

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/2010
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN 9665 ROCKSIDE ROAD, SUITE B VALLEY VIEW, OH 44125-6279
2b Employer Identification Number (EIN) 34-0082405
2c Plan Sponsor's telephone number 216-771-5386
2d Business code (see instructions) 311800

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for PHILIP LUKIC and TONY SLEE.

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

Form 5500 (2024) v. 240311

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	2699
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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)	1835
	6a(2)	3301
	6b	0
	6c	1041
	6d	4342
	6e	11
	6f	4353
	6g(2)	3250
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	16

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN	D Employer Identification Number (EIN) 34-0082405	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FLEXIBLE PLAN INVESTMENTS **3883 TELEGRAPH ROAD, SUITE 100**
BLOOMFIELD HILLS, MI 48302

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

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

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

JOHN HANCOCK RETIREMENT PLAN SVCS

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 28 37 38 50 51 64 67	RECORDKEEPER	154375	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CADARET, GRANT & COMPANY

1000 MADISON STREET
SYRACUSE, NY 13202

22-2361254

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT MANAGER	75124	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MOGILA LAW GROUP LLC

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

87-2593727

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	30000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

CITRIN COOPERMAN & COMPANY, LLP

100 JERICO QUADRANGLE STE 342
JERICO, NY 11753

22-2428965

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

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

WB ADVISORS

118 NORTH BEDFORD RD 100 SUITE
MOUNT KISCO, NY 10549

45-4840347

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	THIRD PARTY ADMINISTRATOR	12000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN</u>	D Employer Identification Number (EIN) <u>34-0082405</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>JOHN HANCOCK STABLE VALUE FUND CIT</u>		
b Name of sponsor of entity listed in (a):	<u>GLOBAL TRUST COMPANY</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>80-6136981-001</u>	<u>C</u>		<u>124914</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN	D Employer Identification Number (EIN) 34-0082405

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	236743	14645
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	18757	41194
(2) Participant contributions	1b(2)	22129	38533
(3) Other	1b(3)	6592	4240
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	23882	22563
(9) Value of interest in common/collective trusts	1c(9)	173980	124914
(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)	8138582	10688655
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	8620665	10934744
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	66362	40927
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	66362	40927
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8554303	10893817

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)	940277	
(B) Participants.....	2a(1)(B)	1145359	
(C) Others (including rollovers).....	2a(1)(C)	128238	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2213874
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	1308	
(F) Other.....	2b(1)(F)	3733	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5041
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	304566	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		304566
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		718345
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3241826

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	602543	
(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)		602543
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		1190
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	12000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	20000	
(5) Investment advisory and investment management fees	2i(5)	75124	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	30000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	161455	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		298579
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		902312

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2339514
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: CITRIN COOPERMAN & COMPANY, LLP

(2) EIN: 22-2428965

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN	D Employer Identification Number (EIN) 34-0082405	

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

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

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

1	
----------	--

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

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	122
----------	------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**CLEVELAND BAKERS AND AFFILIATED UNIONS
401(k) PLAN**

**FINANCIAL STATEMENTS
AND
SUPPLEMENTAL INFORMATION**

DECEMBER 31, 2024 AND 2023

Cleveland Bakers and Affiliated Unions 401(k) Plan

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Independent Auditor's Report

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

Scope and Nature of ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Cleveland Bakers and Affiliated Unions 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 7 to the financial statements is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan 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 ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Information Required by ERISA

The supplemental schedules, Schedules 2 through 3, for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The information contained in Schedule 1 for the years ended December 31, 2024, and 2023, are presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

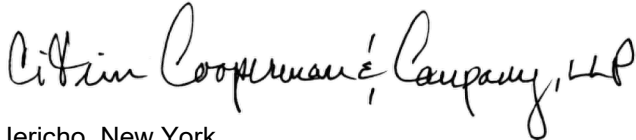
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations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

In our opinion:

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

material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



Jericho, New York
July 23, 2025

**Cleveland Bakers and Affiliated Unions 401(k) Plan
Statements of Net Assets Available for Benefits
As of December 31, 2024 and 2023**

	2024	2023
Assets		
Investments		
Investments at fair value		
Mutual funds	\$ 10,688,655	\$ 8,138,582
Common collective trust	124,914	173,980
Total investments at fair value	10,813,569	8,312,562
Receivables		
Employer contributions	41,194	18,757
Participant contributions	38,533	22,129
Other receivable	4,240	6,592
Notes receivable from participants	22,563	23,882
Total receivables	106,530	71,360
Cash and cash equivalents	14,645	236,743
Total assets	10,934,744	8,620,665
Liabilities		
Accrued expenses	40,927	66,362
Net assets available for benefits	\$ 10,893,817	\$ 8,554,303

**Cleveland Bakers and Affiliated Unions 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Additions (reductions) to net assets attributed to		
Interest and dividend income - net	\$ 308,299	\$ 421,655
Net appreciation in the fair value of investments	<u>718,345</u>	<u>712,044</u>
Total investment income	1,026,644	1,133,699
Less: investment expenses	<u>75,124</u>	<u>52,437</u>
Net investment income	<u>951,520</u>	<u>1,081,262</u>
Contributions:		
Participants	940,277	598,402
Employers	1,145,359	1,284,978
Rollover	<u>128,238</u>	<u>-</u>
Total contributions	<u>2,213,874</u>	<u>1,883,380</u>
Interest income on notes receivable from participants	<u>1,308</u>	<u>1,366</u>
Total additions	<u>3,166,702</u>	<u>2,966,008</u>
Deductions from net assets attributed to		
Benefits paid to participants	602,543	773,054
Deemed distributions	1,190	-
Administrative expenses	<u>223,455</u>	<u>191,796</u>
Total deductions	<u>827,188</u>	<u>964,850</u>
Net increase	2,339,514	2,001,158
Net assets available for benefits - beginning of year	<u>8,554,303</u>	<u>6,553,145</u>
Net assets available for benefits - end of year	<u><u>\$ 10,893,817</u></u>	<u><u>\$ 8,554,303</u></u>

Cleveland Bakers and Affiliated Unions 401(k) Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 1 - Description of Plan

The following brief description of the Cleveland Bakers & Affiliated Unions 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. Effective October 1, 2021, the Plan changed its name from the Cleveland Bakers Local 19 Collectively Bargained 401(k) Plan to the Cleveland Bakers and Affiliated Unions 401(k) Plan.

General

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

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from the participating employers and the Union. The CBAs expire at various times through April 2029.

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

Eligibility

Participation in Salary Reduction Contributions

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

Participation in Matching Contributions

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

Participation in Employer Contributions

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

Contributions

Participant contributions are based on a pre-tax basis subject to the annual Internal Revenue Service limitation of \$23,000 for 2024 and \$22,500 for 2023. Participants who have attained age 50 before the end of the Plan year are eligible to make additional catch-up contributions of \$7,500 for 2024 and 2023.

Cleveland Bakers and Affiliated Unions 401(k) Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 1 - Description of Plan (continued)

Contributions (continued)

The annual contributions inclusive of elective deferrals, employee contributions, employer matching and discretionary contributions and allocations of forfeitures, to a participant account, but not including catch-up contributions to the participant's account is subject to the annual Internal Revenue Service limitation of the lesser of 100% of the participant's compensation or \$69,000 for 2024 and \$66,000 for 2023.

Breaks in Service

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

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

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

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

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

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

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

Participant Accounts

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

Cleveland Bakers and Affiliated Unions 401(k) Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 1 - Description of Plan (continued)

Vesting

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

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

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

Forfeited Accounts

Forfeitures may be used to pay administrative expenses of the Plan. Forfeitures in the amount of \$65,700 and \$101,525, respectively, were used to reduce Plan expenses during the years ended December 31, 2024 and 2023. At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$90,650 and \$79,919, respectively.

Notes Receivable from Participants

Participants may borrow against their vested account balance in the Plan for hardship reasons. Loans taken are required to be repaid by payroll deduction and shall not be considered as distributions. Loan terms range from one to five years unless used for the purchase of a primary residence, in which case longer terms are permitted. The loans are secured by the vested balance in the participant's account and bear interest at a rate determined at the time the loan is taken based on prime plus 1% (8.5% and 9.5%, respectively, for the years ended December 31, 2024, and 2023). Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

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

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

Cleveland Bakers and Affiliated Unions 401(k) Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Cash and Cash Equivalents

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

Benefits

Benefits are recorded when paid.

Expenses

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

Investment Valuation and Income Recognition

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

Employer and Participant Contributions Receivable

Contributions receivable are stated at the amount the Plan expects to collect from participants and employers pursuant to collective bargaining agreements. The allowance for doubtful accounts is based on the Plan's review of outstanding receivables, collections experience and other circumstances that may affect the ability of the employers to pay their obligations to the Plan. Contributions receivable are written off when they are determined to be uncollectible. As of December 31, 2024 and 2023, there was no allowance for doubtful accounts.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued interest. Interest income is recorded on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Tax Status

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

Cleveland Bakers and Affiliated Unions 401(k) Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (continued)

Uncertain Tax Positions

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax periods in process. Additionally, Plan management believes that the Plan's returns for the years prior to the year ended December 31, 2021, are no longer open to examination, based on the statutory period for years subject to audit.

Subsequent Events

The Plan has evaluated events and transactions that occurred through July 23, 2025, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

Note 3 – Related-Party Transactions and Party-In-Interest Transactions

The Plan's investments are managed by John Hancock Trust Company, LLC ("John Hancock"), the Plan's custodian. The total fees paid to John Hancock for custodian and administrative services for the years ended December 31, 2024 and 2023, was \$182,863 and \$130,312 respectively. The fees are included in benefit administrator fees in the schedules of administrative expenses. The transactions with John Hancock are allowable party in interest transactions under ERISA.

John Hancock provides administrative services to the Plan pursuant to a service agreement. John Hancock may receive revenue from mutual fund service providers for services they provided to the mutual fund providers. This revenue may be used to offset certain amounts owed to John Hancock for their administrative services to the Plan. If the revenue received by John Hancock from such service providers exceeded the amount owed under the service agreement, they will remit the excess to the Plan's trust on a quarterly basis. During the years ended December 31, 2024 and 2023, the excess amount received by the Plan was \$28,488 and \$20,857, respectively. The refunds are included in benefit administrator fees in the schedules of administrative expenses.

Note 4 - Plan Termination

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

Note 5 - Fair Value Measurements

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

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

Cleveland Bakers and Affiliated Unions 401(k) Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 5 - Fair Value Measurements (continued)

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

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

- *Mutual Funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- *Stable Value Funds:* Valued at the NAV of the units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the investments held by the fund less the liabilities of the fund. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. This is consistent with prior periods.

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

Cleveland Bakers and Affiliated Unions 401(k) Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 5 - Fair Value Measurements (continued)

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

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 10,688,655	\$ -	\$ -	\$ 10,688,655
	\$ 10,688,655	\$ -	\$ -	10,688,655
Investments measured at NAV ¹				
Common collective trust				124,914
Total investments at Fair Value				\$ 10,813,569

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 8,138,582	\$ -	\$ -	\$ 8,138,582
	\$ 8,138,582	\$ -	\$ -	8,138,582
Investments measured at NAV ¹				
Common collective trust				173,980
Total investments at Fair Value				\$ 8,312,562

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

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

Description	Fair Value Using Net Asset Value per Share at December 31, 2024				
	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Common collective trust	\$ 124,914	\$ -	Daily	None	None

Description	Fair Value Using Net Asset Value per Share at December 31, 2023				
	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Common collective trust	\$ 173,980	\$ -	Daily	None	None

Cleveland Bakers and Affiliated Unions 401(k) Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 6 - Risk and Uncertainties

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

The Plan maintains cash balances at large national and regional banks. Cash accounts at the banks are insured by the Federal Deposit Insurance Corporation ("FDIC"), subject to certain limits. At times, such cash balances may be in excess of the insured limits. As of December 31, 2024, and 2023, there were no amounts in excess of the FDIC limit.

For the years ended December 31, 2024, and 2023, approximately 67% and 66%, respectively, of employer contributions was received from one and two employers, respectively. A change in the financial condition of these employers could impact the future funding of the Plan.

Note 7 - Information Certified By Custodians

The Plan administrator has elected to restrict the scope of the auditor's examination with regard to statements of information prepared and certified by John Hancock for the periods from January 1, 2024, through December 31, 2024, and from January 1, 2023, through December 31, 2023.

John Hancock has certified the completeness and accuracy of the investments it holds and the changes in net assets arising from said investment activity as of and for the periods from January 1, 2024 through December 31, 2024, and from January 1, 2023, through December 31, 2023. John Hancock has also certified the completeness and accuracy of the assets held in custody as of December 31, 2024, and 2023.

	<u>2024</u>	<u>2023</u>
Investments at fair value:		
Mutual funds	\$ 10,688,655	\$ 8,138,582
Common collective trust	124,914	173,980
Total investments at fair value	<u>\$ 10,813,569</u>	<u>\$ 8,312,562</u>
Notes receivable from participants	<u>\$ 22,563</u>	<u>\$ 23,882</u>
Interest and dividend income - net	\$ 308,299	\$ 421,655
Net appreciation in the fair value of investments	<u>718,345</u>	<u>712,044</u>
Total investment income	<u>\$ 1,026,644</u>	<u>\$ 1,133,699</u>

Cleveland Bakers and Affiliated Unions 401(k) Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 8 - Merger

The Trustees of the Plan approved a merger with the UAW Local 2179 Pension Plan (“UAW Plan”), a multi-employer defined contribution plan. The UAW Plan is a tax-qualified plan under Section 401(a) of the IRC. The UAW Plan’s Board of Trustees and the Plan’s Board of Trustees, respectively, determined that it is in the best interest of the participants and beneficiaries to transfer the plan assets and liabilities of the UAW Plan to the Plan in accordance with the terms of a Merger Agreement. The initial transfer is scheduled to take place on August 1, 2025. Accordingly, post-merger, the surviving plan and trust shall continue to be the Plan and known as the Cleveland Bakers & Affiliated Unions 401(k) Plan.

Supplemental Information

**Cleveland Bakers and Affiliated Unions 401(k) Plan
Supplemental Information
Schedules of Administrative Expenses
For the Years Ended December 31, 2023 and 2022**

	<u>2024</u>	<u>2023</u>
Administrative expenses:		
Benefit administrator fees	\$ 154,375	\$ 109,455
Third party administrator fees	12,000	12,000
Accounting fees	20,000	20,000
Legal fees	30,000	43,586
Insurance	6,553	6,403
Office expenses	<u>527</u>	<u>352</u>
Total administrative expenses	<u><u>\$ 223,455</u></u>	<u><u>\$ 191,796</u></u>

Cleveland Bakers and Affiliated Unions 401(k) Plan
EIN: 34-0082405
Plan Number: 001
Supplemental Information
Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
For the Year Ended December 31, 2024

(a)	(b) Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Units	(e) Cost*	(f) Market Value
00142W843	Mutual Fund	Invesco US Gov Money Prt Instl	799	\$	799
4812C0670	Mutual Fund	JPMorgan US Govt MMkt Cap Cl	60,450		60,450
024935603	Mutual Fund	Amer Cent Zero Coupon 2025 Inv	297.511		33,396
19765N468	Mutual Fund	Columbia Total Return Bd Instl	207.458		6,191
544004880	Mutual Fund	Lord Abbett Bond Debenture R4	466		3,325
922031844	Mutual Fund	Vanguard S-T Federal Fund Adml	12,560		127,486
74149P200	Mutual Fund	T Rowe Price Retirement 2020	61,524		1,144,953
74149P788	Mutual Fund	T Rowe Price Retirement 2025	98,188		1,625,009
74149P309	Mutual Fund	T Rowe Price Retirement 2030	77,794		1,994,628
74149P770	Mutual Fund	T Rowe Price Retirement 2035	70,877		1,493,382
74149P408	Mutual Fund	T Rowe Price Retirement 2040	36,272		1,108,831
74149P762	Mutual Fund	T Rowe Price Retirement 2045	39,549		880,355
74149P754	Mutual Fund	T Rowe Price Retirement 2050	40,243		762,201
74149P747	Mutual Fund	T Rowe Price Retirement 2055	30,498		606,598
74149P325	Mutual Fund	T Rowe Price Retirement 2060	20,939		347,171
872797683	Mutual Fund	T Rowe Price Retirement 2065	15,767		202,763
091936583	Mutual Fund	BlackRock RE Securities Instl	1		16
025076837	Mutual Fund	American Cent Sm Cap Val A	519		5,317
06828M504	Mutual Fund	Baron Focused Growth Inst	456		22,552
25157M778	Mutual Fund	DWS Small Cap Core Fund A	231		11,084

Cleveland Bakers and Affiliated Unions 401(k) Plan
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For the Year Ended December 31, 2024

(a)	(b) Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Units	(e) Cost*	(f) Market Value
315918755	Mutual Fund	Fid Advisor Technology Fund I	233	\$	31,650
315807883	Mutual Fund	Fidelity Adv Growth Opp Class	256		50,646
316390442	Mutual Fund	Fidelity Sel Pharma Portfolio	435		11,041
315920884	Mutual Fund	Fidelity Value Strategies I	74		3,668
32008F457	Mutual Fund	First Eagle Gold Fund R6	138		3,631
701765869	Mutual Fund	Parnassus Value Equity Inv	735		38,555
74676P839	Mutual Fund	Putnam Core Equity Y	1,922		83,023
315920280	Mutual Fund	Fidelity Focused Emerg Mkts A	491		15,121
61756E834	Mutual Fund	MSIF Intl Opportunity Port I	518		14,813
	Total Mutual Funds				10,688,655
** 478033889	Stable Value Fund	John Hancock Stable Val Fd R6	124,914		124,914
	Total Investments				10,813,569
**	Participants	Notes Receivable with interest rates of 4.25% to 9.5%			22,563
	Total Plan Assets				\$ 10,836,132

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

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

Cleveland Bakers and Affiliated Unions 401(k) Plan
EIN: 34-0082405
Plan Number: 001
Supplemental Information
Schedule H, Line 4j – Schedule of Reportable Transactions
For the Year Ended December 31, 2024

Category 3 - Series of Transactions in Same Security Exceeds 5% of Value

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
(A) T Rowe Price	T Rowe Price Retirement 2030 CUSIP: 74149P309	<u>\$ 461,125</u>	<u>\$ -</u>	<u>\$461,125</u>	<u>\$ 1,994,628</u>	<u>\$ -</u>

The above that represent more than a single transaction consist of the following:

Number of Transactions	Range of Transactions	Shares Transacted
(A) 69	\$6 - \$61,757	18,131

Cleveland Bakers and Affiliated Unions 401(k) Plan
EIN: 34-0082405
Plan Number: 001
Supplemental Information
Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
For the Year Ended December 31, 2024

(a)	(b) (c)	(c)	(d)	(e)
Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Units	Cost*	Market Value
00142W843	Mutual Fund Invesco US Gov Money Prt Instl	799	\$	799
4812C0670	Mutual Fund JPMorgan US Govt MMkt Cap Cl	60,450		60,450
024935603	Mutual Fund Amer Cent Zero Coupon 2025 Inv	297.511		33,396
19765N468	Mutual Fund Columbia Total Return Bd Instl	207.458		6,191
544004880	Mutual Fund Lord Abbett Bond Debenture R4	466		3,325
922031844	Mutual Fund Vanguard S-T Federal Fund Adml	12,560		127,486
74149P200	Mutual Fund T Rowe Price Retirement 2020	61,524		1,144,953
74149P788	Mutual Fund T Rowe Price Retirement 2025	98,188		1,625,009
74149P309	Mutual Fund T Rowe Price Retirement 2030	77,794		1,994,628
74149P770	Mutual Fund T Rowe Price Retirement 2035	70,877		1,493,382
74149P408	Mutual Fund T Rowe Price Retirement 2040	36,272		1,108,831
74149P762	Mutual Fund T Rowe Price Retirement 2045	39,549		880,355
74149P754	Mutual Fund T Rowe Price Retirement 2050	40,243		762,201
74149P747	Mutual Fund T Rowe Price Retirement 2055	30,498		606,598
74149P325	Mutual Fund T Rowe Price Retirement 2060	20,939		347,171
872797683	Mutual Fund T Rowe Price Retirement 2065	15,767		202,763
091936583	Mutual Fund BlackRock RE Securities Instl	1		16
025076837	Mutual Fund American Cent Sm Cap Val A	519		5,317
06828M504	Mutual Fund Baron Focused Growth Inst	456		22,552
25157M778	Mutual Fund DWS Small Cap Core Fund A	231		11,084

Cleveland Bakers and Affiliated Unions 401(k) Plan
EIN: 34-0082405
Plan Number: 001
Supplemental Information
Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
For the Year Ended December 31, 2024

(a)	(b) (c)	(c)	(d)	(e)
Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Units	Cost*	Market Value
315918755	Mutual Fund	Fid Advisor Technology Fund I	233	\$ 31,650
315807883	Mutual Fund	Fidelity Adv Growth Opp Class	256	50,646
316390442	Mutual Fund	Fidelity Sel Pharma Portfolio	435	11,041
315920884	Mutual Fund	Fidelity Value Strategies I	74	3,668
32008F457	Mutual Fund	First Eagle Gold Fund R6	138	3,631
701765869	Mutual Fund	Parnassus Value Equity Inv	735	38,555
74676P839	Mutual Fund	Putnam Core Equity Y	1,922	83,023
315920280	Mutual Fund	Fidelity Focused Emerg Mkts A	491	15,121
61756E834	Mutual Fund	MSIF Intl Opportunity Port I	518	14,813
	Total Mutual Funds			10,688,655
** 478033889	Stable Value Fund	John Hancock Stable Val Fd R6	124,914	124,914
	Total Investments			10,813,569
**	Participants	Notes Receivable with interest rates of 4.25% to 9.5%		22,563
	Total Plan Assets			<u>\$ 10,836,132</u>

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

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

Cleveland Bakers and Affiliated Unions 401(k) Plan
EIN: 34-0082405
Plan Number: 001
Supplemental Information
Schedule H, Line 4j – Schedule of Reportable Transactions
For the Year Ended December 31, 2024

Category 3 - Series of Transactions in Same Security Exceeds 5% of Value

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
(A)	T Rowe Price Retirement 2030 CUSIP: 74149P309	\$ 461,125	\$ -	\$461,125	\$ 1,994,628	-

The above that represent more than a single transaction consist of the following:

	Number of Transactions	Range of Transactions	Shares Transacted
(A)	69	\$6 - \$61,757	18,131