>	<u>2,519,253</u>
Liabilities:		
Accounts payable and accrued expenses	13,220	19,253
Financing assistance loan	<u>10,676,100</u>	<u>4,218,700</u>
Total liabilities	<u>10,689,320</u>	<u>4,237,953</u>
Net assets available for benefits (deficit)	<u>\$ (8,387,210)</u>	<u>(1,718,700)</u>

See accompanying notes to financial statements.

AMERICA'S FAMILY
DEFINED BENEFIT PLAN
Statements of Changes in Net Assets Available for Benefits (Deficit)
Years ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 31	522,557
Interest	588	584
Dividends	-	181
Total investment income	619	523,322
Less investment fees	(278)	(7,675)
Net investment income	341	515,647
Employer contributions	561,041	594,654
Other income	117,875	2,130
Total additions to net assets	<u>679,257</u>	<u>1,112,431</u>
Deductions from net assets attributed to:		
Benefit costs - monthly retirement and disability	6,826,347	10,171,309
Operating expenses	521,421	419,013
Total deductions from net assets	<u>7,347,768</u>	<u>10,590,322</u>
Net change	(6,668,511)	(9,477,891)
Net assets available for benefits (deficit):		
Beginning of year	<u>(1,718,700)</u>	<u>7,759,191</u>
End of year	<u>\$ (8,387,211)</u>	<u>(1,718,700)</u>

See accompanying notes to financial statements.

AMERICA'S FAMILY
DEFINED BENEFIT PLAN
Statement of Accumulated Plan Benefits
December 31, 2021

Actuarial present value of accumulated Plan benefits:

Vested benefits:

Participants currently receiving payments \$ 61,749,377

Other participants 38,829,754

Total vested benefits 100,579,131

Nonvested benefits 175,740

Total actuarial present value
of accumulated Plan benefits \$ 100,754,871

Calculations of the present value of accumulated Plan benefits were made as of December 31, 2021.

See accompanying notes to financial statements.

AMERICA'S FAMILY
DEFINED BENEFIT PLAN
Statement of Changes in Accumulated Plan Benefits
Year ended December 31, 2021

Actuarial present value of accumulated Plan benefits at beginning of year	\$ 103,763,636
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial gains	(289,692)
Increase for interest due to the decrease in the discount period	7,452,236
Benefits paid	<u>(10,171,309)</u>
Net increase	<u>(3,008,765)</u>
Actuarial present value of accumulated Plan benefits at end of year	<u>\$ 100,754,871</u>

Calculations of the present value of accumulated Plan benefits were made as of December 31, 2021.

See accompanying notes to financial statements.

AMERICA'S FAMILY
DEFINED BENEFIT PLAN
Notes to Financial Statements
December 31, 2022 and 2021

(1) Description of Plan

The following description of America's Family Defined Benefit Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a multi-employer defined benefit plan covering members of Amalgamated Local Union No. 55, International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (the Union) who are employed by Western New York employers contributing to the Plan under terms of the collective bargaining agreements with the Union. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

As of December 31, 2014, the Plan was amended as a result of a merger of the Plan with the Employees Retirement Plan of Agway Widewaters Corporation, which was terminated and all of the funds and participants were transferred into the Plan.

(b) Contributions

Contributions from employers are accrued based upon hours worked during the year by eligible employees.

(c) Funding Policy

The Plan is funded by contributions from participating employers who have collective bargaining agreements with the Union. The employers contribute an amount per week credited to each participant in accordance with the respective collective bargaining agreement. This is referred to as the unit credit (accrued benefit) funding method. The Plan did not meet the minimum funding requirements of ERISA for the years ended December 31, 2022 and 2021.

(d) Vesting

The Plan vesting schedule for all participants who have vesting service on or after January 1, 2008 is as follows:

<u>Years of vesting service</u>	<u>Vested percentage</u>
Less than 3 years	0%
3 years or more	100%

(e) Pension Benefits

Upon termination of employment, incurring a total and permanent disability, or retirement at age 65 or over with at least six years of future credited service, the Plan provides for payment of a full retirement benefit based on a negotiated formula. Death benefits are provided in an amount equal to the lump-sum benefit the employee would have received had the participant lived and terminated his or her employment.

AMERICA'S FAMILY
DEFINED BENEFIT PLAN

Notes to Financial Statements, Continued

(1) Description of Plan, Continued

(e) Pension Benefits, Continued

Upon termination of employment, retirement or death of the employee, the Plan provides for payments of accrued benefits to eligible participants in accordance with Plan calculations.

Benefits take the form of immediate lump-sum payments or deferred five, ten or fifteen year installment payments, single life annuity, pre-retirement survivor annuity, or a joint and survivor annuity, depending on the circumstances of termination and the wishes of the participant claiming benefits. Because the Plan actuary has certified that the Plan is in critical status, only lump-sum payments less than \$1,000 are permitted (see note 12).

(2) Summary of Significant Accounting Policies

The following are significant accounting policies followed by the Plan:

(a) Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results may differ from those estimates.

(c) Concentrations of Credit Risk

Financial instruments that potentially subject the Plan to concentrations of credit risk consist principally of cash and cash equivalent accounts in financial institutions.

(d) Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received from the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians and insurance company. See note 5 for a discussion of fair value measurements.

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

AMERICA'S FAMILY
DEFINED BENEFIT PLAN

Notes to Financial Statements, Continued

(2) Summary of Significant Accounting Policies, Continued

(e) Equipment and Leasehold Improvements

Equipment and leasehold improvements are stated at cost. Depreciation of equipment and amortization of leasehold improvements are provided on a straight-line basis over the estimated useful lives of the respective assets.

(f) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(g) Subsequent Events

The Plan has evaluated subsequent events through the date of the report which is the date the financial statements were available to be issued.

(3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' credited service. The accumulated plan benefits for active employees are based on their accumulated credited service as of the date which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2021 and 2020 were (a) life expectancy of participants (UP84 set forward 1 year for males and set back 4 years for females), (b) retirement age assumptions (the assumed average retirement age was 65 and 6th anniversary of participation), (c) turnover assumptions (the turnover was based on the special table furnished by the Social Security Department of the UAW International), and (d) investment return (the valuation includes an assumed rate of return of 7.5%).

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2022 and 2021. Had the valuations been performed as of December 31, there would be no material differences.

AMERICA'S FAMILY
DEFINED BENEFIT PLAN

Notes to Financial Statements, Continued

(4) Plan Termination

In the event that the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a) Benefits attributable to employee contributions, taking into account those paid out before termination.
- (b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- (c) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government agency) up to the applicable limitations.
- (d) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (e) All nonvested benefits.

Certain benefits under the Plan are insured by the 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. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsors and the level of benefits guaranteed by the PBGC.

(5) Investments

Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

AMERICA'S FAMILY
DEFINED BENEFIT PLAN

Notes to Financial Statements, Continued

(5) Investments, Continued

Fair Value Measurements, Continued

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

- Cash equivalents - Valued at the daily closing price as reported by the Plan.
- Corporate bonds - Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yield currently available on comparable securities of issuers with similar ratings.
- Limited partnerships - Valued at partnership's assets on the applicable valuation date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

	<u>Assets at Fair Value as of December 31, 2022</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 932	-	-	932
Corporate bonds	-	138,031	-	138,031
Limited partnerships	-	-	19,212	19,212
	<u>\$ 932</u>	<u>138,031</u>	<u>19,212</u>	<u>158,175</u>

AMERICA'S FAMILY
DEFINED BENEFIT PLAN

Notes to Financial Statements, Continued

(5) Investments, Continued

Fair Value Measurements, Continued

	Assets at Fair Value as of December 31, 2021			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 139,057	-	-	139,057
Limited partnerships	<u>-</u>	<u>-</u>	<u>19,212</u>	<u>19,212</u>
	\$ <u>137,057</u>	<u>-</u>	<u>19,212</u>	<u>158,269</u>

Management evaluated the significance of transfers between fair value levels based upon the nature of the financial instrument and size of the transfer relative to total assets available for benefits. The Plan's policy is to recognize transfers as of the actual date of the event or change in circumstances that caused the transfer. During the years ended December 31, 2022 and 2021, there were no transfers in or out of Level 3 investments.

Financial Instruments

During the years ended December 31, 2022 and 2021, the Plan's investments (including investments bought and sold, as well as held during the years) appreciated in value by \$31 and \$522,557, respectively.

(6) Equipment and Leasehold Improvements

Equipment and leasehold improvements consisted of the following at December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Office equipment	\$ 576,482	575,505
Leasehold improvements	<u>3,082</u>	<u>3,082</u>
	579,564	578,587
Less accumulated depreciation and amortization	<u>(575,567)</u>	<u>(573,520)</u>
Net equipment and leasehold improvements	\$ <u>3,997</u>	<u>5,067</u>

Depreciation and amortization expense totaled \$2,047 and \$3,140 for the years ended December 31, 2022 and 2021, respectively.

AMERICA'S FAMILY
DEFINED BENEFIT PLAN

Notes to Financial Statements, Continued

(7) Financing Assistance Loan

It was determined during the year ended December 31, 2021 that the Plan was unable to pay guaranteed benefits to participants when due. Accordingly, the Plan applied for financial assistance pursuant to Section 4261 of ERISA. As part of the application, the Plan sponsor filed a notice of insolvency on August 25, 2021. In 2022 and 2021, the Plan received \$6,457,400 and \$4,218,700, respectively, of financial assistance from the PBGC. This financing assistance is in the form of a loan and is being provided in periodic payments. Once the Plan receives funding under the American Rescue Act of 2021 (note 13), this loan will be repaid. In connection with receiving this assistance, certain benefit payments to participants were reduced in accordance with PBGC maximum guaranteed amounts. Once funding is received under the American Rescue Act of 2021 (note 13), the amount of the benefit reductions will be restored to participants.

(8) Related Party Transactions

Related party transactions as of and for the years ended December 31, 2022 and 2021 were as follows:

- (a) The Plan administrator and trustees of the Plan also perform similar functions for America's Family Health and Welfare Fund (the H&W Fund) and America's Family 401(k) Benefit Trust Fund (the 401(k) Fund). In accordance with an informal agreement and as specifically discussed at trustees' meetings, the funds share various operating expenses such as salaries, rent, utilities, office and employee related expenses. In addition, each fund pays a proportionate share of the equipment purchases and leasehold improvements, which is then recorded as its cost. The amount due from the H&W Fund for operating expenses and shared equipment amounted to \$58,231 and \$54,945 at December 31, 2022 and 2021, respectively. The total amount due from the 401(k) Fund for shared equipment, expenses and interest amounted to \$48,526 and \$165,821 at December 31, 2022 and 2021, respectively.
- (b) The Plan, H&W Fund, and 401(k) Fund lease office space under an informal lease agreement requiring minimum monthly payments payable to Local 55, UAW, Inc. of \$5,000. The portion allocated to the Plan amounted to \$2,250 per month for the years ended December 31, 2022 and 2021. Rent expense, including the Plan's portion of utilities, amounted to \$27,000 and \$27,018 for the years ended December 31, 2022 and 2021, respectively.

AMERICA'S FAMILY
DEFINED BENEFIT PLAN

Notes to Financial Statements, Continued

(8) Related Party Transactions, Continued

- (c) The America's Family Split Dollar Life Insurance Plan (AFSDLIP) was adopted for the purpose of providing death benefits for the administrator. This plan is funded by the Plan, the H&W Fund, and the 401(k) Fund. In the event the administrator's participation in this plan terminates after his 60th birthday, the Plan agrees to waive all of its repayment rights with respect to its policy interest for premiums paid on behalf of the administrator. The Plan's contributions to the AFSDLIP amounted to \$11,250 for the years ended December 31, 2022 and 2021.
- (d) During the year ended December 31, 2022, it was discovered that the Plan was owed interest from the H&W Fund and the 401(k) Fund related to previous reimbursements of shared operating expenses (see note 8(a)). Interest income paid to the Plan by the H&W Fund and the 401(k) Fund amounted to \$25,200 and \$90,607, respectively, for the year ended December 31, 2022 and is included in the other income in the accompanying statements of changes in net assets available for benefits (deficit).

(9) Party-in-Interest Transactions

TD Ameritrade was the custodian as defined by the Plan, at December 31, 2022 and 2021, and as such, any transactions in the deposit accounts qualify as party-in-interest transactions. Fees paid for investment management services amounted to \$278 and \$7,675 for the years ended December 31, 2022 and 2021, respectively.

(10) Tax Status

The Plan obtained its latest determination letter in March 1994, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions and the DOL; however, there are currently no audits for any tax periods in progress.

AMERICA'S FAMILY
DEFINED BENEFIT PLAN

Notes to Financial Statements, Continued

(11) Risks and Uncertainties

The Plan invests in various investments, which are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in 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.

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

(12) Critical Status Certification

On March 28, 2008, the Plan actuary certified to the U.S. Department of the Treasury, and also to the Plan sponsors, that the Plan was in critical status for the year beginning January 1, 2008. In addition, since April 30, 2009 the Plan was certified to be in Critical and Declining status for each year from January 1, 2009 through January 1, 2021. This is because the Plan's actuary projected a deficiency in the funding standard account in the current year (and thereafter). The funding standard account is used to keep track of the contributions to the Plan compared to the minimum contributions required by the IRC. As a result of this certification, effective April 25, 2008, the Plan is not permitted to pay lump-sum benefits (or any other payment in excess of the monthly amount paid under a single life annuity) while it is in critical status. In addition, the law requires that contributing employers pay a surcharge to help correct the Plan's financial situation. A 5% surcharge is applicable in the initial critical year and a 10% surcharge is applicable to each succeeding Plan year, thereafter, in which the Plan is in critical status. Effective November 28, 2008, the Board of Trustees adopted a rehabilitation plan with regard to the above issues that is a combination of benefit changes and increased contribution rates. The Board is also exploring other options that could bring the Plan out of critical status in a very short period of time.

AMERICA'S FAMILY
DEFINED BENEFIT PLAN

Notes to Financial Statements, Continued

(13) Financial Condition

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America, which contemplate the realization of assets, the satisfaction of liabilities in the normal course of business and the continuation of the Plan as a going concern. The Plan has suffered recurring losses for several years. The net decrease in net assets available for benefits for the years ended December 31, 2022 and 2021 amounted to \$6,668,511 and \$9,477,891, respectively. The Plan continues to be in critical and declining status based on actuarial calculations (note 12).

On March 11, 2021, Congress enacted, and the President signed into law, the American Rescue Plan Act of 2021 (ARP Act), to address the immediate crisis facing severely underfunded multiemployer plans and solvency of PBGC, and to assist plans by providing funds to reinstate suspended benefits. Subsequently, the Plan applied for the "Special Financial Assistance Program for Financially Troubled Multiemployer Plans (SFA)." A plan receiving financial assistance under SFA will receive a lump sum and have no obligation to repay the funds. The Plan Administrator has applied for financial assistance under SFA since it has been determined to be in critical and declining status in the most recently completed actuarial certification. The program is designed to provide an amount to pay all benefits beginning on the date of payment of SFA through the plan year ending in 2051. In 2021, the Plan began receiving financial assistance under Section 4261 of ERISA (note 7). These amounts will be repaid when the Plan receives the SFA. The Plan is expecting in excess of \$200,000,000 in financial assistance under SFA.

Management and the Trustees are exploring various alternatives and solutions. The accompanying financial statements do not include any adjustments that might result from this uncertainty.

AMERICA'S FAMILY
DEFINED BENEFIT PLAN
Schedules of Operating Expenses
Years ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Wages and benefits	\$ 169,767	163,354
Payroll taxes	10,840	11,199
Office supplies	30,949	31,411
Rent	27,000	27,018
Actuarial services	117,400	54,844
Computer consultant	16,402	23,618
Employee benefit contributions	38,202	37,626
Depreciation and amortization	2,047	3,140
Legal and professional fees	54,450	13,900
Accounting fees	21,323	22,411
Maintenance and repairs	2,881	2,814
Auto expenses	4,590	4,787
Insurance	23,272	20,942
Telephone and internet	<u>2,298</u>	<u>1,949</u>
	<u>\$ 521,421</u>	<u>419,013</u>

AMERICA'S FAMILY DEFINED BENEFIT PLAN

U.S. Form 5500 - Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 16-6103576

Plan Number: 001

December 31, 2022

(a)	(b) Identify of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Cash equivalents:			
	TD Ameritrade	FDIC insured deposit account	\$ 17	17
	TD Ameritrade - Agway	FDIC insured deposit account	915	915
	Total cash equivalents		932	932
	Fixed income - Wintrust Bank	4.15% bond, maturing		
	Bank	January 30, 2023	138,000	138,031
	Limited partnership - Consolidated			
	Capital	Common share	19,212	19,212
	Total investments		\$ 158,144	158,175

AMERICA'S FAMILY DEFINED BENEFIT PLAN
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 16-6103576
Plan Number: 001
Year ended December 31, 2022

(a) <u>Identity of party involved</u>	(b) <u>Description</u>	Number of <u>purchases</u>	(c) Purchase <u>price</u>	Number of <u>sales</u>	(d) <u>Selling price</u>	(f) Expense incurred with <u>transaction</u>	(g) Cost of <u>asset</u>	(h) Current value of asset on <u>transaction date</u>	(i) Net gain or <u>(loss)</u>
Wintrust Bank	Fixed income bond	<u>1</u>	<u>138,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>138,000</u>	<u>138,031</u>	<u>31</u>

AMERICA'S FAMILY DEFINED BENEFIT PLAN
 Schedule H, Line 4j - Schedule of Reportable Transactions
 EIN: 16-6103576
 Plan Number: 001
 Year ended December 31, 2022

(a) <u>Identity of party involved</u>	(b) <u>Description</u>	Number of purchases	(c) <u>Purchase price</u>	Number of sales	(d) <u>Selling price</u>	(f) <u>Expense incurred with transaction</u>	(g) <u>Cost of asset</u>	(h) <u>Current value of asset on transaction date</u>	(i) <u>Net gain or (loss)</u>
Wintrust Bank	Fixed income bond	<u>1</u>	<u>138,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>138,000</u>	<u>138,031</u>	<u>31</u>

**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**

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan AMERICAS FAMILY DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERICAS FAMILY BENEFIT PLANS	D Employer Identification Number (EIN) 16-6103576	

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

1a Enter the valuation date: Month 01 Day 01 Year 2022

b Assets

(1) Current value of assets	1b(1)	-1,718,700
(2) Actuarial value of assets for funding standard account.....	1b(2)	-1,718,700

c (1) Accrued liability for plan using immediate gain methods	1c(1)	100,754,871
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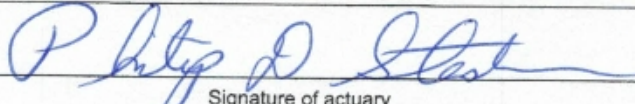
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	100,754,871

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)	211,365,439
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1,285,000
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	6,825,000
(3) Expected plan disbursements for the plan year	1d(3)	7,250,000

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		<u>October 15, 2023</u>
	Signature of actuary PHILIP D. STASHIN, EA, MAAA	Date 2302485
	Type or print name of actuary FEDERATION PENSION BUREAU, INC.	Most recent enrollment number 212-643-0100
	Firm name 2870 HEMPSTEAD TURNPIKE, SUITE 102 LEVITTOWN NY 11756	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

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

Schedule MB (Form 5500) 2022
v. 220413