

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                      |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>UFCW 360 SHOP RITE PENSION FUND</u><br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>UFCW 360 SHOP RITE PENSION FUND</u><br><br><u>ROCKWOOD OFFICE PARK</u><br><u>501 CARR RD SUITE 220</u><br><u>WILMINGTON, DE 19809</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/2009</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>26-4416251</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>302-762-2008</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>445110</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>01/01/2009</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>26-4416251</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>302-762-2008</u> |  | <b>2d</b> Business code (see instructions)<br><u>445110</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2009</u>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>26-4416251</u>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>302-762-2008</u>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>445110</u>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/10/2022 | SAM FERRAINO                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>BOARD OF TRUSTEES<br>C/O ZENITH AMERICAN SOLUTIONS<br>ROCKWOOD OFFICE PARK<br>501 CARR RD SUITE 220<br>WILMINGTON, DE 19809-2800                                                                                                                                                                                                 |  | <b>3b</b> Administrator's EIN<br>27-1605754<br><br><b>3c</b> Administrator's telephone number<br>302-762-2008                                                                                                                                                                                                                                                                                                                                                                                                |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name <b>UFCW 1360 SHOP RITE PENSION FUND</b><br><b>c</b> Plan Name <b>UFCW 1360 SHOP RITE PENSION FUND</b>                                                                |  | <b>4b</b> EIN<br>26-4416251<br><br><b>4d</b> PN<br>001                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3488 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2185 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2079 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 289  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1132 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3500 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 23   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3523 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4    |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |      |

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

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**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.

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**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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

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|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

|                                                                                                             |                                                             |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>UFCW 360 SHOP RITE PENSION FUND                                                    | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>UFCW 360 SHOP RITE PENSION FUND | <b>D</b> Employer Identification Number (EIN)<br>26-4416251 |

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

**1a** Enter the valuation date: Month 01 Day 01 Year 2021

**b** Assets

|                                                                                                               |                 |          |
|---------------------------------------------------------------------------------------------------------------|-----------------|----------|
| (1) Current value of assets.....                                                                              | <b>1b(1)</b>    | 23893546 |
| (2) Actuarial value of assets for funding standard account .....                                              | <b>1b(2)</b>    | 22863438 |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                    | <b>1c(1)</b>    | 23908603 |
| (2) Information for plans using spread gain methods:                                                          |                 |          |
| (a) Unfunded liability for methods with bases .....                                                           | <b>1c(2)(a)</b> |          |
| (b) Accrued liability under entry age normal method .....                                                     | <b>1c(2)(b)</b> |          |
| (c) Normal cost under entry age normal method .....                                                           | <b>1c(2)(c)</b> |          |
| (3) Accrued liability under unit credit cost method .....                                                     | <b>1c(3)</b>    | 23908603 |
| <b>d</b> Information on current liabilities of the plan:                                                      |                 |          |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | <b>1d(1)</b>    |          |
| (2) "RPA '94" information:                                                                                    |                 |          |
| (a) Current liability.....                                                                                    | <b>1d(2)(a)</b> | 65648581 |
| (b) Expected increase in current liability due to benefits accruing during the plan year.....                 | <b>1d(2)(b)</b> | 3845850  |
| (c) Expected release from "RPA '94" current liability for the plan year.....                                  | <b>1d(2)(c)</b> |          |
| (3) Expected plan disbursements for the plan year.....                                                        | <b>1d(3)</b>    | 884725   |

**Statement by Enrolled Actuary**

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

|                                                         |                                        |
|---------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                        | 09/14/2022                             |
| Signature of actuary                                    | Date                                   |
| BRYAN MCCORMICK                                         | 20-07345                               |
| Type or print name of actuary                           | Most recent enrollment number          |
| CBIZ RPS                                                | 215-587-0700                           |
| Firm name                                               | Telephone number (including area code) |
| 1845 WALNUT ST, 14TH FLOOR, PHILADELPHIA, PA 19103-4755 |                                        |
| Address of the firm                                     |                                        |

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

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

**Schedule MB (Form 5500) 2021**  
**v. 201209**

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 23893546                     |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 267                               | 8490425                      |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 1031                              | 14855094                     |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits.....                                                                                                 |                                   | 1440779                      |
| <b>(b)</b> Vested benefits.....                                                                                                     |                                   | 40862283                     |
| <b>(c)</b> Total active .....                                                                                                       | 2185                              | 42303062                     |
| <b>(4)</b> Total .....                                                                                                              | 3483                              | 65648581                     |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 36.40 %                      |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/01/2021               | 1809029                           |                                 |                          |                                   |                                 |
| 01/01/2022               | 177413                            |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 | <b>Totals ▶</b>          | <b>3(b)</b>                       | 1986442                         |
|                          |                                   |                                 |                          | <b>3(c)</b>                       |                                 |
|                          |                                   |                                 |                          | <b>3(d)</b>                       | 1                               |

**(d)** Total withdrawal liability amounts included in line 3(b) total

**4** Information on plan status:

|                                                                                                                                                                                                                                                                                                                            |           |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                                                                                                                                                                           | <b>4a</b> | 95.6 %                                                   |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....                                                                                                                                                        | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                                                                                                                                                                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....                                                                                                                                                                                           |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....                                                                                                                                                         | <b>4e</b> |                                                          |
| <b>f</b> If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.<br>If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ..... | <b>4f</b> |                                                          |

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

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

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                               |                                                                                                  |                                           |                                                                                                  |                                         |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability.....                                                   |                                                                                                  |                                           | <b>6a</b>                                                                                        | 2.43 %                                  |
| <b>b</b> Rates specified in insurance or annuity contracts.....                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                         |
| <b>c</b> Mortality table code for valuation purposes:                                                         |                                                                                                  |                                           |                                                                                                  |                                         |
| <b>(1)</b> Males .....                                                                                        | <b>6c(1)</b>                                                                                     | 10                                        | 10                                                                                               |                                         |
| <b>(2)</b> Females .....                                                                                      | <b>6c(2)</b>                                                                                     | 10F                                       | 10F                                                                                              |                                         |
| <b>d</b> Valuation liability interest rate .....                                                              | <b>6d</b>                                                                                        | 7.50 %                                    | 7.50 %                                                                                           |                                         |
| <b>e</b> Expense loading .....                                                                                | <b>6e</b>                                                                                        | 34.2 % <input type="checkbox"/> N/A       | %                                                                                                | <input checked="" type="checkbox"/> N/A |
| <b>f</b> Salary scale .....                                                                                   | <b>6f</b>                                                                                        | % <input checked="" type="checkbox"/> N/A |                                                                                                  |                                         |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date ..... | <b>6g</b>                                                                                        | 8.9 %                                     |                                                                                                  |                                         |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....   | <b>6h</b>                                                                                        | 11.2 %                                    |                                                                                                  |                                         |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -129264             | -13622                         |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

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

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

|                                                                                                                         |                     |         |
|-------------------------------------------------------------------------------------------------------------------------|---------------------|---------|
| <b>a</b> Prior year funding deficiency, if any .....                                                                    | <b>9a</b>           |         |
| <b>b</b> Employer's normal cost for plan year as of valuation date.....                                                 | <b>9b</b>           | 1528542 |
| <b>c</b> Amortization charges as of valuation date:                                                                     | Outstanding balance |         |
| <b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended ..... | <b>9c(1)</b>        | 2813840 |
| <b>(2)</b> Funding waivers .....                                                                                        | <b>9c(2)</b>        |         |
| <b>(3)</b> Certain bases for which the amortization period has been extended .....                                      | <b>9c(3)</b>        |         |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....                                                            | <b>9d</b>           | 148011  |
| <b>e</b> Total charges. Add lines 9a through 9d.....                                                                    | <b>9e</b>           | 2121488 |

**Credits to funding standard account:**

|                                                                                             |                     |          |
|---------------------------------------------------------------------------------------------|---------------------|----------|
| <b>f</b> Prior year credit balance, if any.....                                             | <b>9f</b>           | 665957   |
| <b>g</b> Employer contributions. Total from column (b) of line 3.....                       | <b>9g</b>           | 1986442  |
|                                                                                             | Outstanding balance |          |
| <b>h</b> Amortization credits as of valuation date.....                                     | <b>9h</b>           | 1102718  |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....            | <b>9i</b>           | 128021   |
| <b>j</b> Full funding limitation (FFL) and credits:                                         |                     |          |
| <b>(1)</b> ERISA FFL (accrued liability FFL).....                                           | <b>9j(1)</b>        | 3482639  |
| <b>(2)</b> "RPA '94" override (90% current liability FFL) .....                             | <b>9j(2)</b>        | 40017860 |
| <b>(3)</b> FFL credit .....                                                                 | <b>9j(3)</b>        |          |
| <b>k</b> <b>(1)</b> Waived funding deficiency .....                                         | <b>9k(1)</b>        |          |
| <b>(2)</b> Other credits .....                                                              | <b>9k(2)</b>        |          |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....              | <b>9l</b>           | 2925808  |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....     | <b>9m</b>           | 804320   |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference ..... | <b>9n</b>           |          |

**9 o** Current year's accumulated reconciliation account:

|                                                                                                                        |                 |  |
|------------------------------------------------------------------------------------------------------------------------|-----------------|--|
| <b>(1)</b> Due to waived funding deficiency accumulated prior to the 2021 plan year .....                              | <b>9o(1)</b>    |  |
| <b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: |                 |  |
| <b>(a)</b> Reconciliation outstanding balance as of valuation date .....                                               | <b>9o(2)(a)</b> |  |
| <b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....                                        | <b>9o(2)(b)</b> |  |
| <b>(3)</b> Total as of valuation date .....                                                                            | <b>9o(3)</b>    |  |

|                                                                                                        |           |   |
|--------------------------------------------------------------------------------------------------------|-----------|---|
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) ..... | <b>10</b> | 0 |
|--------------------------------------------------------------------------------------------------------|-----------|---|

|                                                                                                                          |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                  |                                                             |     |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021       |                                                             |     |
| <b>A</b> Name of plan<br>UFCW 360 SHOP RITE PENSION FUND                                         | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                  |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>UFCW 360 SHOP RITE PENSION FUND | <b>D</b> Employer Identification Number (EIN)<br>26-4416251 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| THE VANGUARD GROUP                                                                                                |
| 23-1945930                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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**(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)

ZENITH AMERICAN

52-1590516

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50                  | NONE                                                                                              | 170520                                                                 | 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)

BARATZ & ASSOCIATES, P.A.

22-2212404

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 41250                                                                  | 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)

CBIZ INC

31-1582098

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 31610                                                                  | 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)

SPEAR WILDERMAN, PC

23-2331913

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 12583                                                                  | 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)

MORGAN STANLEY SMITH BARNEY

13-2919773

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | NONE                                                                                              | 10000                                                                  | 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)

CHEVY CHASE TRUST CO

52-2037618

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 26543                                                                  | 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"/>                                     |

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



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

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

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

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning <span style="color: blue;">01/01/2021</span> and ending <span style="color: blue;">12/31/2021</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">UFCW 360 SHOP RITE PENSION FUND</span>                                                                     | <b>B</b> Three-digit plan number (PN) <span style="color: blue;">►</span>                     | <span style="color: blue;">001</span> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">UFCW 360 SHOP RITE PENSION FUND</span>                             | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">26-4416251</span> |                                       |

|        |                               |
|--------|-------------------------------|
| Part I | Asset and Liability Statement |
|--------|-------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 763031                | 482117          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 157135                | 177413          |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 330                   | 335             |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 1841858               | 2637722         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 21174929              | 24808750        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 23937283              | 28106337        |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 43737 | 57888 |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |       |       |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |       |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 43737 | 57888 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 23893546 | 28048449 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1986442    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1986442   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            |           |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 386593     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 386593    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 295869    |
| (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) |            | 2697228   |
| c Other income.....                                                                            | 2c     |            | 3457      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 5369589   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 786914     |           |
| (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)  |            | 786914    |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 85443      |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 170520     |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 36543      |           |
| (4) Other.....                                                                                 | 2i(4)  | 135266     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 427772    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 1214686   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 4154903   |
| 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: **BARATZ & ASSOCIATES, P.A.**

(2) EIN: **22-2212404**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) ..... |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>c</b> 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.) .....                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>d</b> 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.) .....                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>g</b> 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? .....                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>h</b> 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? .....                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |        |
| <b>j</b> 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.) .....                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>n</b> 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. ....                                                                                                                         |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |        |

**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 448318.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                  |                                                             |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>UFCW 360 SHOP RITE PENSION FUND                                         | <b>B</b> Three-digit plan number (PN) ▶<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>UFCW 360 SHOP RITE PENSION FUND | <b>D</b> Employer Identification Number (EIN)<br>26-4416251 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                                                                |          |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                          | <b>1</b> |   |
| <b>2</b> 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):<br><br>EIN(s): _____<br><br>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                               | <b>3</b> | 0 |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                                        |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                                        |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                                        |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer **ZALLIE-SOMERSET STORES**

**b** EIN **22-1995811**

**c** Dollar amount contributed by employer **1148999**

**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 **08** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer **RAVITZ SHOPRITES**

**b** EIN **23-1862359**

**c** Dollar amount contributed by employer **471847**

**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 **08** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer **EICKHOFF SUPERMARKETS**

**b** EIN **25-1351148**

**c** Dollar amount contributed by employer **333363**

**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 **08** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

0

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

0

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

0

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:

Stock: 63.0 % Investment-Grade Debt: 27.3 % High-Yield Debt: \_\_\_\_\_ % Real Estate: 9.7 % Other: \_\_\_\_\_ %

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_

**UFCW 360 SHOP RITE PENSION**  
**Financial Statements**  
**and**  
**Supplementary Information**  
**For the Years Ended**  
**December 31, 2021 and 2020**

**UFCW Local 360 Shop Rite Pension Fund  
For the Years Ended December 31, 2021 and 2020**

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To the Trustees of  
UFCW 360 Shop Rite Pension Fund  
Wilmington, DE

## **Opinion**

We have audited the accompanying financial statements of the United Food and Commercial Workers Local 360 Shop Rite Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the United Food and Commercial Workers Local 360 Shop Rite Pension Fund as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 United Food and Commercial Workers Local 360 Shop Rite Pension Fund, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the United Food and Commercial Workers Local 360 Shop Rite Pension Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 United Food and Commercial Workers Local 360 Shop Rite Pension Fund'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 United Food and Commercial Workers Local 360 Shop Rite Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

#### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes at year end is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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



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

*Baratz & Associates, P.A.*

Baratz & Associates, P.A.  
Marlton, NJ

August 16, 2022

**United Food and Commercial Workers Union  
Local 360 Shop Rite Pension Fund  
Statements of Net Assets Available For Benefits  
December 31, 2021 and 2020**

|                                               | <u><b>2021</b></u>          | <u><b>2020</b></u>          |
|-----------------------------------------------|-----------------------------|-----------------------------|
| <b>Assets</b>                                 |                             |                             |
| Cash                                          | \$ 482,117                  | \$ 763,031                  |
| Investments                                   | 27,446,807                  | 23,017,117                  |
| Contributions receivable                      | <u>177,413</u>              | <u>157,135</u>              |
| <b>Total Assets</b>                           | 28,106,337                  | 23,937,283                  |
| <b>Liabilities</b>                            |                             |                             |
| Accounts payable                              | <u>57,888</u>               | <u>43,737</u>               |
| <b>Net Assets Available for Plan Benefits</b> | \$ <u><u>28,048,449</u></u> | \$ <u><u>23,893,546</u></u> |

**United Food and Commercial Workers Union  
Local 360 Shop Rite Pension Fund  
Statements of Changes in Net Assets Available For Benefits  
For the Years Ended December 31, 2021 and 2020**

|                                                             | <u><b>2021</b></u>          | <u><b>2020</b></u>          |
|-------------------------------------------------------------|-----------------------------|-----------------------------|
| <b>Additions to Net Assets Attributed To:</b>               |                             |                             |
| Employer contributions                                      | \$ <u>1,986,442</u>         | \$ <u>1,896,150</u>         |
| Investment Income                                           |                             |                             |
| Net appreciation (depreciation) in fair market value        | 2,993,091                   | 2,018,321                   |
| Interest and dividends                                      | 390,056                     | 374,681                     |
| Less: Investment expenses                                   | <u>(26,543)</u>             | <u>(22,849)</u>             |
| Net Investment Income                                       | <u>3,356,604</u>            | <u>2,370,153</u>            |
| Total Additions to Net Assets                               | <u>5,343,046</u>            | <u>4,266,303</u>            |
| <b>Deductions From Net Assets Attributed To:</b>            |                             |                             |
| Benefits paid directly to participants                      | 786,914                     | 587,598                     |
| Administrative expenses                                     |                             |                             |
| Actuarial and consultants fees                              | 31,610                      | 44,470                      |
| Audit fees                                                  | 17,750                      | 17,000                      |
| Insurance                                                   | 118,471                     | 117,705                     |
| Investment consulting fees                                  | 10,000                      | 10,000                      |
| Legal                                                       | 12,583                      | 5,852                       |
| Administrative Fees                                         | 170,520                     | 163,956                     |
| Payroll audits                                              | 23,500                      | 6,550                       |
| Office expenses                                             | <u>16,795</u>               | <u>23,222</u>               |
| Total Administrative Expenses                               | <u>401,229</u>              | <u>388,755</u>              |
| Total Deductions                                            | <u>1,188,143</u>            | <u>976,353</u>              |
| <b>Net Increase in Net Assets</b>                           | 4,154,903                   | 3,289,950                   |
| <b>Net Assets Available for Benefits, Beginning of Year</b> | <u>23,893,546</u>           | <u>20,603,596</u>           |
| <b>Net Assets Available for Benefits, End of Year</b>       | \$ <u><u>28,048,449</u></u> | \$ <u><u>23,893,546</u></u> |

**United Food and Commercial Workers Union**  
**Local 360 Shop Rite Pension Fund**  
**Notes to the Financial Statements**  
**December 31, 2021 and 2020**

**A. Description of The Plan**

The UFCW 360 Shop Rite Pension Plan, formerly The UFCW 1360 Shop Rite Pension Fund (“The Plan or Fund”) was established under the provisions of the agreement and declaration of trusts as of January 1, 2009 among UFCW Local 360 and contributing employers to provide retirement benefits to eligible participants of the Fund. The following brief description of 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.

*1. General*

The Plan is a defined benefit plan covering eligible members of UFCW Local 360, under the employment of Southern New Jersey area Shop Rites. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

*2. Funding*

The Plan’s primary sources of income are from investment earnings and employer contributions. Employers remit contributions on behalf of all eligible employees working under a collective bargaining agreement between UFCW Local 360 and contributing employers.

*3. Vesting*

A participant shall have a 100% vested interest in his accrued pension benefit upon his completion of 5 years of vesting service. A participant who has attained his normal retirement age while employed by an employer shall also become 100% vested in his accrued pension benefit, regardless of his years of vesting service. Credit for vesting service shall be determined as follows:

- a. Full-time employees shall be credited with one year of vesting service for each plan year which they have at least 1,000 hours of service.
- b. Part-time employees shall be credited with one year of vesting service for each plan year they have at least 500 hours of service.
- c. Any participant who was an active participant in the UFCW Tri-State Pension Plan on November 30, 2008 and who became a participant in this plan effective January 1, 2009 shall be credited with each year of vesting service he earned under the UFCW Tri-State Pension Plan.

*4. Normal Retirement Benefit*

A participant upon retirement at his normal retirement date shall receive a monthly benefit payable at his normal retirement date. The amount of such benefit shall be determined as follows, for all vested participants up until December 31, 2018:

- a. Full-time Employees:
  1. Forty dollars times his years of benefit service up to 30 years and
  2. Fifty dollars times his years of benefit service after 30 years.
- b. Part-Time Employees:
  1. Twenty dollars times his years of benefit service up to 30 years and
  2. Twenty-five dollars times his years of benefit service after 30 years.

**United Food and Commercial Workers Union  
Local 360 Shop Rite Pension Fund  
Notes to the Financial Statements  
December 31, 2021 and 2020**

**A. Description of The Plan (Continued)**

Effective January 1, 2019, the Fund has adopted a change in the basis of benefit accruals to a Hybrid plan design formula. Starting January 1, 2019, the accrual rate will be \$35 for full time participants and \$17.50 for part-time participants. Each year the accrual rate will change based on the change in the Geometric Average Investment Return for the three previous years. Participants with over 31 years of service will have an accrual rate equal to 125% of the accrual rate in effect, each year.

The Plan provides for an optional lump sum form of payment. If the vested actuarial equivalent lump sum value of the participant's accrued benefit is equal to or less than \$5,000, at their annuity starting date, distribution may be made in the form of a single lump sum payment.

*5. Early Retirement Benefit*

A participant who is eligible for early retirement under the plan and elects to retire shall be entitled to a reduced pension benefit. Under the plan a participant is eligible for an early retirement pension benefit if the participant has attained age 55 and has at least 10 years of vesting service.

Also, a participant who has at least ten years of vesting service upon termination of employment and who is fully vested in his accrued pension benefit will, if he elects, commence to receive a pension benefit as determined in accordance with the plan, upon satisfaction of the age requirement.

*6. Death Benefit*

The plan includes a death benefit for eligible participants. The beneficiaries of full-time employees who have completed at least ten years of vesting service are entitled to a death benefit of \$2,000. The beneficiary of a pensioner who has completed less than ten years of vesting service as a full-time employee or who retires as a part time employee, and who has completed a total of at least ten years of full-time employee vesting service and part time employee vesting service are entitled to a death benefit of \$1,000.

**B. Summary of Significant Accounting Policies**

*Basis of Accounting*

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

*Use of Estimates*

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

*Contributions*

Employer contributions are made in accordance with the collective bargaining agreements or subsequent amendments between the employers and the Union. These contributions are recognized as an addition to net assets in the month they become due.

The Fund has met the minimum required contributions for both years ended December 31, 2021 and 2020.

**United Food and Commercial Workers Union  
Local 360 Shop Rite Pension Fund  
Notes to the Financial Statements  
December 31, 2021 and 2020**

**B. Summary of Significant Accounting Policies (Continued)**

*Employer Contributions Receivable*

Employers' contributions receivable represents amounts due as of December 31, 2021 and 2020 under the terms of the collective bargaining agreement in effect. The trustees evaluate contributions receivable at the end of the year. No provision has been made for bad debts, as management believes all amounts will be collected.

*Date of Management's Review*

Subsequent events were evaluated September 16, 2022 which is the date the financial statements were available to be issued.

*Investment Valuation and Income Recognition*

The Plan's investments are reported 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 includes the plan's gains and losses on investments bought and sold, as well as, held during the year.

*Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

*Concentrations*

The Fund maintains cash in demand deposit accounts with federally insured banks. At times, the balances in these accounts may be in excess of federally insured limits.

Three employers make up 99% of the employer contributions included on the statements of changes in net assets available for benefits for the year ended December 31, 2021 and four employers made up 100% of the employer contributions for the year ended December 31, 2020. Those same employers accounted for 91% and 100% of the contributions receivable included in the statements of net assets available for benefits for the years ended December 31, 2021 and 2020.

Investments that represent 10% or more of total plan assets are separately identified below:

|                                          | <u>2021</u>  | <u>2020</u>  |
|------------------------------------------|--------------|--------------|
| Vanguard Total Bond Market Index         | \$ 3,787,464 | \$ 3,851,676 |
| Vanguard Total International Stock Index | 2,957,179    | 2,722,376    |
| Vanguard Total Stock Market Index        | 12,614,105   | 10,034,106   |
| Vanguard S/T Govt. Bond Index            | 3,724,952    | 3,199,054    |

**United Food and Commercial Workers Union  
Local 360 Shop Rite Pension Fund  
Notes to the Financial Statements  
December 31, 2021 and 2020**

**B. Summary of Significant Accounting Policies (Continued)**

*Uncertain Tax Positions*

The Fund accounts for uncertain tax positions in accordance with certain provisions of FASB ASC 740, "Income Taxes," which provides a framework for how companies should recognize, measure, present, and disclose uncertain tax positions in their financial statements. Under FASB ASC 740, the Fund may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. The tax benefits recognized in the financial statements from such position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement.

The Fund did not record any unrecognized tax benefits for the years ended December 31, 2021 and 2020. Therefore, FASB ASC 740 had no impact on the 2021 and 2020 financial statements. The Fund anticipates that it will not have a change in unrecognized tax benefits during the next twelve months that would have a material impact on the Fund's financial statements. The Fund's policy is to recognize interest and penalties related to income taxes as a component of interest and penalty expense. As of and for the years ended December 31, 2021 and 2020, the Fund did not record any penalties or interest associated with unrecognized tax benefits. The Fund's prior three years are open and subject to examination by the IRS.

**C. Fair Value Measurements**

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

**United Food and Commercial Workers Union  
Local 360 Shop Rite Pension Fund  
Notes to the Financial Statements  
December 31, 2021 and 2020**

**C. Fair Value Measurements (Continued)**

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Level 2 | <p>Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:</p> <ul style="list-style-type: none"> <li>a. Quoted prices for similar assets or liabilities in active markets</li> <li>b. Quoted prices for identical or similar assets or liabilities in inactive markets</li> <li>c. Inputs other than quoted prices that are observable for the asset or liability</li> <li>d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li> </ul> <p>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.</p> |
| Level 3 | Inputs that are unobservable inputs for the asset or liability.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual funds are 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 and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The ASB Allegiance Real Estate Fund uses independent appraisers to determine value. The independent appraisers will perform annual appraisals of the Fund's real estate investments which are updated on a quarterly basis by different independent appraisers. The Fund has created an appraisal committee to oversee the valuation process, which is composed of the senior management of the Investment Advisor and its affiliates. It performs various procedures to evaluate the appropriateness of the fair values provided by the third-party appraisers. These procedures include obtaining a detailed understanding of the models, inputs, and assumptions used in developing prices provided by the appraisers.

**United Food and Commercial Workers Union  
Local 360 Shop Rite Pension Fund  
Notes to the Financial Statements  
December 31, 2021 and 2020**

**C. Fair Value Measurements (Continued)**

Fair Value Measurements at December 31, 2021:

|                                |                      | <b>Quoted Prices<br/>in Active<br/>Markets for<br/>Identical<br/>Assets<br/>(Level 1)</b> | <b>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</b> | <b>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</b> |
|--------------------------------|----------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|
|                                | <b>Fair Value</b>    |                                                                                           |                                                                      |                                                              |
| Mutual Funds                   | \$ 24,808,750        | \$ 24,808,750                                                                             | \$ -                                                                 | \$ -                                                         |
| Cash                           | 335                  | 335                                                                                       | -                                                                    | -                                                            |
|                                | <u>24,809,085</u>    | <u>\$ 24,809,085</u>                                                                      | <u>\$ -</u>                                                          | <u>\$ -</u>                                                  |
| Investments at Net Asset Value |                      |                                                                                           |                                                                      |                                                              |
| Common/Collective Trust        | 2,637,722            |                                                                                           |                                                                      |                                                              |
| Total Investments              | <u>\$ 27,446,807</u> |                                                                                           |                                                                      |                                                              |

Fair Value Measurements at December 31, 2020:

|                                |                      | <b>Quoted Prices<br/>in Active<br/>Markets for<br/>Identical<br/>Assets<br/>(Level 1)</b> | <b>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</b> | <b>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</b> |
|--------------------------------|----------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|
|                                | <b>Fair Value</b>    |                                                                                           |                                                                      |                                                              |
| Mutual Funds                   | \$ 21,174,929        | \$ 21,174,929                                                                             | \$ -                                                                 | \$ -                                                         |
| Cash                           | 330                  | 330                                                                                       | -                                                                    | -                                                            |
|                                | <u>21,175,259</u>    | <u>\$ 21,175,259</u>                                                                      | <u>\$ -</u>                                                          | <u>\$ -</u>                                                  |
| Investments at Net Asset Value |                      |                                                                                           |                                                                      |                                                              |
| Common/Collective Trust        | 1,841,858            |                                                                                           |                                                                      |                                                              |
| Total Investments              | <u>\$ 23,017,117</u> |                                                                                           |                                                                      |                                                              |

*Investments Value at Net Asset Value*

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

**D. Investments**

For the year ended December 31, 2021 and 2020, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$2,993,091 and \$2,018,321.

**United Food and Commercial Workers Union  
Local 360 Shop Rite Pension Fund  
Notes to the Financial Statements  
December 31, 2021 and 2020**

**D. Investments (Continued)**

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2021 and 2020, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

| <u>December 31, 2021</u>        | <u>Fair Value</u> | <u>Unfunded<br/>Commitments</u> | <u>Redemption<br/>Frequency (If<br/>Currently<br/>Eligible)</u> | <u>Redemption<br/>Notice<br/>Period</u> |
|---------------------------------|-------------------|---------------------------------|-----------------------------------------------------------------|-----------------------------------------|
| ASB Allegiance Real Estate Fund | \$2,637,722       | n/a                             | Quarterly                                                       | 60 Days                                 |
| <u>December 31, 2020</u>        | <u>Fair Value</u> | <u>Unfunded<br/>Commitments</u> | <u>Redemption<br/>Frequency (If<br/>Currently<br/>Eligible)</u> | <u>Redemption<br/>Notice<br/>Period</u> |
| ASB Allegiance Real Estate Fund | \$1,841,858       | n/a                             | Quarterly                                                       | 60 Days                                 |

*Investment objectives*

*ASB Allegiance Real Estate Fund*

To provide real estate and/or real estate related investment opportunities to eligible participants that provide a competitive market rate of return, stable and reasonably predictable income, increasing cash flows, potential for appreciation in value, a hedge against inflation and portfolio diversification. The Trust strives to maintain diversification by geographic location and by property type (examples of property types considered for investment include: office, research and development, residential, industrial warehouse/distribution, retail and hotel properties). The Trust's investment policy shall be set by the Board of Directors of the Trustee ("Board of Directors") or the Management Committee of the Trustee "Management Committee") and may be modified from time to time by either entity.

**E. Actuarial Valuation**

The accumulated plan benefits for participants will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances-retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered thru the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts and interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**United Food and Commercial Workers Union  
Local 360 Shop Rite Pension Fund  
Notes to the Financial Statements  
December 31, 2021 and 2020**

**E. Actuarial Valuation (Continued)**

The actuarial valuation was performed by CBIZ Retirement Plan Services as of January 1, 2021. The following results were extracted from the report dated February 25, 2022. For more complete information, refer to the complete actuarial valuation.

**Statement of Accumulated Plan Benefits**

*Actuarial Present Value of Accumulated Plan Benefits*

|                                                                              | <u>1/1/2021</u>      | <u>1/1/2020</u>      |
|------------------------------------------------------------------------------|----------------------|----------------------|
| Vested Benefits:                                                             |                      |                      |
| Participants Currently Receiving Payments                                    | \$ 5,278,664         | \$ 4,294,805         |
| Other Participants                                                           | 17,783,031           | 16,152,982           |
| Non-vested Benefits                                                          | <u>846,908</u>       | <u>1,013,700</u>     |
| Total Actuarial Present Value of<br>Accumulated Plan Benefits at End of Year | \$ <u>23,908,603</u> | \$ <u>21,461,487</u> |

**Statement of Changes in Accumulated Plan Benefits**

|                                                                              | <u>1/1/2021</u>             | <u>1/1/2020</u>             |
|------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| Actuarial Present Value of Accumulated Plan<br>Benefits at Beginning of Year | \$ <u>21,461,487</u>        | \$ <u>18,981,393</u>        |
| Increase (Decrease) During the Year<br>Attributable to:                      |                             |                             |
| Benefits Accumulated                                                         | 1,447,137                   | 1,513,099                   |
| Benefits paid                                                                | (587,598)                   | (444,379)                   |
| Change in assumptions                                                        | -                           | 4,434                       |
| Increase for interest due to the decrease<br>in the discount period          | <u>1,587,577</u>            | <u>1,406,940</u>            |
| Total Increase                                                               | <u>2,447,116</u>            | <u>2,480,094</u>            |
| Total Actuarial Present Value of<br>Accumulated Plan Benefits at End of Year | \$ <u><u>23,908,603</u></u> | \$ <u><u>21,461,487</u></u> |

**United Food and Commercial Workers Union  
Local 360 Shop Rite Pension Fund  
Notes to the Financial Statements  
December 31, 2021 and 2020**

**E. Actuarial Valuation (Continued)**

*Significant Actuarial Assumptions*

Investment return:  
7.5% per year compounded annually.

Mortality:  
Healthy Life Mortality: RP-2000 Combined Mortality Table

Disable Life Mortality: 1974 PBGC Mortality Table for disabled lives receiving Social Security disability benefits payments.

Current Liability Mortality: IRS 2020 Static Mortality Table

Actuarial Valuation Method:  
The Unit Credit Cost Method was used to determine the costs of retirement, termination, death and disability benefits.

Changes in Actuarial Assumptions:  
The RPA 1994 current liability interest rate was changed from 2.95% to 2.43%.

**F. Risks 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 risk 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 those changes could materially affect the amounts reported in the statement of net assets available for benefits. The Trustees have diversified the investment portfolio to reduce investment risk.

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

**G. Tax Status**

The Plan obtained its latest determination letter on July 24, 2015, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

**H. Party In Interest Transactions**

The Plan has multiple arrangements with service providers. The Plan pays administrative expenses that consist of administrative fees paid to a third-party administrator and other professional service providers. These transactions are considered party in interest transactions under ERISA.

**United Food and Commercial Workers Union**  
**Local 360 Shop Rite Pension Fund**  
**Notes to the Financial Statements**  
**December 31, 2021 and 2020**

**I. Plan Termination**

The Trustees shall have the right to discontinue or terminate this Plan in whole or in part. In the event of a termination of this Plan the rights of all affected participants to benefits accrued to the date of termination, partial termination, or discontinuance to the extent funded as of such date shall not be able to be forfeited. Upon termination of the Plan, the Trustees shall take such steps as they deem necessary or desirable to comply with ERISA.

If the Plan were to be terminated, benefits to be provided from the Plan would be limited to those which could be provided by the available assets of the Plan, as allocated in accordance with federal law, and by insurance (within certain limits) from the Pension Benefit Guaranty Corporation, as set forth below.

Pension benefits under this multiemployer plan are insured by the Pension Benefit Guaranty Corporation (PBGC), a federal insurance agency. A multiemployer plan is a collective bargained pension arrangement involving two or more unrelated employers, usually in a common industry. Under the multiemployer plan program, the PBGC provides financial assistance through loans to plans that are insolvent. A multiemployer plan is considered insolvent if the Plan is unable to pay benefits (at least equal to the PBGC's guaranteed benefit limit) when due. The PBGC guarantee generally covers: (1) normal and early retirement benefits; (2) disability benefits if you become disabled before the Plan becomes insolvent; and (3) certain benefits for your survivors.

The PBGC guarantee generally does not cover: (1) benefits greater than the maximum guaranteed amount set by law; (2) benefit increases and new benefits based on plan provisions that have been in place for fewer than 5 years at the earlier of: (i) the date the Plan terminates or (ii) the time the Plan becomes insolvent; (3) benefits that are not vested because you have not worked long enough; (4) benefits for which you have not met all of the requirements at the time the Plan becomes insolvent; and (5) non-pension benefits, such as health insurance, life insurance, certain death benefits, vacation pay and severance pay. The maximum benefit that the PBGC guarantees is adjusted periodically, based on the amount of an individual's monthly benefit that PBGC guarantees.

For more information about the PBGC and the benefits it guarantees, ask your plan administrator or contact the PBGC's Technical Assistance Division, 1200 K Street, NW, Suite 930, Washington, DC 20005-4026 or call 202-326-4000 (not a toll free number). TTY/TDD users may call the federal relay service toll-free at 1-800-877-8339 and ask to be connected to 202-326-4000. Additional information about the PBGC's pension insurance program is available through the PBGC's website on the internet at <http://www.pbgc.gov>

**J. Reclassification**

Certain 2020 amounts have been reclassified to conform with the 2021 financial statement presentation.

## Supplementary Information

UFCW Local 360 Shop Rite Pension Fund  
 EIN 26-4416251 PLAN 001  
 Schedule H, line 4i  
 Schedule of Assets Held at End of Year  
 December 31, 2021

| (A) | (B)                                                   | (C)                                                                                                     | (D)           | (E)           |
|-----|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------|---------------|
| *   | Identity of issue, Borrower, Lessor, or Similar Party | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost          | Current Value |
|     | ASB Allegiance Real Estate Fund                       | Interest Bearing Cash                                                                                   | \$ 335        | \$ 335        |
|     | ASB Allegiance Real Estate Fund                       | Common Collective Trust                                                                                 | 1,215,330     | \$ 2,637,722  |
|     | Vanguard Total Bond Index Fd                          | Mutual Fund                                                                                             | 3,111,460     | 3,787,464     |
|     | Vanguard Total Stock Market Index Fd                  | Mutual Fund                                                                                             | 7,813,296     | 12,614,105    |
|     | Vanguard Total International Stock Index Fd           | Mutual Fund                                                                                             | 2,446,439     | 2,957,179     |
|     | Vanguard High Dividend Yield Index Fd                 | Mutual Fund                                                                                             | 1,352,345     | 1,725,050     |
|     | Vanguard ST Treasury Index Fd                         | Mutual Fund                                                                                             | 3,103,294     | 3,724,952     |
|     |                                                       | Total Current Value of Investments                                                                      | \$ 19,042,499 | \$ 27,446,807 |

UFCW 360 SHOP RITE PENSION FUND

FORM 5500, SCH. R ATTACHMENT-LINE 13E-INFORMATION ON CONTRIBUTIONS AND BASE UNITS

12/31/2021

| EICKHOFF SUPERMARKETS         |           |           | BASE UNIT |
|-------------------------------|-----------|-----------|-----------|
| EIN: 25-1351148               | FULL-TIME | PART-TIME | MEASURE   |
| LESS THAN 4 YEARS OF SERVICE  | 47.56     | 20.55     | MONTHLY   |
| BETWEEN 4-10 YEARS OF SERVICE | 114.49    | 42.86     | MONTHLY   |
| OVER 10 YEARS OF SERVICE      | 196.68    | 82.79     | MONTHLY   |

| RAVITZ SHOP RITES             |           |           | BASE UNIT |
|-------------------------------|-----------|-----------|-----------|
| EIN: 23-1862359               | FULL-TIME | PART-TIME | MEASURE   |
| LESS THAN 4 YEARS OF SERVICE  | 47.56     | 20.55     | MONTHLY   |
| BETWEEN 4-10 YEARS OF SERVICE | 114.49    | 42.86     | MONTHLY   |
| OVER 10 YEARS OF SERVICE      | 196.68    | 82.79     | MONTHLY   |

| ZALLIE-SOMERSET STORES (T/A BERAT CORP) |           |           | BASE UNIT |
|-----------------------------------------|-----------|-----------|-----------|
| EIN: 22-1995811                         | FULL-TIME | PART-TIME | MEASURE   |
| LESS THAN 4 YEARS OF SERVICE            | 47.56     | 20.55     | MONTHLY   |
| BETWEEN 4-10 YEARS OF SERVICE           | 114.49    | 42.86     | MONTHLY   |
| OVER 10 YEARS OF SERVICE                | 196.68    | 82.79     | MONTHLY   |

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

|                                              | Attained  | Years of Credited Service |     |     |       |       |       |       |       |       |           | Total<br>Number |
|----------------------------------------------|-----------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-----------------|
|                                              | Age       | Under 1                   | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |                 |
| Average Age:<br>2021: 42.53<br>2020: 43.24   | Under 25  | 62                        | 251 | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 313             |
|                                              | 25-29     | 22                        | 159 | 101 | 14    | 0     | 0     | 0     | 0     | 0     | 0         | 296             |
| Average Service:<br>2021: 6.51<br>2020: 6.25 | 30-34     | 9                         | 63  | 61  | 89    | 0     | 0     | 0     | 0     | 0     | 0         | 222             |
|                                              | 35-39     | 13                        | 47  | 29  | 70    | 0     | 0     | 0     | 0     | 0     | 0         | 159             |
| # of Males:<br>1,153                         | 40-44     | 10                        | 46  | 21  | 87    | 0     | 0     | 0     | 0     | 0     | 0         | 164             |
|                                              | 45-49     | 6                         | 40  | 21  | 98    | 0     | 0     | 0     | 0     | 0     | 0         | 165             |
| # of Females:<br>1,032                       | 50-54     | 19                        | 52  | 34  | 107   | 0     | 0     | 0     | 0     | 0     | 0         | 212             |
|                                              | 55-59     | 10                        | 60  | 56  | 123   | 0     | 0     | 0     | 0     | 0     | 0         | 249             |
|                                              | 60-64     | 8                         | 65  | 39  | 122   | 0     | 0     | 0     | 0     | 0     | 0         | 234             |
|                                              | 65-69     | 9                         | 26  | 25  | 55    | 0     | 0     | 0     | 0     | 0     | 0         | 115             |
|                                              | 70 & Over | 5                         | 23  | 16  | 12    | 0     | 0     | 0     | 0     | 0     | 0         | 56              |
|                                              | Total     | 173                       | 832 | 403 | 777   | 0     | 0     | 0     | 0     | 0     | 0         | 2,185           |

**UFCW 360 Shop Rite Pension Fund**  
**EIN: 26-4416251 PN: 001**  
**Attachment to the 2021 Form 5500 Schedule MB**

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

The Pension Protection Act of 2006 actuarial certification provision does not apply to this Fund since the Fund was not “a multiemployer plan in effect on July 16, 2006” as stated in IRC section 432(a) and further discussed in Proposed Treasury Reg.1.432b-1(a).

**UFCW 360 Shop Rite Pension Fund**  
**EIN: 26-4416251   PN: 001**  
**Attachment to the 2021 Form 5500 Schedule MB**

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**Schedule MB, line 11 - Justification for Change in Actuarial Assumptions**

For purposes of determining current liability, the current liability interest rate was changed due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirement of IRC Section 431(c)(6)(E), and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

The following are the justifications for the actuarial assumptions changed as of January 1, 2021:

- The RPA '94 Current Liability Interest Rate was changed from 2.95% to 2.43%, and the mortality table was changed from the 2020 IRS Static table to the 2021 Static table, as mandated by law.

**UFCW 360 Shop Rite Pension Fund**  
**EIN: 26-4416251 PN: 001**  
**Attachment to the 2021 Form 5500 Schedule MB**

**Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases**

|                                          | Date<br>Established | Initial<br>Amount | Initial<br>Amortization<br>Period<br>(Years) | Outstanding<br>Balance | Remaining<br>Amortization<br>Period<br>(Years)* | Amortization<br>Payment as of<br>Beginning of<br>Year |
|------------------------------------------|---------------------|-------------------|----------------------------------------------|------------------------|-------------------------------------------------|-------------------------------------------------------|
|                                          | (1)                 | (2)               | (3)                                          | (4)                    | (5)                                             | (6)                                                   |
| <b>A. Charges</b>                        |                     |                   |                                              |                        |                                                 |                                                       |
| 1. Initial Base                          | 1/1/2009            | \$ 273,392        | N/A                                          | \$ 80,541              | 3.000                                           | \$ 28,810                                             |
| 2. Actuarial Loss                        | 1/1/2010            | 184,682           | 15                                           | 70,070                 | 4.000                                           | 19,461                                                |
| 3. Actuarial Loss                        | 1/1/2011            | 317,980           | 15                                           | 145,744                | 5.000                                           | 33,510                                                |
| 4. Actuarial Loss                        | 1/1/2012            | 453,348           | 15                                           | 241,070                | 6.000                                           | 47,776                                                |
| 5. Actuarial Loss                        | 1/1/2013            | 334,829           | 15                                           | 200,914                | 7.000                                           | 35,286                                                |
| 6. Actuarial Loss                        | 1/1/2014            | 265,259           | 15                                           | 176,014                | 8.000                                           | 27,954                                                |
| 7. Assumption Change                     | 1/1/2015            | 9,646             | 15                                           | 6,970                  | 9.000                                           | 1,016                                                 |
| 8. Actuarial Loss                        | 1/1/2015            | 1,347,604         | 15                                           | 973,843                | 9.000                                           | 142,015                                               |
| 9. Actuarial Loss                        | 1/1/2016            | 155,774           | 15                                           | 121,133                | 10.000                                          | 16,416                                                |
| 10. Actuarial Loss                       | 1/1/2017            | 243,979           | 15                                           | 202,198                | 11.000                                          | 25,712                                                |
| 11. Actuarial Loss                       | 1/1/2019            | 386,421           | 15                                           | 355,722                | 13.000                                          | 40,722                                                |
| 12. Assumption Change                    | 1/1/2020            | 4,434             | 15                                           | 4,265                  | 14.000                                          | 467                                                   |
| 13. Actuarial Loss                       | 1/1/2020            | 244,726           | 15                                           | 235,356                | 14.000                                          | 25,790                                                |
| Total                                    |                     |                   |                                              | \$ 2,813,840           |                                                 | \$ 444,935                                            |
| <b>B. Credits</b>                        |                     |                   |                                              |                        |                                                 |                                                       |
| 1. Assumption Change                     | 1/1/2016            | \$ 1,238,506      | 15                                           | \$ 963,080             | 10.000                                          | \$ 130,518                                            |
| 2. Actuarial Gain                        | 1/1/2018            | 11,840            | 15                                           | 10,374                 | 12.000                                          | 1,248                                                 |
| 3. Actuarial Gain                        | 1/1/2021            | 129,264           | 15                                           | 129,264                | 15.000                                          | 13,622                                                |
| Total                                    |                     |                   |                                              | \$ 1,102,718           |                                                 | \$ 145,388                                            |
| <b>C. Net (A - B)</b>                    |                     |                   |                                              | \$ 1,711,122           |                                                 | \$ 299,547                                            |
| <b>D. Balance Test</b>                   |                     |                   |                                              |                        |                                                 |                                                       |
| 1. Credit balance / (funding deficiency) |                     |                   |                                              | \$ 665,957             |                                                 |                                                       |
| 2. Balance test: [C - D(1)]              |                     |                   |                                              | \$ 1,045,165           |                                                 |                                                       |
| 3. Unfunded accrued liability            |                     |                   |                                              | \$ 1,045,165           |                                                 |                                                       |

**UFCW 360 Shop Rite Pension Fund**  
**EIN: 26-4416251 PN: 001**  
**Attachment to the 2021 Form 5500 Schedule MB**

## Schedule MB, line 6 - Summary of Plan Provisions

### Employee Participation

Every Full-Time and Part-Time Employee who was an active participant under the UFCW Tri-State Pension Plan on November 30, 2008 became a participant on January 1, 2009. Every other Full-Time and Part-Time employee becomes a participant on the later of (i) the day he completes one Year of Vesting Service or (ii) the day he attains age 21.

### Accrual Rates

Effective January 1, 2009 through December 31, 2018, Participants accrue benefits as follows:

| Full-Time Participants | Part-Time Participants |
|------------------------|------------------------|
| \$40.00*               | \$20.00**              |

\* \$50.00 with 30 years total Benefit Service, including service under the UFCW Tri-State Pension Plan.

\*\* \$25.00 with 30 years total Benefit Service, including service under the UFCW Tri-

Only Benefit Service earned on or after December 1, 2008 is used in the calculation of a member's Accrued Benefit. Benefit Service earned before December 1, 2008 is only used in determining eligibility for Accrual Rates.

Effective January 1, 2019, Participants will accrue benefits under a hybrid plan design in which Accrual Rates will be adjusted based on the Accrual Rate in effect for the prior year in accordance with the following table:

| Geometric Average Investment Return |                  |                                                               |
|-------------------------------------|------------------|---------------------------------------------------------------|
| Is Not Less Than                    | And Is Less Than | Change in Accrual Rate for Full-Time (Part-Time) Participants |
| (∞)                                 | -5.00%           | Prior Year's Accrual Rate less \$30 (\$15)                    |
| -5.00%                              | -2.50%           | Prior Year's Accrual Rate less \$25 (\$12.50)                 |
| -2.50%                              | 0.00%            | Prior Year's Accrual Rate less \$20 (\$10)                    |
| 0.00%                               | 2.50%            | Prior Year's Accrual Rate less \$15 (\$7.50)                  |
| 2.50%                               | 5.00%            | Prior Year's Accrual Rate less \$10 (\$5)                     |
| 5.00%                               | 7.50%            | Prior Year's Accrual Rate less \$5 (\$2.50)                   |
| 7.50%                               | 10.00%           | Prior Year's Accrual Rate Unchanged                           |
| 10.00%                              | 12.50%           | Prior Year's Accrual Rate plus \$5 (\$2.50)                   |
| 12.50%                              | 15.00%           | Prior Year's Accrual Rate plus \$10 (\$5)                     |
| 15.00%                              | 17.50%           | Prior Year's Accrual Rate plus \$15 (\$7.50)                  |
| 17.50%                              | 20.00%           | Prior Year's Accrual Rate plus \$20 (\$10)                    |
| 20.00%                              | 22.50%           | Prior Year's Accrual Rate plus \$25 (\$12.50)                 |
| 22.50%                              | ∞                | Prior Year's Accrual Rate plus \$30 (\$15)                    |

**UFCW 360 Shop Rite Pension Fund**  
**EIN: 26-4416251 PN: 001**  
**Attachment to the 2021 Form 5500 Schedule MB**

## **Schedule MB, line 6 - Summary of Plan Provisions**

**(continued)**

For purposes of the above table, the "Geometric Average Investment Return" for a Plan Year of reference shall be the geometric average investment return of the Plan assets for the 3 (three) Plan Years preceding the year prior to the Plan Year of reference (for example, the 3 Plan Years used for 2019 will be 2015, 2016, and 2017). The geometric average shall be calculated by adding 1.0 to the investment return (expressed in decimals) in each of the three years, multiplying the resultant values together, and taking the third root of that product. This calculation shall be performed each Plan Year. The investment return for a Plan Year shall be equal to the "annual return" as reported on the applicable IRS Form 5500 Schedule MB, Line 6h for the Plan Year of reference (as such return may be amended from time to time.)

Notwithstanding the above Table, the following provisions shall also apply in calculating the Accrual Rate:

- a. The resulting Accrual Rate determined for any given Plan Year shall never be greater than \$70 for a Full-Time Participant and \$35 for a Part-Time Participant;
- b. The resulting Accrual Rate determined for any given Plan Year shall never be less than \$10 for a Full-Time Participant and \$5 for a Part-Time Participant;
- c. For Participants with Years of Benefit Service greater than 30 (including Benefit Service earned prior to 2019 and including serviced earned by a Participant under the UFCW Tri-State Pension Plan) the maximum allowable Accrual Rate for a respective Plan Year shall be \$87.50 for a Full-Time Participant and \$43.75 for a Part-Time Participant, and the minimum allowable Accrual Rate for a respective Plan Year shall be \$12.50 for a Full-Time Participant and \$6.25 for a Part-Time Participant. The Accrual Rate for a respective Plan Year for a Participant with greater than 30 years of Benefit Service (including Benefit Service earned prior to 2019 and service earned by a Participant under the UFCW Tri-State Pension Plan) shall always be 125% of the Accrual Rate for such Plan Year for other Participants with less than 30 Years of Benefit Service of similar Full-Time or Part-Time Status; and
- d. The Accrual Rate for a Plan Year of reference shall always decrease compared to the Accrual Rate of the prior Plan Year if such is the result of the Geometric Average Investment Return calculation for such Plan Year, but the Accrual Rate will not increase for a Plan Year of reference unless the Funded Percentage (Actuarial Value of Assets divided by Accrued Liability) for the Plan Year immediately preceding the Plan Year of reference is at least 100%.

UFCW 360 Shop Rite Pension Fund  
EIN: 26-4416251 PN: 001  
Attachment to the 2021 Form 5500 Schedule MB

## Schedule MB, line 6 - Summary of Plan Provisions

(continued)

| Plan Year      | Historical Accrual Rates |          |           |          |
|----------------|--------------------------|----------|-----------|----------|
|                | Full-Time                |          | Part-Time |          |
|                | <= 30 YOS                | > 30 YOS | <= 30 YOS | > 30 YOS |
| 2018 and Prior | \$40.00                  | \$50.00  | \$20.00   | \$25.00  |
| 2019           | \$35.00                  | \$43.75  | \$17.50   | \$21.88  |
| 2020+          | \$30.00                  | \$37.50  | \$15.00   | \$18.75  |

### ***Credited Service***

- a. Full-Time Employees shall be credited with one Year of Benefit Service for each Plan Year in which he completes 1,800 or more hours. If the employee completes less than 1,800 hours, his benefit service shall be a fraction of a year determined by dividing the number of Hours of Service by 1,800.
- b. Part-Time Employees shall be credited with one Year of Benefit Service for each Plan Year in which he completes 800 or more hours. If the employee completes less than 800 hours, his benefit service shall be a fraction of a year determined by dividing the number of Hours of Service by 800.

### ***Vesting Service***

- a. Full-Time Employees shall be credited with one Year of Vesting Service for each Plan Year in which he completes 1,000 or more hours. However, if the Participant had at least one Hour of Service as a Part-Time Employee, such Participant shall be credited with one Year of Vesting Service if he completes at least 500 Hours of Service.
- b. Part-Time Employees shall be credited with one Year of Vesting Service for each Plan Year in which he has at least 500 Hours of Service.
- c. Any Participant who was an active participant in the UFCW Tri-State Pension Plan on November 30, 2008 and who became a Participant in this Plan effective January 1, 2009, shall be credited with each year of Vesting Service he earned under the UFCW Tri-State Pension Plan.

### ***Vesting***

A Participant shall have a 100% Vested interest in his Accrued Benefit upon his completion of 5 Year of Vesting Service. A Participant who has attained his Normal Retirement Age while employed by an Employer shall also become 100% Vested in his Accrued Benefit, regardless of his Years of Vesting Service.

UFCW 360 Shop Rite Pension Fund  
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Attachment to the 2021 Form 5500 Schedule MB

## Schedule MB, line 6 - Summary of Plan Provisions

(continued)

### ***Normal Retirement Benefits***

***Eligibility:*** Attainment of later of age 65 or fifth (5th) anniversary of the date of participation commencement in the Plan.

***Amount:*** Monthly benefit payable on a single life basis equal to the benefit levels per year of applicable service described above.

### ***Early Retirement Benefits***

***Eligibility:*** Attainment of age 55 and completion of at least 10 years of vesting service.

***Amount:*** Monthly benefit computed in the same manner as the normal retirement benefit, but actuarially reduced for benefit commencement prior to age 65.

### ***Termination Benefits (Vesting)***

***Eligibility:*** Completion of at least 5 years of vesting service at the time of termination of covered employment.

***Amount:*** Monthly benefit computed in the same manner as the normal retirement benefit.

### ***Pre-Retirement Spouse's Benefit***

***Eligibility:*** Eligibility for termination benefits and married at least one year.

***Amount:*** The surviving spouse of an active participant who dies after becoming eligible for an early or normal retirement benefit will receive an immediate pension for life equal to the amount such spouse would have received had the participant retired just prior to the date of death and elected the Joint and 60% Survivor form of benefit.

UFCW 360 Shop Rite Pension Fund  
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## Schedule MB, line 6 - Summary of Plan Provisions

(continued)

The surviving spouse of other vested participants who die before benefit commencement will be entitled to the benefit such spouse would have received if the participant had (1) separated from service on his date of death (if he had not already separated), (2) survived to the later of his earliest retirement age or his date of death, (3) retired having elected the Joint and 60% Survivor form of benefit, and (4) died on the next day. Lifetime monthly payments to such spouse shall begin on the later of the participant's earliest retirement age or his date of death.

### ***Post-Retirement Death Benefit***

***Conditions:*** Receiving a pension at the time of death.

***Amount:*** Lump sum equal to \$2,000 for a full-time retiree with 10 or more years of full-time service, and \$1,000 for a full-time or part-time retiree with 10 or more years of full-time and part-time service. There are no other death benefits available, except as provided by the election of an optional form of payment.

### ***Form of Benefit Payment***

If a participant is married at the time of retirement, the pension will be paid in the form of an actuarially reduced Joint and Survivor monthly annuity with payments continuing to the spouse for life at 60%, 75% or 100% of the amount being paid to the participant.

If a participant is unmarried at the time of retirement, the pension will be paid in the form of a life annuity.

### ***Status of Plan***

Ongoing.

### ***Changes Since Previous Valuation***

There were no changes to the Plan provisions since the last valuation.

**UFCW 360 Shop Rite Pension Fund**  
**EIN: 26-4416251 PN: 001**  
**Attachment to the 2021 Form 5500 Schedule MB**

**Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods**

**Funding Interest Rate:** 7.50% per year, compounded annually.

**Current Liability Interest Rate:** 2.43% per year, compounded annually for RPA '94.

**Mortality:** For healthy lives, RP-2000 Combined Mortality Table. Mortality after disability is the 1974 PBGC Mortality Table for disabled lives receiving Social Security disability benefit payments. Mortality for current liability calculations is the IRS 2021 Static Mortality Table. These tables are assumed to reflect both expected mortality rates as of the measurement date and any expected mortality improvement after the measurement date.

**Termination Rates:** Rates of termination (for reasons other than death, disability, or retirement) are assumed to vary according to age, sex, and length of service. For participants with fewer than 10 years of service, the rate of termination is assumed to vary by sex and length of service as follows:

| Service | Males | Females |
|---------|-------|---------|
| 0       | 30.0% | 25.0%   |
| 1       | 15.0% | 12.0%   |
| 2       | 14.0% | 11.0%   |
| 3       | 13.0% | 10.0%   |
| 4       | 12.0% | 9.0%    |
| 5       | 11.0% | 7.0%    |
| 6       | 10.0% | 7.0%    |
| 7       | 8.0%  | 6.0%    |
| 8       | 7.0%  | 6.0%    |
| 9       | 6.0%  | 6.0%    |

For members with at least 10 years of vesting service, the rate of termination is assumed to vary by age. Rates for selected ages are shown below:

| Age     | Rate |
|---------|------|
| 15 - 27 | 5.5% |
| 32      | 4.5% |
| 37      | 4.0% |
| 42      | 3.5% |
| 47      | 3.0% |
| 52      | 2.5% |
| 57      | 2.0% |
| 62      | 0.4% |

**UFCW 360 Shop Rite Pension Fund**  
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**Attachment to the 2021 Form 5500 Schedule MB**

**Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods**

(continued)

***Disability Rates:***

A table of disability rates adapted from experience under the U.S. Social Security System. Rates for selected ages are shown below:

| Age | Rate  |
|-----|-------|
| 22  | 0.05% |
| 27  | 0.07% |
| 32  | 0.09% |
| 37  | 0.13% |
| 42  | 0.20% |
| 47  | 0.33% |
| 52  | 0.56% |
| 57  | 0.92% |
| 62  | 1.46% |

***Retirement Rates:***

The rate of retirement for active participants who are eligible to retire is assumed to vary by age, as follows:

| Age | Rate   |
|-----|--------|
| 57  | 6.0%   |
| 58  | 7.0%   |
| 59  | 8.0%   |
| 60  | 9.0%   |
| 61  | 10.0%  |
| 62  | 10.0%  |
| 63  | 10.0%  |
| 64  | 10.0%  |
| 65  | 20.0%  |
| 66  | 20.0%  |
| 67  | 20.0%  |
| 68  | 20.0%  |
| 69  | 20.0%  |
| 70  | 20.0%  |
| 71+ | 100.0% |

Terminated vested members are assumed to retire at age 65, or current age, if later.

**UFCW 360 Shop Rite Pension Fund**  
**EIN: 26-4416251   PN: 001**  
**Attachment to the 2021 Form 5500 Schedule MB**

**Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods**

(continued)

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Expenses:</i></b>                                        | An amount equal to the core expenses (excluding investment expenses) paid in the preceding Plan Year, rounded up to the nearest \$10,000, added to the Normal Cost. (\$390,000 for 2021, expense loading of 34.25%)                                                                                                                                                                                                                                                                                                                       |
| <b><i>Spouses:</i></b>                                         | 80% of the active participants were assumed to be married with wives assumed to be three years younger than husbands.                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b><i>Form of Benefit:</i></b>                                 | All Participants are assumed to take the Single Life Annuity when they retire from Active or Terminated Vested status.                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b><i>Assumed Retirement Beyond Normal Retirement Age:</i></b> | Actives assumed to retire beyond their Normal Retirement Age are assumed to have their benefits suspended. Terminated Vested Participants assumed to retire beyond their Normal Retirement Age have their Accrued Benefit actuarially increased in accordance with the Plan's definition of Actuarial Equivalence.                                                                                                                                                                                                                        |
| <b><i>Actuarial Valuation Method:</i></b>                      | The Unit Credit Cost Method was used to determine the costs of retirement, termination, death and disability benefits.                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b><i>Asset Valuation Method:</i></b>                          | Recognition of gains and losses above or below the assumed rate of return over a 5-year period, adjusted, if necessary, to remain no greater than 120% of market value, nor less than 80% of market value.                                                                                                                                                                                                                                                                                                                                |
| <b><i>Future Service Accruals:</i></b>                         | The future benefit service accrual of each active participant was assumed to be equal to that participant's actual service accrual in the plan year immediately preceding the valuation date. For newly hired participants, the future service accruals were assumed to be equal to a full year of full-time or part-time service, depending on their status. Members who worked both full-time and part-time in 2021 were assumed to be full-time in 2022. Everyone else was assumed to be the same status in 2022 as they were in 2021. |

**UFCW 360 Shop Rite Pension Fund**  
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**Attachment to the 2021 Form 5500 Schedule MB**

**Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods**

**(continued)**

***Data:***

Data was received from Zenith American Solutions. Those not in receipt of a benefit who worked (i) at least 320 hours Part-Time, or (ii) a combination of Part-Time and Full-Time hours that equaled at least 500 were considered to be active, so long as they met the Plan's Participation requirements. Members with at least 5 years of Vesting Service who were not Active and not yet in receipt of a benefit were considered Terminated Vested. Members receiving a benefit were based on a pension register provided by Zenith American Solutions. Deaths were based on Zenith's data. Members employed who have not yet met the Plan's Participation requirements who are at least age 20 as of the valuation date, and have either met the Plan's Vesting Requirement for Participation or are newly hired/rehired are included in the Plan's liability calculations.

***Missing Birth Dates or  
Gender Codes:***

There were no members in the data with missing dates of birth or missing genders.

***Changes since the Prior  
Valuation:***

The RPA '94 Current Liability Interest Rate was changed from 2.95% to 2.43%.

The geometric average investment return for the 2018 - 2020 Plan years was 7.77%. Under the current hybrid plan design, this resulted in the Plan's Accrual Rate for Full-Time participants remaining level at \$30.00, while the Plan's Accrual Rate for Part-Time Participants also remained level at \$15.00 effective January 1, 2021 (Participants with more than 30 years of Benefit Service have Accrual Rates 125% larger). These Accrual Rates will be in effect indefinitely until the mechanics of the current hybrid plan design result in a change.

**UFCW 360 Shop Rite Pension Fund**  
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**Attachment to the 2021 Form 5500 Schedule MB**

**Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods**

(continued)

**Rationale for Selection of Significant Actuarial Assumptions:**

***Interest Rate***

The interest rate assumption used for funding purposes is based on historical data, both current and future market expectations, and professional judgment. In setting the long-term investment return assumption, the Plan's Investment Consultant provided future investment expectations based on the Plan's asset allocation. In addition, we have considered other external sources such as available capital market assumption surveys when setting the long term rate of return.

***Mortality***

The mortality assumption is based on historical and current demographic data, reflecting estimated future experience, and professional judgment. Experience studies wherein actual experience is compared to expected experience are performed periodically.

***Retirement***

The retirement decrements for active participants are based on studies of Plan experience.

***Termination***

A withdrawal table has been selected which results in a similar level of aggregate annual withdrawal as the Plan has experienced over recent years.

***Disability***

Because the Fund does not have enough data to do a fully credible experience analysis with respect to disability during active employment, the current assumption has been selected based on observations of recent disabilities, the actuary's experience with plans of a similar size, plan design, workforce composition, geography, and discussions with the Plan Sponsor.

***Plan Expenses***

Expenses paid from the trust are estimated by reviewing historical fees paid from the trust and accounting for PBGC premiums and other expenditures expected to be paid in this Plan Year.

***Marital Status***

The current assumption has been selected based on the actuary's experience with plans of a similar size, plan design, and workforce composition.

**UFCW 360 Shop Rite Pension Fund**  
**EIN: 26-4416251 PN: 001**  
**Attachment to the 2021 Form 5500 Schedule MB**

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

| <b>Plan Year</b> | <b>Expected Annual Benefit Payments</b> |
|------------------|-----------------------------------------|
| 2021             | \$886,365.00                            |
| 2022             | \$1,044,540.00                          |
| 2023             | \$1,189,773.00                          |
| 2024             | \$1,324,030.00                          |
| 2025             | \$1,454,187.00                          |
| 2026             | \$1,579,087.00                          |
| 2027             | \$1,711,847.00                          |
| 2028             | \$1,819,620.00                          |
| 2029             | \$1,908,644.00                          |
| 2030             | \$1,997,173.00                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small>                                                                                                                                                                                                                                                                                                  | <b>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</b><br><p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</p> <p>► <b>File as an attachment to Form 5500 or 5500-SF.</b></p> | <small>OMB No. 1210-0110</small><br><b>2021</b><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| ► <b>Round off amounts to nearest dollar.</b><br>► <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| <b>A</b> Name of plan<br><u>UFCW 1360 Shop Rite Pension Fund</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>B</b> Three-digit plan number (PN) ► <u>001</u>                                                                                                                                                                                                                                                                                                            |                                                                                                  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>UFCW 1360 Shop Rite Pension Fund</u>                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>D</b> Employer Identification Number (EIN)<br><u>26-4416251</u>                                                                                                                                                                                                                                                                                            |                                                                                                  |
| <b>E</b> Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| <b>1a</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| <b>b</b> Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| (1) Current value of assets .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1b(1)</b>                                                                                                                                                                                                                                                                                                                                                  | 23,893,546                                                                                       |
| (2) Actuarial value of assets for funding standard account .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1b(2)</b>                                                                                                                                                                                                                                                                                                                                                  | 22,863,438                                                                                       |
| (1) Accrued liability for plan using immediate gain methods .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(1)</b>                                                                                                                                                                                                                                                                                                                                                  | 23,908,603                                                                                       |
| <b>(2) Information for plans using spread gain methods:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| (a) Unfunded liability for methods with bases .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(2)(a)</b>                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| (b) Accrued liability under entry age normal method .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(2)(b)</b>                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| (c) Normal cost under entry age normal method .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(2)(c)</b>                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| (3) Accrued liability under unit credit cost method .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(3)</b>                                                                                                                                                                                                                                                                                                                                                  | 23,908,603                                                                                       |
| <b>d</b> Information on current liabilities of the plan:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1d(1)</b>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |
| <b>(2) "RPA '94" information:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| (a) Current liability .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1d(2)(a)</b>                                                                                                                                                                                                                                                                                                                                               | 65,648,581                                                                                       |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1d(2)(b)</b>                                                                                                                                                                                                                                                                                                                                               | 3,845,850                                                                                        |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1d(2)(c)</b>                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| (3) Expected plan disbursements for the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1d(3)</b>                                                                                                                                                                                                                                                                                                                                                  | 884,725                                                                                          |
| <b>Statement by Enrolled Actuary</b><br><small>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.</small> |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| <b>SIGN HERE</b><br><u>Bryan McCormick</u><br>Signature of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>9/14/2022</u><br>Date<br>2007345<br>Most recent enrollment number<br>215-587-0700<br>Telephone number (including area code)                                                                                                                                                                                                                                |                                                                                                  |
| <u>Bryan McCormick</u><br>Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| <u>CBIZ</u><br>Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| <u>1845 Walnut Street, 10th Floor</u><br><u>Philadelphia PA 19103-4755</u><br>Address of the firm                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| <b>For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |
| <b>Schedule MB (Form 5500) 2021 v. 201209</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |



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

**6** Checklist of certain actuarial assumptions:

|                                                                                                               |                                                                                                  |                                                                                                  |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                  | <b>6a</b>                                                                                        | 2.43 %                                                                                           |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                         |                                                                                                  |                                                                                                  |
| <b>(1)</b> Males .....                                                                                        | <b>6c(1)</b>                                                                                     | A A                                                                                              |
| <b>(2)</b> Females .....                                                                                      | <b>6c(2)</b>                                                                                     | AF AF                                                                                            |
| <b>d</b> Valuation liability interest rate .....                                                              | <b>6d</b>                                                                                        | 7.50 % 7.50 %                                                                                    |
| <b>e</b> Expense loading .....                                                                                | <b>6e</b>                                                                                        | 34.2 % <input type="checkbox"/> N/A % <input checked="" type="checkbox"/> N/A                    |
| <b>f</b> Salary scale .....                                                                                   | <b>6f</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                        |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date ..... | <b>6g</b>                                                                                        | 8.9 %                                                                                            |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....   | <b>6h</b>                                                                                        | 11.2 %                                                                                           |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -129,264            | -13,622                        |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

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

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

|                                                                                                                  |                     |           |
|------------------------------------------------------------------------------------------------------------------|---------------------|-----------|
| <b>a</b> Prior year funding deficiency, if any .....                                                             | <b>9a</b>           | 0         |
| <b>b</b> Employer's normal cost for plan year as of valuation date.....                                          | <b>9b</b>           | 1,528,542 |
| <b>c</b> Amortization charges as of valuation date:                                                              | Outstanding balance |           |
| (1) All bases except funding waivers and certain bases for which the amortization period has been extended ..... | <b>9c(1)</b>        | 2,813,840 |
| (2) Funding waivers .....                                                                                        | <b>9c(2)</b>        | 0         |
| (3) Certain bases for which the amortization period has been extended .....                                      | <b>9c(3)</b>        | 0         |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....                                                     | <b>9d</b>           | 148,011   |
| <b>e</b> Total charges. Add lines 9a through 9d.....                                                             | <b>9e</b>           | 2,121,488 |
| <b>Credits to funding standard account:</b>                                                                      |                     |           |
| <b>f</b> Prior year credit balance, if any.....                                                                  | <b>9f</b>           | 665,957   |
| <b>g</b> Employer contributions. Total from column (b) of line 3.....                                            | <b>9g</b>           | 1,986,442 |
|                                                                                                                  | Outstanding balance |           |
| <b>h</b> Amortization credits as of valuation date.....                                                          | <b>9h</b>           | 1,102,718 |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....                                | <b>9i</b>           | 128,021   |

**j** Full funding limitation (FFL) and credits:

|                                                                                             |              |            |
|---------------------------------------------------------------------------------------------|--------------|------------|
| (1) ERISA FFL (accrued liability FFL) .....                                                 | <b>9j(1)</b> | 3,482,639  |
| (2) "RPA '94" override (90% current liability FFL) .....                                    | <b>9j(2)</b> | 40,017,860 |
| (3) FFL credit .....                                                                        | <b>9j(3)</b> | 0          |
| <b>k</b> (1) Waived funding deficiency .....                                                | <b>9k(1)</b> | 0          |
| (2) Other credits .....                                                                     | <b>9k(2)</b> | 0          |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....              | <b>9l</b>    | 2,925,808  |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....     | <b>9m</b>    | 804,320    |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference ..... | <b>9n</b>    |            |

**9 o** Current year's accumulated reconciliation account:

|                                                                                                                 |                 |   |
|-----------------------------------------------------------------------------------------------------------------|-----------------|---|
| (1) Due to waived funding deficiency accumulated prior to the 2021 plan year .....                              | <b>9o(1)</b>    | 0 |
| (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: |                 |   |
| (a) Reconciliation outstanding balance as of valuation date .....                                               | <b>9o(2)(a)</b> | 0 |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....                                        | <b>9o(2)(b)</b> | 0 |
| (3) Total as of valuation date .....                                                                            | <b>9o(3)</b>    | 0 |
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) .....          | <b>10</b>       |   |

**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....☒ Yes ☐ No

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small>                                                                                                                                                                                                                                                                                                  | <b>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><b>2021</b><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| <b>► Round off amounts to nearest dollar.</b><br><b>► Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| <b>A</b> Name of plan<br>UFCW 1360 Shop Rite Pension Fund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                    | <b>B</b> Three-digit plan number (PN) <u>001</u>                                  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>UFCW 1360 Shop Rite Pension Fund                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                    | <b>D</b> Employer Identification Number (EIN)<br>26-4416251                       |
| <b>E</b> Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| <b>1a</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| <b>b</b> Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| (1) Current value of assets .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1b(1)</b>                                                                                                                                                                                                                                                                                                                                       | 23,893,546                                                                        |
| (2) Actuarial value of assets for funding standard account .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1b(2)</b>                                                                                                                                                                                                                                                                                                                                       | 22,863,438                                                                        |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods ..... <b>1c(1)</b> <span style="float: right;">23,908,603</span>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| (2) Information for plans using spread gain methods:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| (a) Unfunded liability for methods with bases .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(2)(a)</b>                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| (b) Accrued liability under entry age normal method .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(2)(b)</b>                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| (c) Normal cost under entry age normal method .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(2)(c)</b>                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| (3) Accrued liability under unit credit cost method .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(3)</b>                                                                                                                                                                                                                                                                                                                                       | 23,908,603                                                                        |
| <b>d</b> Information on current liabilities of the plan:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1d(1)</b>                                                                                                                                                                                                                                                                                                                                       |                                                                                   |
| (2) "RPA '94" information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| (a) Current liability .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1d(2)(a)</b>                                                                                                                                                                                                                                                                                                                                    | 65,648,581                                                                        |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1d(2)(b)</b>                                                                                                                                                                                                                                                                                                                                    | 3,845,850                                                                         |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1d(2)(c)</b>                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| (3) Expected plan disbursements for the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1d(3)</b>                                                                                                                                                                                                                                                                                                                                       | 884,725                                                                           |
| <b>Statement by Enrolled Actuary</b><br><small>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.</small> |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| <b>SIGN<br/>HERE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Bryan McCormick <i>BMM</i><br>Signature of actuary                                                                                                                                                                                                                                                                                                 | <u>9/14/2022</u><br>Date                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Bryan McCormick<br>Type or print name of actuary                                                                                                                                                                                                                                                                                                   | 2007345<br>Most recent enrollment number                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CBIZ<br>Firm name                                                                                                                                                                                                                                                                                                                                  | 215-587-0700<br>Telephone number (including area code)                            |
| 1845 Walnut Street, 10th Floor<br>Philadelphia PA 19103-4755<br>Address of the firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| <b>For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |
| Schedule MB (Form 5500) 2021<br>v. 201209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |

i ☐ Other (specify):

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                               |                                                                                                  |                                                                                                  |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                  | <b>6a</b>                                                                                        | 2.43 %                                                                                           |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                         |                                                                                                  |                                                                                                  |
| <b>(1)</b> Males .....                                                                                        | <b>6c(1)</b>                                                                                     | A A                                                                                              |
| <b>(2)</b> Females .....                                                                                      | <b>6c(2)</b>                                                                                     | AF AF                                                                                            |
| <b>d</b> Valuation liability interest rate .....                                                              | <b>6d</b>                                                                                        | 7.50 % 7.50 %                                                                                    |
| <b>e</b> Expense loading .....                                                                                | <b>6e</b>                                                                                        | 34.2 % <input type="checkbox"/> N/A % <input checked="" type="checkbox"/> N/A                    |
| <b>f</b> Salary scale .....                                                                                   | <b>6f</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                        |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date ..... | <b>6g</b>                                                                                        | 8.9 %                                                                                            |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....   | <b>6h</b>                                                                                        | 11.2 %                                                                                           |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -129,264            | -13,622                        |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

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

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

|                                                                                                                  |                     |           |
|------------------------------------------------------------------------------------------------------------------|---------------------|-----------|
| <b>a</b> Prior year funding deficiency, if any .....                                                             | <b>9a</b>           | 0         |
| <b>b</b> Employer's normal cost for plan year as of valuation date.....                                          | <b>9b</b>           | 1,528,542 |
| <b>c</b> Amortization charges as of valuation date:                                                              | Outstanding balance |           |
| (1) All bases except funding waivers and certain bases for which the amortization period has been extended ..... | <b>9c(1)</b>        | 2,813,840 |
| (2) Funding waivers .....                                                                                        | <b>9c(2)</b>        | 0         |
| (3) Certain bases for which the amortization period has been extended .....                                      | <b>9c(3)</b>        | 0         |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....                                                     | <b>9d</b>           | 148,011   |
| <b>e</b> Total charges. Add lines 9a through 9d.....                                                             | <b>9e</b>           | 2,121,488 |
| <b>Credits to funding standard account:</b>                                                                      |                     |           |
| <b>f</b> Prior year credit balance, if any.....                                                                  | <b>9f</b>           | 665,957   |
| <b>g</b> Employer contributions. Total from column (b) of line 3.....                                            | <b>9g</b>           | 1,986,442 |
|                                                                                                                  | Outstanding balance |           |
| <b>h</b> Amortization credits as of valuation date.....                                                          | <b>9h</b>           | 1,102,718 |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....                                | <b>9i</b>           | 128,021   |

**j** Full funding limitation (FFL) and credits:

|                                                                                             |              |            |
|---------------------------------------------------------------------------------------------|--------------|------------|
| (1) ERISA FFL (accrued liability FFL) .....                                                 | <b>9j(1)</b> | 3,482,639  |
| (2) "RPA '94" override (90% current liability FFL) .....                                    | <b>9j(2)</b> | 40,017,860 |
| (3) FFL credit .....                                                                        | <b>9j(3)</b> | 0          |
| <b>k</b> (1) Waived funding deficiency .....                                                | <b>9k(1)</b> | 0          |
| (2) Other credits .....                                                                     | <b>9k(2)</b> | 0          |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....              | <b>9l</b>    | 2,925,808  |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....     | <b>9m</b>    | 804,320    |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference ..... | <b>9n</b>    |            |

**9 o** Current year's accumulated reconciliation account:

|                                                                                                                 |                 |   |
|-----------------------------------------------------------------------------------------------------------------|-----------------|---|
| (1) Due to waived funding deficiency accumulated prior to the 2021 plan year .....                              | <b>9o(1)</b>    | 0 |
| (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: |                 |   |
| (a) Reconciliation outstanding balance as of valuation date .....                                               | <b>9o(2)(a)</b> | 0 |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....                                        | <b>9o(2)(b)</b> | 0 |
| (3) Total as of valuation date .....                                                                            | <b>9o(3)</b>    | 0 |
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) .....          | <b>10</b>       |   |

**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....☒ Yes ☐ No

40993 UFCW 360 SHOP RITE PENSION FUND

26-4416251

FYE: 12/31/2021

## Federal Statements

### UFCW 360 SHOP RITE PENSION FUND

Plan: 001

#### Assets Held for Investment

| <u>Party in<br/>Interest</u> | <u>Identity</u>        | <u>Description</u>   | <u>Cost</u>  | <u>Current<br/>Value</u> |
|------------------------------|------------------------|----------------------|--------------|--------------------------|
|                              | ASB ALLEGIANCE REAL    | COMMON COLLECTIVE TR | \$ 1,715,000 | \$ 2,637,722             |
|                              | VANGUARD HIGH DIVIDE   | MUTUAL FUND          | 1,367,717    | 1,725,050                |
|                              | VANGUARD INTERNATIONAL | MUTUAL FUND          | 2,722,376    | 2,957,179                |
|                              | VANGUARD SHORT TERM    | MUTUAL FUND          | 3,199,054    | 3,724,952                |
|                              | VANGUARD TOTAL BOND    | MUTUAL FUND          | 3,851,676    | 3,787,464                |
|                              | VANGUARD TOTAL STOCK   | MUTUAL FUND          | 10,034,106   | 12,614,105               |
|                              | ASB ALLEGIANCE REAL    | CASH                 | 335          | 335                      |