

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>01/01/1963</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN</u> <u>300 WEIDMAN ROAD</u> <u>BALLWIN, MO 63011-4433</u>
2b	Employer Identification Number (EIN) <u>43-6058365</u>
2c	Plan Sponsor's telephone number <u>636-394-6500</u>
2d	Business code (see instructions) <u>445110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/14/2022	DAVID COOK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 20766
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 8448 6a(2) 7606 6b 6111 6c 5822 6d 19539 6e 633 6f 20172 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 25

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN	D Employer Identification Number (EIN) 43-6058365

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	307436		01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 3656170**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 3683484**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 97338
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)** -108032

▶ RET ALLOCATED, MKT VALUE

(6) Total additions **7c(6)** -10694**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 3672790**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier..... **7e(2)** 16620(3) Transferred to separate account..... **7e(3)**(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)** 16620**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 3656170

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN	D Employer Identification Number (EIN) 43-6058365

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030530		01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	53882205

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

0

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN	D Employer Identification Number (EIN) 43-6058365

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.....	1b(1)	792529436
(2) Actuarial value of assets for funding standard account	1b(2)	746061868
c (1) Accrued liability for plan using immediate gain methods	1c(1)	761031344
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	761031344
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	1444582746
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	11777778
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	52922983
(3) Expected plan disbursements for the plan year.....	1d(3)	54622983

Statement by Enrolled Actuary

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

SIGN HERE	11/14/2022
Signature of actuary	Date
WILLIAM GITTERMAN, FSA, MAAA	20-08743
Type or print name of actuary	Most recent enrollment number
SEGAL	312-984-8500
Firm name	Telephone number (including area code)
101 N. WACKER DR. STE 500, CHICAGO, IL 60606-1724	
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:

a Current value of assets (see instructions)	2a	792545436
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	6586	688620544
(2) For terminated vested participants	5752	432955243
(3) For active participants:		
(a) Non-vested benefits.....		6042310
(b) Vested benefits.....		316964649
(c) Total active	4254	323006959
(4) Total	16592	1444582746
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	54.86 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2021	9605483	0			
07/01/2021	1898969	0			
			Totals ▶	3(b)	11504452
				3(c)	0
				3(d)	1898969

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	98.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.43 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.00 %	7.00 %	
e Expense loading	6e	41.3 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.6 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.2 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-9896883	-1015537

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	5606442
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	225861824 27426368
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	2312297
e Total charges. Add lines 9a through 9d.....	9e	35345107

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	109066599
g Employer contributions. Total from column (b) of line 3.....	9g	11504452
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	101825749
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	9293537
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	138717493
(2) "RPA '94" override (90% current liability FFL)	9j(2)	552714776
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	147810577
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	112465470
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9o Current year's accumulated reconciliation account:

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

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	☐ Yes ☒ No
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN	D Employer Identification Number (EIN) 43-6058365	

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INVESCO TRUST COMPANY	11 GREENWAY PLAZA HOUSTON, TX 77046
46-3793325	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INVESCO ADVISERS, INC.	1555 PEACHTREE ST NE STE 1800 ATLANTA, GA 30309
58-1707262	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ENTRUST PARTNERS OFFSHORE LP	375 PARK AVENUE 24TH FLOOR NEW YORK, NY 10152
90-0644478	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GROSVENOR CAPITAL MANAGEMENT	900 NORTH MICHIGAN AVE, SUITE 1100 CHICAGO, IL 60611
36-3795985	

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

SIGULER GUFF ADVISERS, LLC

200 PARK AVENUE 23RD FLOOR
NEW YORK, NY 1016613-3855629

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

FIDUCIARY TRUST INTL OF THE SOUTH

300 SOUTHEAST 2ND STREET
FORT LAUDERDALE, FL 3330165-0080824

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

NEW TOWER TRUST COMPANY

7315 WISCONSIN AVENUE, SUITE 350W
BETHESDA, MD 2081430-0872552

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

BAIRD ADVISORS

777 EAST WISCONSIN AVENUE
MILWAUKEE, WI 5320239-6037917

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

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

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

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

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

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

THE SEGAL COMPANY

101 N WACKER DRIVE, SUITE 500
CHICAGO, IL 60606

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	301965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VICTORY CAPITAL MANAGEMENT

4900 TIEDMAN ROAD, 4TH FLOOR
BROOKLYN, OH 44144

13-2700161

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68	NONE	220324	Yes ☒ No ☐	Yes ☒ No ☐	11345	Yes ☐ No ☒

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

MARCO CONSULTING GROUP

550 WEST WASHINGTON STREET, SUITE 9
CHICAGO, IL 60661

36-3555078

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	215000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PRUDENTIAL INSURANCE CO

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	174704	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SMITH GRAHAM & CO

6900 JPMORGAN CHASE TOWER 600 TRAVI
HOUSTON, TX 77002

76-0301817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 56	NONE	163241	Yes ☒ No ☐	Yes ☒ No ☐	7952	Yes ☐ No ☒

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

SEGAL SELECT INSURANCE SERVICES

333 WEST 34TH STREET
NEW YORK, NY 10001-2402

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	169592	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

REINHART LAW OFFICE

1000 NORTH WATER STREET, SUITE 1700
MILWAUKEE, WI 53202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	150119	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTECH INVESTMENT MANAGEMENT LLC

2401 PGA BLVD, SUITE 100
PALM BEACH GARDENS, FL 33410

01-0614895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	146680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOSTON TRUST WALDEN COMPANY

ONE BEACON STREET
BOSTON, MA 02108

04-2273811

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 24 25 28 50 51	NONE	143655	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

SIERRA INVESTMENT PARTNERS

101 YGNACIO VALLEY ROAD, SUITE 300
WALNUT CREEK, CA 94596

68-0370688

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	128929	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGALL BRYANT HAMILL

10 SOUTH WACKER DRIVE, SUITE 3500
CHICAGO, IL 60606

41-1788385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	125558	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATHRYN GEORGE

43-6058365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80485	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

UFCW LOCAL 655

300 WEIDMAN RD
BALLWIN, MO 63011

43-0477135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	LOCAL	79180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RSM US LLP

8182 MARYLAND AVE SUITE 900
ST. LOUIS, MO 63105

42-0714325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	68923	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA BANK

411 WEST LAFAYETTE BOULEVARD
DETROIT, MI 48226

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 59 72	NONE	62293	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

TONIA WOLFF

43-6058365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52539	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS TRUST

ONE LINCOLN ST 33RD FLOOR
BOSTON, MA 02111

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	49095	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SCOTT STUCKEY

43-6058365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45434	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HAMMOND & SHINNERS PC

7730 CARONDELET AVE, SUITE 200
ST. LOUIS, MO 63105

43-1429257

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	36957	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BYRNE SOFTWARE TECHNOLOGIES, INC

16091 SWINGLEY RIDGE ROAD
CHESTERFIELD, MO 63017

43-1385588

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	27147	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCI PRINTING INC

10017 OFFICE CENTER AVENUE
ST. LOUIS, MO 63128

43-1606509

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	26810	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

OPTION COMPUTER CORPORATION

2404 INDUSTRIAL DR
MARYLAND HEIGHTS, MO 63043

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	17970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST BANK

11901 OLIVE BLVD
CREVE COEUR, MO 63141

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	17422	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN ARBITRATION ASSOCIATION

120 BROADWAY, FLOOR 21
NEW YORK, NY 10271

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WESTERHEIDE & COMPANY

11430 GRAVOIS ROAD
SAPPINGTON, MO 63126

43-1176609

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	11670	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name: RSM US LLP	b EIN: 42-0714325
c Position: AUDITOR	
d Address: 8182 MARYLAND AVE UNIT 900 ST LOUIS, MO 63105	e Telephone: 314-241-4100

Explanation: THE PLAN RETAINED AN ACCOUNTANT THROUGH THE RFP PROCESS

a Name: HENRY WONG, ASA, MAAA, FCA, EA	b EIN: 13-1975125
c Position: ENROLLED ACTUARY	
d Address: 101 N WACKER DRIVE, SUITE 500 CHICAGO, IL 60606	e Telephone: 312-984-8500

Explanation: CURRENTLY, WILLIAM J. GITTERMAN, FSA, MAAA, EA OF SEGAL IS ENGAGED BY THE PLAN SPONSOR AS THE ENROLLED ACTUARY FOR THE PLAN. FORMERLY, HENRY WONG, ASA, MAA, FCA, EA OF THE SAME FIRM HELD THAT POSITION. THE CHANGE WAS MADE DUE TO THE RETIREMENT OF THE

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN</u>	D Employer Identification Number (EIN) <u>43-6058365</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>QMA US MID CAP CORE EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>		
c EIN-PN <u>22-1221670-010</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53882205</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO INTERNATIOAL GROWTH TRUST</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>20-2583973-114</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34507261</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI-EMPLOYER PROPERTY TRUST</u>		
b Name of sponsor of entity listed in (a): <u>NEW TOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20242240</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&P 500 FLAGSHIP FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u>		
c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>83475367</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 GROWTH INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u>		
c EIN-PN <u>45-6138589-109</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>88880370</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BARINGS INTL SMALL CAP EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>30-6617568-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24542563</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN</u>	D Employer Identification Number (EIN) <u>43-6058365</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	5063982	231099
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	805801	801475
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2510435	19832047
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8749011	13406110
(2) U.S. Government securities	1c(2)	28481055	24410595
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	31084695	33600324
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	139739910	150780916
(5) Partnership/joint venture interests	1c(5)	111941781	219702447
(6) Real estate (other than employer real property)	1c(6)	55921019	6150136
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	245540117	246647801
(10) Value of interest in pooled separate accounts	1c(10)	41180056	53882205
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	98589361	101380756
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3686478	3656170
(15) Other.....	1c(15)	33148498	31164118

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	806442199 905646199
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	14668
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	13896763 2915764
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	13896763 2930432
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	792545436 902715767

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	9605483
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	9605483
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3312
	(B) U.S. Government securities	2b(1)(B)	574085
	(C) Corporate debt instruments	2b(1)(C)	951007
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	1074492
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	2602896
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	2195851
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2006381
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	4202232
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	185632022
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	181911209
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	3720813
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	16460042
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	16460042

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		47839328
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		12001922
(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)		-2572130
c Other income.....	2c		71852259
d Total income. Add all income amounts in column (b) and enter total.....	2d		165712845
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	51081075	
(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)		51081075
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)	587334	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	2524065	
(4) Other.....	2i(4)	1350040	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4461439
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		55542514
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		110170331
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: **ANDERS MINKLER HUBER HELM LLP**

(2) EIN: **43-0831507**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 761439 _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN	D Employer Identification Number (EIN) 43-6058365

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☒ No	☐ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 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 **SCHNUCKS MARKETS INC**

b EIN **43-0726776**

c Dollar amount contributed by employer **8404568**

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) **4.31**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

12566

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

12336

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

10897

- 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

59.40

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

15b

47.66

- 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: 28.0 % Investment-Grade Debt: 6.8 % High-Yield Debt: 3.4 % Real Estate: 0.7 % Other: 61.1 %

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 _____

**UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL 655 FOOD EMPLOYERS JOINT
PENSION PLAN**

**FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION
AND ADDITIONAL INFORMATION
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED DECEMBER 31, 2021 AND 2020**

Contents

	<u>Page</u>
Independent Auditors' Report	1 - 4
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Statement of Accumulated Plan Benefits	7
Statement of Changes in Accumulated Plan Benefits	8
Notes to Financial Statements	9 - 23
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	24 - 44
Schedule H, Line 4j - Schedule of Reportable Transactions	45
Additional Information	
Schedules of Administrative Expenses	46

Independent Auditors' Report

Board of Trustees
United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
St. Louis, Missouri

Opinion

We have audited the accompanying financial statements of United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2021, the related statement of changes in net assets available for benefits for the year then ended, the statement of accumulated plan benefits as of December 31, 2020, the related statement of changes in accumulated plan benefits for the year 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 Plan as of December 31, 2021, and the changes in its net assets available for benefits for year then ended, and accumulated plan benefits as of December 31, 2020 and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Adjustments to Prior Period Financial Statements

The financial statements of United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan as of December 31, 2020 were audited by other auditors whose report dated November 10, 2021, expressed an unmodified opinion on those financial statements. As more fully described in Note 3 to the financial statements, the Plan has restated its 2020 financial statements to retrospectively account for corrections of errors. The other auditors reported on the 2020 financial statements before the restatement.

As part of our audit of the 2021 financial statements, we also audited the adjustments described in Note 3 that were applied to restate the 2020 financial statements. In our opinion, such adjustments are appropriate and have been properly applied in accordance with accounting principles generally accepted in the United States of America. We were not engaged to audit, review, or apply any procedures to United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan's 2020 financial statements other than with respect to the adjustments and, accordingly, we do not express an opinion or any other form of assurance on the 2020 financial statements as a whole.

Management's Responsibility for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the 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 United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

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

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

Report on Additional Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The additional Schedule of Administrative Expenses for the year ended December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of Plan 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the additional information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in blue ink that reads "Anders Minkler Huber & Helms LLP". The signature is written in a cursive, flowing style.

November 10, 2022

**United Food and Commercial Workers Union Local 655 Food Employers Joint Pension
Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020**

Assets			
		<u>2021</u>	<u>2020</u> <u>(As Restated)</u>
Investments, at Fair Value		\$ 884,781,578	\$ 786,151,648
Receivables			
Employer contributions		801,475	805,801
Employers' withdrawal liability assessments		17,112,400	16,000
Other receivables		-	40,023
Due from investment brokers		2,275,713	-
Accrued interest and dividends		443,934	484,412
Total Receivables		<u>20,633,522</u>	<u>1,346,236</u>
Cash - Noninterest Bearing		<u>231,099</u>	<u>5,063,982</u>
Total Assets		<u>905,646,199</u>	<u>792,561,866</u>
Liabilities			
Cash Overdraft		2,405,875	-
Accounts Payable		-	3,935
Accrued Expenses		14,668	12,495
Due to Related Parties		7,721	-
Due to Investment Brokers		<u>502,168</u>	<u>-</u>
Total Liabilities		<u>2,930,432</u>	<u>16,430</u>
Net Assets Available for Benefits		<u>\$ 902,715,767</u>	<u>\$ 792,545,436</u>

**United Food and Commercial Workers Union Local 655 Food Employers Joint Pension
Plan**

**Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020**

	<u>2021</u>	<u>2020</u> <u>(As Restated)</u>
Additions To Net Assets:		
Investment Income		
Net appreciation in fair value of investments	\$ 77,449,975	\$ 97,165,478
Partnership income	53,809,528	-
Interest, dividends and other investment income	<u>6,805,128</u>	<u>4,758,344</u>
	138,064,631	101,923,822
Less: Investment expense	<u>(2,524,065)</u>	<u>(1,252,176)</u>
Net Investment Income	<u>135,540,566</u>	<u>100,671,646</u>
 Employer Contributions	9,605,483	10,650,083
Employer Withdrawal Contributions	18,036,584	1,305,144
Other Income	<u>6,147</u>	<u>115,931</u>
Total Additions	<u>163,188,780</u>	<u>112,742,804</u>
 Deductions From Net Assets:		
Benefits Paid to Participants	51,081,075	49,147,125
Administrative Expenses	<u>1,937,374</u>	<u>1,544,420</u>
Total Deductions	<u>53,018,449</u>	<u>50,691,545</u>
 Net Increase	110,170,331	62,051,259
 Net Assets Available for Benefits, Beginning of Year (as Restated)	<u>792,545,436</u>	<u>730,494,177</u>
 Net Assets Available for Benefits, End of Year	<u><u>\$ 902,715,767</u></u>	<u><u>\$ 792,545,436</u></u>

**United Food and Commercial Workers Union Local 655 Food Employers Joint Pension
Plan
Statement of Accumulated Plan Benefits
December 31, 2020**

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits	
Participants currently receiving payments	\$ 443,139,843
Other participants	<u>315,313,053</u>
Total Vested Benefits	758,452,896
Non-Vested Benefits	<u>2,578,448</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 761,031,344</u>

**United Food and Commercial Workers Union Local 655 Food Employers Joint Pension
Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2020**

Actuarial Present Value of Accumulated Plan Benefits at December 31, 2019:	<u>\$ 752,732,352</u>
Increase (decrease) during the year attributed to:	
Interest credited	50,827,769
Benefits paid, net	(49,147,125)
Benefits accumulated and other	<u>6,618,348</u>
Net Increase	<u>8,298,992</u>
Total Actuarial Present Value of Accumulated Plan Benefits at December 31, 2020	<u>\$ 761,031,344</u>

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

1. Plan Description

The following description of United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan (the "Plan") provides only general information. Participants of the Plan should refer to the plan document and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit pension plan. The Plan was established effective January 1, 1963, pursuant to a collective bargaining agreement ("CBA") between the United Food and Commercial Workers Union Local 655 (the "Union") and various participating employers involved in the food and retail industries to provide retirement benefits to covered employees. To be eligible, an employee must be working for a participating employer (the "Employer") who is subject to the CBA or for an Employer subject to a trustee approved participation agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration of the Plan is the responsibility of the Board of Trustees ("Trustees") and is governed by a Joint Board consisting of equal representation from participating Employers and the Union.

Eligibility

An employee is eligible to participant in the Plan on the earlier of the employee's contribution commencement date or January 1 or July 1 following the completion of a year of service.

Funding Policy

The Employers are required to make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA or such other agreements and is subject to minimum funding requirements of ERISA and maximum deductibility of contributions by Employers under the Internal Revenue Code ("IRC"). Contributions by participants are not permitted under the Plan. The Trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2020.

The Plan is signatory to the International Reciprocal Agreement which permits Employer contributions to be returned to the employee's home fund when those contributions pertain to work performed under a CBA or other agreement requiring contributions be paid to a fund other than the employee's home fund.

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Pension Protection Act Funding Status

As required by ERISA under the Pension Protection Act of 2006 ("PPA"), the Plan's actuary has completed the Plan's actuarial funding certification as of January 1, 2021, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of January 1, 2021 and audited financial information as of December 31, 2020, as well as other information, including estimated cash flows for the year ended December 31, 2021 and the rate of market value return as reported by investment consultants. The funded (zone) status provides an indication of the financial health of the Plan.

The Plan was certified as neither endangered nor critical (that is, in the Green Zone). The Plan's funding status at December 31, 2021 and 2020 was 97.5% and 96.2%, respectively. The certification has projected the funding to be larger than 80% for ten years and there was no projected deficiency in the Plan for at least seven years.

Vesting

Participants earn one year of vesting service for each Plan year in which 1,000 hours or more is worked in covered employment.

Pension Benefits

The Plan provides the following types of monthly pensions for qualified employees who retire from covered employment: 1) normal retirement, 2) early retirement, and 3) disability retirement. The monthly pension amount is related to the number of pension credits earned by an employee. Once an employee retires, benefits will be paid for life as long as the former employee remains retired. At death, survivor benefits may be paid to the deceased employee's spouse. In certain instances, a death benefit is also payable if an employee dies before retirement.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared in accordance with the provisions of the Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (the "FASB ASC"), which is the source of authoritative, non-governmental accounting principles generally accepted in the United States of America ("GAAP"). All references to authoritative accounting guidance contained in our disclosures are based on the general accounting topics within the FASB ASC.

**United Food and Commercial Workers Union Local 655 Food Employers Joint Pension
Plan
Notes to Financial Statements
December 31, 2021 and 2020**

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the amount 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year. Partnership income is the Plan's proportionate share of the income attributable to the partnerships as a whole.

Fair Value Measurements

The Plan follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

Employer Contributions Receivable

Employer contributions receivable represent Employer contributions due to the Plan for hours worked by participants, prior to the end of the Plan year. Employer contributions receivable are carried at reported amounts less an estimate made for doubtful receivables based on a review of outstanding amounts. Management determines the allowance for doubtful accounts by regularly evaluating individual Employer receivables and considering an Employer's financial condition, payment history, and current economic conditions. Employer contributions receivable are written off when deemed uncollectible. Recoveries of receivables previously written off are recorded when received. Management is of the opinion that no allowance is necessary as of December 31, 2021 or 2020.

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Assessed Withdrawal Liability Receivable

The Plan is a multiemployer collectively bargained plan subject to the provisions of the Multiemployer Pension Plan Amendments Act of 1980 (the "MPPA Act"). Under the MPPA Act, an Employer that withdraws from the Plan after April 28, 1980, in either a complete or partial withdrawal, shall owe and pay a withdrawal liability to the Plan, determined by a formula adopted by the Trustees in accordance with the MPPA Act. The actuary has determined there may be a withdrawal liability assessed against any Employer that would terminate its participation in the Plan after December 31, 2021 and 2020. The Plan's policy is to recognize a receivable at its present value, net of any allowance for collectibility, once a withdrawal liability has been actuarially determined and formally assessed by the Plan.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan permits the payment of Plan expenses from Plan assets. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Reclassifications

Certain amounts in the 2020 financial statements have been reclassified to conform to the current year presentation.

3. Restatement

During the course of the Plan's December 31, 2021 audit, management and the Plan's 2021 independent auditors' identified issues that had a material effect upon the Plan's previously issued financial statements. Therefore, the Plan restated its financial statements for the year ended December 31, 2020. The cumulative effect of all adjustments resulted in a \$18,009,754 increase to investments and a \$585,333 decrease to accounts payable.

It was discovered that the balance reported on the December 31, 2020 statement of net assets available for benefits for the collective investment trusts were understated by \$20,618,095. It was also discovered that the U.S. government and agency security investments were overstated by \$2,608,341 on the December 31, 2020 statement of net assets available for benefits. Overall, the investments, at fair value, on the December 31, 2020 financial statements were understated by \$18,009,754.

Plan management and the 2021 independent auditors also identified the ending accounts payable balance reported on the December 31, 2020 statement of net assets available for benefits of \$585,333 was unsubstantiated. Therefore, the accounts payable reported on the December 31, 2020 financial statement was overstated by \$585,333.

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan

**Notes to Financial Statements
December 31, 2021 and 2020**

The following table presents the impact of the restatement adjustments on the financial statements as of December 31, 2020:

	As Previously Reported	Adjustment	As Restated
Investments, at fair value	\$ 768,141,894	\$ 18,009,754	\$ 786,151,648
Accounts payable	585,333	(585,333)	-
Net Assets	773,950,349	18,595,087	792,545,436
Net appreciation in investments	79,155,724	18,009,754	97,165,478

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets.
Level 2	Inputs to the valuation method to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for investments measured at fair value.

Level 1 investments consist of money market funds, common stocks, real estate investment trusts, and registered investment companies ("mutual funds"). Money market funds are valued at cost plus accrued interest, which approximates fair value. Common stocks and real estate investment trusts are valued at the closing price reported on the active market on which the individual securities are traded. The mutual funds are recorded at the closing price reported by the funds. These are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan

**Notes to Financial Statements
December 31, 2021 and 2020**

Level 2 investments consist of corporate bonds, municipal bonds, and U.S. government and agency securities. Corporate bonds, municipal bonds and U.S. government and agency securities are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Level 3 investments consist of limited partnerships, hedge funds, an investment contract, and Employers' withdrawal liability assessment receivables. The partnerships and hedge funds are valued at estimated fair value as determined by the partnership's and hedge fund's management based on estimates of the underlying investments held. The investment contract is valued using a cash-out factor based on an associated pool of general account assets. The Employers' withdrawal liability assessment receivables are valued at the net present value of future cash flows.

Investments also include common collective trust funds and a pooled separate account. The common collective trust funds are valued at the net asset value ("NAV") of bank collective trusts held by the Plan at year-end. The pooled separate account is valued at the NAV of the underlying investments held by the trust at year end. The NAV is used as the practical expedient to estimate fair value.

The preceding methods described may produce a fair value calculation 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 following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, as follows:

	2021			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 13,406,110	\$ 13,406,110	\$ -	\$ -
Common stocks	150,780,916	150,780,916	-	-
Corporate bonds	33,600,324	-	33,600,324	-
U.S. government and agency securities	24,410,595	-	24,410,595	-
Real estate investment trusts	6,150,136	6,150,136	-	-
Municipal bonds	3,750,669	-	3,750,669	-
Registered investment companies	101,380,756	101,380,756	-	-
Investment contract	3,656,170	-	-	3,656,170
Hedge funds	27,413,449	-	-	27,413,449
Limited partnerships	219,702,447	-	-	219,702,447
Employers' withdrawal liability assessment receivables	17,112,400	-	-	17,112,400
Total assets in fair value hierarchy	601,363,972	\$271,717,918	\$ 61,761,588	\$267,884,466
Investments measured at NAV	300,530,006			
	<u>\$901,893,978</u>			

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan

**Notes to Financial Statements
December 31, 2021 and 2020**

	2020			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 5,622,368	\$ 5,622,368	\$ -	\$ -
Common stocks	120,111,327	120,111,327	-	-
Corporate bonds	30,393,018	-	30,393,018	-
U.S. government and agency securities	28,481,055	-	28,481,055	-
Real estate investment trusts	4,563,421	4,563,421	-	-
Municipal bonds	4,202,304	-	4,202,304	-
Registered investment companies	98,589,361	98,589,361	-	-
Investment contract	3,719,228	-	-	3,719,228
Hedge funds	28,913,444	-	-	28,913,444
Limited partnerships	174,835,949	-	-	174,835,949
Employers' withdrawal liability assessment receivables	16,000	-	-	16,000
Total assets in fair value hierarchy	499,447,475	<u>\$228,886,477</u>	<u>\$ 63,076,377</u>	<u>\$207,484,621</u>
Investments measured at NAV	<u>286,720,173</u>			
	<u>\$786,167,648</u>			

In accordance with Subtopic 820-10, certain investments that were measured at NAV per share have not been classified in the fair value hierarchy. The fair value amounts presented in the tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Investments measured at fair value based on NAV per share practical expedient as of December 31, are as follows:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
2021				
<u>Collective Trust Funds:</u>				
Barings International Small Cap	\$24,542,563	N/A	Monthly	N/A
Invesco International Growth Trust CL 1	\$34,507,261	N/A	Daily	N/A
Multi-Employer Property Trust	\$20,242,240	N/A	Quarterly	45 days
Russell 1000 Growth Indx NL	\$83,880,370	N/A	Daily	N/A
S&P 500 Flagship NL Fund	\$83,475,367	N/A	Daily	N/A
<u>Pooled Separate Account:</u>				
QMA US Mid Cap Core Equity	\$53,882,205	N/A	Daily	N/A
2020				
<u>Collective Trust Funds:</u>				
Barings International Small Cap	\$23,060,720	N/A	Monthly	N/A
Invesco International Growth Trust CL 1	\$32,477,421	N/A	Daily	N/A
Multi-Employer Property Trust	\$30,021,311	N/A	Quarterly	45 days
Russell 1000 Growth Indx NL	\$75,936,584	N/A	Daily	N/A
S&P 500 Flagship NL Fund	\$84,044,081	N/A	Daily	N/A
<u>Pooled Separate Account:</u>				
QMA US Mid Cap Core Equity	\$41,180,056	N/A	Daily	N/A

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan

**Notes to Financial Statements
December 31, 2021 and 2020**

The following table provides a summary of changes in the estimated fair value of the Plan's Level 3 assets for the years ended December 31, 2021 and 2020, as follows:

	Limited Partnerships	Hedge Funds	Investment Contract	Employers' Withdrawal Liability Assessments Receivable	Total
Balance, December 31, 2019	\$ 121,628,750	\$ 28,864,834	\$ 3,524,761	\$ 16,000	\$ 154,034,345
Unrealized gain	42,046,320	3,531,612	194,467	-	45,772,399
Purchases, sales, issuances, and settlements (net)	<u>11,160,879</u>	<u>(3,483,002)</u>	<u>-</u>	<u>-</u>	<u>7,677,877</u>
Balance, December 31, 2020	174,835,949	28,913,444	3,719,228	16,000	207,484,621
Unrealized gain (loss)	45,305,739	147,170	(63,058)	-	45,389,851
Purchases, sales, issuance and settlements, (net)	<u>(439,241)</u>	<u>(1,647,165)</u>	<u>-</u>	<u>17,096,400</u>	<u>15,009,994</u>
Balance, December 31, 2021	<u>\$ 219,702,447</u>	<u>\$ 27,413,449</u>	<u>\$ 3,656,170</u>	<u>\$ 17,112,400</u>	<u>\$ 267,884,466</u>

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs for:

December 31, 2021

Instrument	Fair Value	Valuation Technique	Unobservable Inputs
Limited partnerships	\$219,702,447	Market Approach	Value of underlying assets of the partnerships
Hedge funds	\$ 27,413,449	Market Approach	Value of underlying assets of the hedge funds
Investment contract	\$ 3,656,170	Market Approach	Cash-out factor based on associated pool of general assets
Withdrawal liability	\$ 17,112,400	Market Approach	Discounted future cash flows

December 31, 2020

Instrument	Fair Value	Valuation Technique	Unobservable Inputs
Limited partnerships	\$174,835,949	Market Approach	Value of underlying assets of the partnerships
Hedge funds	\$ 28,913,444	Market Approach	Value of underlying assets of the hedge funds
Investment contract	\$ 3,719,228	Market Approach	Cash-out factor based on associated pool of general assets
Withdrawal liability	\$ 16,000	Market Approach	Discounted future cash flows

**United Food and Commercial Workers Union Local 655 Food Employers Joint Pension
Plan
Notes to Financial Statements
December 31, 2021 and 2020**

5. Related-Party Transactions

The Union provides services to the Plan, including common occupancy of offices, personnel, utilization of data processing equipment, and common administrative functions. All such costs are borne by the Union and allocated to the Plan. The total allocated expenses amounted to \$80,857 and \$69,465 for the years ended December 31, 2021 and 2020, respectively. As of December 31, 2021, \$7,721 was due to the Union for administrative expenses.

6. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on participants' years of credited service. The accumulated plan benefits of active employees will equal the accumulation, with interest, 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 to the valuation date.

The present value of accrued benefits is the sum of the present values of payments to pensioners and survivors, vested accrued benefits of inactive employees, vested accrued benefits of active employees, and non-vested accrued benefits of active employees.

These values are determined on the assumption that each active participant will earn one pension credit in each future year. Future service is recognized for purposes of determining eligibility. Non-vested accrued benefits include potential benefits that may become payable whether or not the employee is already vested in a normal retirement benefit.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, as of January 1, 2021 and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial computations are:

Estimated rate of return on investments	On actuarial value of assets (Schedule MB, line 6g): 8.0%, for the Plan Year ending December 31, 2020.
	On current (market) value of assets (Schedule MB, line 6h): 11.7%, for the Plan Year ending December 31, 2020.

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

Mortality Rates

Non-Annuitants: 110% of the RP-2006 Blue Collar Employee Mortality Tables, projected generationally using Scale MP-2019.

Healthy Annuitants: 110% of the RP-2006 Blue Collar Healthy Annuitant Mortality Tables, projected generationally using Scale MP-2019.

Disabled Annuitants: 110% of the RP-2006 Disabled Retiree Mortality Tables, projected generationally using Scale MP-2019.

Termination Rates

<u>Age</u>	<u>Mortality*</u>		<u>Disability</u>	<u>Withdrawal**</u>
	<u>Male</u>	<u>Female</u>		
20	0.07%	0.02%	0.02%	14.76%
25	0.09%	0.03%	0.03%	14.76%
30	0.09%	0.04%	0.03%	8.17%
35	0.11%	0.05%	0.04%	8.47%
40	0.12%	0.06%	0.07%	7.00%
45	0.16%	0.09%	0.11%	6.29%
50	0.25%	0.14%	0.18%	5.89%
55	0.41%	0.22%	0.30%	3.00%
60	0.71%	0.35%	1.22%	0.13%

* Rates shown above are sample rates in 2021

** Withdrawal rates cut out at early retirement age. Before 5 years of vesting service, withdrawal rates are as follows:

<u>Years of Vesting Service</u>	<u>Withdrawal Rate</u>
Less than 2	30%
2-3	20%
3-4	15%

Retirement

The assumed retirement rates for those eligible are:

<u>Age</u>	<u>From Active Status</u>	<u>From Inactive Status</u>
55-59	2%	2%
57-59	5%	2%
60	15%	10%
61	15%	20%
62	30%	35%
63-64	20%	20%
65	30%	10%
67-70	25%	10%
71	100%	10%

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Description of Weighted Average Retirement Age:	Age 63, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2021 actuarial valuation.
Future Benefit Accruals:	Based on the average of the participant's hours during the previous two years with a minimum of 0.25 pension credits.
Unknown Data for Participants:	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants:	Participants with at least 250 hours in the most recent plan year and who have accumulated at least one pension eligibility credit, excluding those who have retired as of the valuation date and those who were employed by a withdrawn employer.
Exclusion of Inactive Vested Participants:	Inactive participants over age 70 are assumed deceased and never to return and apply for a benefit.
Percent Married:	Males: 80% Females: 65%
Age of Spouse:	Spouses are assumed 4 years younger than the male participants and 2 years older than female participants. If not given, spouses are assumed to be of the opposite sex of the participants.
Benefit Election:	Male Participants: 50% elect the 50% joint and survivor pension with pop-up provision and 50% elect the single life annuity. Female Participants: 30% elect the 50% joint and survivor pension with pop-up provision and 70% elect the single life annuity.

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan

**Notes to Financial Statements
December 31, 2021 and 2020**

Delayed Retirement Factors	Active participants work enough ours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.
Net Investment Return:	7.00% - The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses:	\$1,700,000 for the year beginning January 1, 2021 (equivalent to \$1,639,136 payable at the beginning of the year).
Actuarial Value of Assets:	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized 20% per year, over a five-year period. The actuarial value is further adjusted, if necessary, to be within 80% to 120% on the market value of assets.
Actuarial Cost Method:	Unit Credit Actuarial Cost Method. Normal cost and actuarial accrued liability are calculated on an individual basis.
Benefits Valued:	Unless otherwise indicated, includes all benefits.
Current Liability Assumptions:	Interest: 2.43%, within the permissible range prescribed under IRC Section 431(c)(6)(E). Mortality: As prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP2006 employee and annuitant mortality tables, projected generationally using scale MP-2019.
Funding Standard Account Contribution Timing (Schedule MB, Line 3):	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2021. Had the valuations been performed as of December 31, 2020 there would be no material differences.

7. Employer Withdrawal Liability Assessments

The Plan complies with the provisions of the MPPA Act, which requires imposition of a withdrawal liability assessment on a participating Employer that partially or totally withdraws from the Plan. Under the provisions of MPPA Act, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing Employer. A withdrawal liability assessment is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The Plan entered into various settlement agreements with participating Employers who withdrew from the Plan and were subject to withdrawal liability assessments. Quarterly payments are to be received through October 2040. The Trustees, at times, approve settlements and payment plan arrangements for assessment amounts owed to the Plan.

During the years ended December 31, 2021 and 2020, the Plan recognized employer withdrawal contributions of \$18,036,584 and \$1,305,144, respectively. At December 31, 2021 and 2020, the Plan was receiving withdrawal liability assessment payments under payment plan arrangements from two former participating Employers, and received a lump sum settlement from one previously participating Employer. The receivable amount represents the present value of the remaining payments at a discount rate between 7.0% and 7.5%.

8. Plan Amendments

In May 2021, the Plan was amended to delay a participant's required beginning date until April 1 following the year the participant attains age 72.

9. Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved by the Trustees. In the event of termination, the Plan's assets would not be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. During termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated.

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of payment under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan

**Notes to Financial Statements
December 31, 2021 and 2020**

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

10. Tax Status of Plan

The Internal Revenue Service has determined and informed the Trustees by a letter dated June 16, 2011, that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

In accordance with GAAP, the Plan's management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan's management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan's management believes the Plan is no longer subject to income tax examinations for years prior to 2018. The Plan is also subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

**United Food and Commercial Workers Union Local 655 Food Employers Joint Pension
Plan
Notes to Financial Statements
December 31, 2021 and 2020**

11. 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 statements of net assets available for benefits.

The majority of receivables are from Employers concentrated in the food and retail industries. The Plan generally does not require collateral, but in some cases can require a performance bond. The Plan maintains adequate reserves for potential losses and such losses have been minimal and within management's estimates.

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

12. Subsequent Events

The Plan has evaluated subsequent events through November 10, 2022 the date the financial statements were available to be issued.

Effective January 1, 2022, the Plan was amended to clarify Article IV of the Plan's Trust Agreement related to Employer payments and notice requirements.

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	MONEY MARKET FUNDS:		
	COMERICA SHORT TERM FUND	\$ 8,419,161	\$ 8,419,161
	FIRST BANK INTEREST BEARING CHECKING ACCOUNT	4,986,949	4,986,949
	TOTAL MONEY MARKET FUNDS	<u>13,406,110</u>	<u>13,406,110</u>
	U.S. GOVERNMENT AND AGENCY SECURITIES:		
	FEDERAL HOME LN MTG CMO 3.458%	466,900	476,913
	FEDERAL HOME LN MTG CORP GOLD	37,633	42,612
	FEDERAL HOME LN MTG CORP GROUP	114,177	115,577
	FEDERAL HOME LN MTG CORP MBS	152,002	153,206
	FEDERAL HOME LN MTG CORP MULTICL	40,229	42,164
	FEDERAL HOME LN MTG CORP MULTICL	38,822	38,123
	FEDERAL HOME LN MTG CORP MULTICL	594,721	648,143
	FEDERAL HOME LN MTG CORP PARTN	311,188	326,797
	FEDERAL HOME LN MTG CORP PARTN C	169,784	174,039
	FEDERAL HOME LN MTG CORP PARTN C	87,635	87,496
	FEDERAL HOME LN MTG CORP POOL	25,438	28,053
	FEDERAL HOME LOAN MTG CORP 2.000	614,960	595,294
	FEDERAL HOME LOAN MTG CORP 2.000	813,211	806,171
	FEDERAL HOME LOAN MTG CORP 2.500	787,364	782,939
	FEDERAL HOME LOAN MTG CORP 3.000	355,328	349,723
	FEDERAL HOME LOAN MTG CORP 3.000	869,680	859,365
	FEDERAL HOME LOAN MTG CORP CMO	569,078	565,833
	FEDERAL NATL MTG ASSN .875%	109,078	103,810
	FEDERAL NATL MTG ASSN CMO 4.5%	53,729	54,128
	FEDERAL NATL MTG ASSN GTD MTG	72,286	74,362
	FEDERAL NATL MTG ASSN GTD MTG	54,430	55,717
	FEDERAL NATL MTG ASSN GTD MTG	84,052	85,402
	FEDERAL NATL MTG ASSN GTD MTG	50,032	50,266
	FEDERAL NATL MTG ASSN GTD MTG	142,011	149,032
	FEDERAL NATL MTG ASSN GTD MTG	357,477	385,709
	FEDERAL NATL MTG ASSN GTD MTG PA	292,693	290,331
	FEDERAL NATL MTG ASSN GTD MTG PA	395,557	393,448
	FEDERAL NATL MTG ASSN GTD MTG PA	319,937	318,438
	FEDERAL NATL MTG ASSN GTD MTG PA	532,240	514,052
	FEDERAL NATL MTG ASSN GTD MTG PA	570,297	564,195
	FEDERAL NATL MTG ASSN GTD MTG PA	783,919	777,368

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED):			
	FEDERAL NATL MTG ASSN GTD MTG PA	\$ 826,163	\$ 813,069
	FEDERAL NATL MTG ASSN GTD MTG PA	79,094	82,376
	FEDERAL NATL MTG ASSN POOL	2,895	3,142
	FEDERAL NATL MTG ASSN POOL	4,005	4,252
	FEDERAL NATL MTG ASSN POOL	66,178	74,317
	FEDERAL NATL MTG ASSN POOL	71,666	73,393
	FEDERAL NATL MTG ASSN POOL	49,793	55,259
	FEDERAL NATL MTG ASSN POOL NBR	199,538	202,068
	FEDERAL NATL MTG ASSN POOL NBR	195,159	203,985
	FEDERAL NATL MTG ASSN POOL NBR	161,090	171,409
	FNMA PASS-THRU I 2.500	625,496	622,811
	GNMA II GTD CTF MULTI ISSUER	623,924	614,829
	GNMA II GTD CTF MULTI ISSUER	762,261	758,638
	GNMA II GTD CTF MULTI ISSUER	846,358	847,152
	GNMA II GTD CTF MULTI ISSUER	631,688	629,514
	GNMA II GTD CTF MULTI ISSUER MBS	454,849	448,894
	GNMA PLATINUM POOLS USING GNMA I	94,716	98,464
	GOVERNMENT NATL MTG ASSN CMO 1%	305,465	298,302
	GOVERNMENT NATL MTG ASSN POOL #	18,891	20,023
	UNITED STATES TREAS BDS 2%	634,283	620,535
	UNITED STATES TREAS BDS 3%	110,084	106,992
	UNITED STATES TREAS BDS PIDI NTS	600,591	563,433
	UNITED STATES TREAS NTS FTN	1,065,091	1,046,980
	US TREASURY BOND 1.25%	748,551	767,952
	US TREASURY BOND 1.375% PIDI BDS	673,019	642,517
	US TREASURY BOND 2.375%	717,347	695,041
	US TREASURY BOND 2.5% 02/15/2045	628,600	695,388
	US TREASURY BOND 2.5% 05/15/2046	991,316	1,192,659
	US TREASURY BOND 2.75%	1,395,407	1,406,431
	US TREASURY BOND 3% 05/15/2047	508,206	584,851
	US TREASURY BOND 3.5% 02/15/2039	160,840	157,213
	TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES	<u>24,118,452</u>	<u>24,410,595</u>
MUNICIPAL BONDS:			
	COLUMBIA SC WTRWKS & SWR SYS REV	120,000	124,730
	GREAT LAKES WTR AUTH MICH	285,000	302,026
	HONOLULU HI CITY & CNTY WSTWTR	365,000	381,856
	MARIN CA CMNTY COLLEGE DIST	349,598	393,505
	MASSACHUSETTS ST WTR RES AUTH	575,000	591,842

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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MUNICIPAL BONDS (CONTINUED):			
	METRO WASTEWTR RECLAMATION DIST	\$ 265,000	\$ 278,852
	NEW YORK ST URBAN DEV CORP REV	273,935	301,563
	OMAHA-DOUGLAS NE PUB BLDG BDS	187,504	203,821
	OREGON ED TAXABLE BDS 2021A	160,000	158,504
	PRINCE GEORGES CNTY MD TAXABLE	80,000	79,139
	TEXAS ST TXBL-PUBLIC FIN AUTH	144,939	159,566
	TEXAS ST TXBL-REF-STATE OF TEXAS	185,000	197,397
	UNIVERSITY MICH UNIV REVS	100,000	99,275
	VIRGINIA ST RES AUTH INFRASTRUCT	460,000	478,593
	TOTAL MUNICIPAL BONDS	<u>3,550,976</u>	<u>3,750,669</u>
CORPORATE BONDS:			
	ABBOTT LABS NT 4.9%	203,930	226,321
	ADOBE INC 2.3% 02/01/2030-2029	153,789	153,464
	AEP TRANSMISSION CO LLC 3.1%	581,333	548,886
	AIR PRODUCTS & CHEMICAL INC	398,190	374,567
	ALLSTATE CORP .75%	443,772	438,719
	AMAZON COM INC 3.875%	230,042	229,486
	AMER WATER WORKS 3.45%	388,925	388,192
	AMEREN CORP 1.95%	49,991	50,175
	AMEREN ILLINOIS COMPANY 2.7%	150,839	151,379
	AMERICAN EXPRESS CR CORP 3.3%	624,318	610,196
	AMERICAN HOME PRODUCTS 7.25%	211,589	193,378
	AMPHENOL CORP CL A 2.05%	320,059	315,949
	ANALOG DEVICES INC 3.5%	317,264	305,539
	ANHEUSER-BUSCH INBEV WORLDWIDE I	256,997	260,040
	APPLE INC 4.375% 05/13/2045	282,933	284,636
	APPLIED MATLS INC 1.75%	199,287	195,928
	AUTOMATIC DATA PROCESSING 1.7%	438,231	428,818
	AVERY DENNISON CORP 3.35%	468,016	475,467
	BA CR CARD TR CMO .34%	319,926	315,781
	BANK OF AMERICA CORP 2.592%	383,425	364,036
	BAXTER INTL INC 2.4% 08/15/2022	381,068	409,070
	BERKSHIRE HATHAWAY 4.25%	238,465	246,434
	BURLINGTON NORTH SANTA FE 7.29%	385,201	405,770
	CANADIAN NATL RAILWAY CO 6.712%	300,488	310,129
	CATERPILLAR INC 6.625%	268,682	277,582
	CINTAS CORP NO 2 2.9%	421,019	416,668
	CNH EQUIPMENT TRUST ABS .81%	234,973	233,421

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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	CORPORATE BONDS (CONTINUED):		
	CNH EQUIPMENT TRUST ABS .4%	\$ 364,863	\$ 361,319
	COCA COLA CO 1.45% 06/01/2027	322,007	313,368
	COMCAST CORP NEW 6.5% 11/15/2035	137,108	158,183
	CONAGRA .5% 08/11/2023-2022	328,938	327,192
	CONNECTICUT LT & PWR PFD .75%	255,089	247,957
	CONNECTICUT LT & PWR PFD 2.5%	309,944	314,349
	CONTINENTAL AIRLS INC CL B 4%	186,288	183,845
	CUMMINS 1.5% 09/01/2030-2030	264,006	260,486
	D R HORTON INC 2.5%	115,355	113,209
	DELMARVA PWR & LT CO 3.5%	610,499	598,276
	DELTA AIR LINES 2019- 1AA 3.204%	377,529	382,567
	DISCOVERY COMMUNICATIONS LLC	321,789	309,476
	DOMINION ENERGY INC PERP GLBL -C	301,186	319,429
	DTE ELEC CO 3.7% 03/15/2045-2044	110,940	116,538
	DUKE ENERGY CAROLINAS LLC 3.75%	179,829	194,114
	EATON CORP OHIO 4.15% 11/02/2042	231,514	216,879
	EMERSON ELECTRIC .875%	404,801	394,162
	ESTEE LAUDER COS INC SR NT 2.35%	234,422	242,753
	EVERGY INC 2.9% 09/15/2029-2029	423,865	409,812
	EXXON MOBIL CORPORATION 2.019%	470,767	461,196
	FEDERAL HOME LN MTG CORP MULTICL	624,261	598,632
	FEDERAL HOME LN MTG CORP MULTICL	309,235	299,488
	FEDERAL HOME LN MTG CORP MULTICL	531,635	533,728
	FEDEX 2020-1 CLASS AA 1.875%	619,975	611,061
	FLORIDA PWR & LT CO SR GLBL FL	624,310	602,843
	GENERAL MTRS FINL CO INC 2.7%	250,713	249,371
	GEORGIA PAC CORP DEB 7.375%	412,869	406,378
	GLAXOSMITHKLINE CAP INC 3.375%	324,673	331,398
	GLOBAL MARKETS INC 3.65%	481,836	516,781
	GRAINGER W W INC 1.85%	171,076	173,239
	HERSHEY CO 1.7% 06/01/2030-2030	256,212	249,778
	HORMEL FOODS CORP 1.8%	130,002	127,603
	IDEX CORP 2.625% 06/15/2031-2031	209,740	212,056
	INTUIT INC .65% 07/15/2023	190,070	189,424
	JOHNSON & JOHNSON .95%	274,794	269,148
	JPMORGAN CHASE & CO 2.182%	225,456	216,898
	KIMBERLY CLARK CORP 2.65%	454,496	486,711
	KROGER CO 2.65% 10/15/2026-2026	441,973	431,459
	LOCKHEED MARTIN CORP 7.75%	371,575	340,296

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EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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	CORPORATE BONDS (CONTINUED):		
	LOWES COMPANIES INC 2.8%	\$ 219,767	\$ 215,411
	MAGELLAN MIDSTREAM 5%	285,601	295,873
	MARTIN MARIETTA 3.2%	129,525	126,941
	MCDONALDS CORP 3.35%	237,485	231,638
	MICROSOFT CORP 3.3%	627,031	605,178
	MONDELEZ INTL INC 2.75%	380,586	376,505
	MOODY'S CORPORATION 2.625%	311,287	305,001
	NATIONAL RURAL UTILS COOP FIN	551,879	547,224
	NORFOLK SOUTHERN CORP 2.9%	322,677	327,202
	NVENT FIN S A R L 2.75%	214,293	214,353
	OGLETHORPE PWR CORP 4.55%	183,392	186,863
	ONCOR ELECTRIC DELIVERY 7%	502,748	447,802
	OSHKOSH CORP 3.1% SNR PIDI NTS	205,816	213,186
	PACCAR FINL CORP MEDIUM TERM SR	319,557	315,773
	PACKAGING CORP OF AMERICA 3.65%	197,438	190,138
	PEPSICO INC 4.45%	254,111	256,877
	PG&E ENERGY RECOVERY FND 1.46%	389,995	387,777
	PINNACLE WEST CAPITAL CORP 1.3%	455,559	447,729
	PROCTER & GAMBLE CO 3.55%	227,372	220,370
	PUBLIC SERVICE ELEC & GAS 4.05%	148,684	155,831
	PUBLIC SVC CO COLORADO 4.3%	147,014	155,630
	QUANTA 3.05% 10/01/2041-2041	130,075	126,048
	REPUBLIC 1.75% 02/15/2032-2031	345,279	325,470
	REPUBLIC 3.375% 11/15/2027-2027	114,808	107,234
	ROPER TECHNOLOGIES INC 3.65%	468,314	452,865
	TENNESSEE GAS PIPELINE CO 7%	212,303	210,670
	T-MOBILE USA INC 3.875%	436,894	432,576
	TRANSCONTINENTAL GAS PIPE LINE C	348,721	335,825
	UNION PAC RR CO 2014-1 PASS THRU	530,859	564,276
	UNITED PARCEL SERVICE 5.2%	238,446	290,390
	VALERO ENERGY CORP 1.2%	410,154	407,573
	VERIZON MASTER TRUST ABS .99%	479,776	477,679
	WALT DISNEY CO 7.125% 04/08/2028	414,819	401,872
	WASTE CONNECTIONS INC 4.25%	413,191	426,998
	WASTE MANAGEMENT INC .75%	503,992	491,729
	WHIRLPOOL CORP 4% 03/01/2024	318,621	312,656
	WISCONSIN ENERGY CORP 6.2%	273,530	300,012
	YALE UNIVERSITY .873%	335,000	331,716
	TOTAL CORPORATE BONDS	<u>33,794,991</u>	<u>33,600,324</u>

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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	REAL ESTATE INVESTMENT TRUSTS:		
	AGNC INVESTMENT CORP	\$ 21,214	\$ 19,131
	ANNALY MTG MGMT INC	41,824	35,378
	COHEN & STEERS INC	234,140	432,484
	CUBESMART	99,169	213,413
	CYRUSONE INC	178,455	216,405
	DIAMONDROCK HOSPITALITY CO	275,373	323,473
	DIGITAL REALTY TRUST INC	324,005	703,943
	EPR PPTYS	41,918	39,084
	FIRST INDUSTRIAL REALTY TRUST	17,601	19,529
	HOST HOTELS & RESORTS, INC.	140,013	164,075
	IRON MTN INC NEW	89,596	107,120
	LAMAR ADVERTISING CO NEW - A	58,666	92,431
	MID-AMER APARTMENT CMNTYS INC	14,306	16,290
	NATIONAL RETAIL PPTYS INC	48,141	49,704
	NEW RESIDENTIAL INVT CORP	152,049	126,346
	PARK HOTELS & RESORTS INC	20,481	21,051
	PENNYMAC MTG INVT TR	200,343	234,475
	PHYSICIANS RLTY TR	227,911	237,729
	PROLOGIS INC	80,149	100,343
	RAYONIER INC	43,186	47,827
	REALTY INCOME CORP REIT	51,886	54,623
	SBA COMMUNICATIONS CORP	161,381	657,444
	SIMON PROPERTY GROUP INC	576,861	774,885
	SPIRIT RLTY CAP INC NEW	27,611	36,865
	STAG INDL INC COM	207,766	312,939
	STARWOOD PPTY TR INC	63,999	61,139
	SUN CMNTYS INC	246,798	590,016
	WEYERHAEUSER CO	352,838	461,994
	TOTAL REAL ESTATE INVESTMENT TRUSTS	<u>3,997,680</u>	<u>6,150,136</u>
	REGISTERED INVESTMENT COMPANIES:		
	BAIRD SHORT-TERM BD FD INSTL CL	33,432,602	33,308,626
	PIMCO TOTAL RETURN FD INSTL	60,629,229	68,072,130
	TOTAL REGISTERED INVESTMENT COMPANIES	<u>94,061,831</u>	<u>101,380,756</u>
	POOLED SEPARATE ACCOUNT:		
	QMA US MID CAP CORE EQUITY	<u>24,822,660</u>	<u>53,882,205</u>

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	COLLECTIVE TRUST FUNDS:		
	BARINGS INTERNATIONAL SMALL CAP	\$ 17,000,000	\$ 24,542,563
	INVESCO INTERNATIONAL GROWTH	20,597,139	34,507,261
	MULTI-EMPLOYER PROPERTY TRUST	9,167,028	20,242,240
	RUSSELL 1000 (R) GROWTH INDX NL	36,617,747	83,880,370
	S&P 500 (R) FLAGSHIP NL FUND	19,688,801	83,475,367
	TOTAL COLLECTIVE TRUST FUNDS	<u>103,070,715</u>	<u>246,647,801</u>
	LIMITED PARTNERSHIPS:		
	AMERICAN STRATEGIC VALUE REALTY	7,009,993	13,169,263
	ASB ALLEGIANCE REAL ESTATE FD LP	16,859,162	29,704,477
	FORT WASHINGTON HIGH YIELD II	20,000,000	24,124,859
	GCM GROSVENOR MULTI-CLASS FUND	32,757,854	67,304,353
	GROSVENOR OPPORTUNISTIC CREDIT	2,733,643	689,276
	GROSVENOR OPPORTUNISTIC CREDIT	3,909,418	12,883,224
	HAMILTON LANE PRIVATE EQUITY	4,389,479	6,936,256
	HAMILTON LANE SECONDARY FUND II	392,745	115,165
	LANDMARK EQUITY PARTNERS XIV LP	673,583	1,029,178
	LSV INTERNATIONAL AC VALUE	17,723,815	22,364,082
	SIGULER GUFF SMALL BUYOUT	7,746,027	23,315,054
	U.S. REAL ESTATE INVESTMENT FUND	10,280,262	18,067,260
	TOTAL LIMITED PARTNERSHIPS	<u>124,475,981</u>	<u>219,702,447</u>
	HEDGE FUNDS:		
	ENTRUST CAPITAL DIVERSIFIED	2,013,146	2,079,068
	ENTRUST SPECIAL OPPORTUNITIES	2,611,667	846,992
	ENTRUST SPECIAL OPPORTUNITIES	8,120,052	7,192,831
	GROSVENOR INSTITUTIONAL PARTNERS	9,247,154	17,294,558
	TOTAL HEDGE FUNDS	<u>21,992,019</u>	<u>27,413,449</u>
	INVESTMENT CONTRACT:		
	PRINCIPAL GLOBAL INVESTORS LLC	<u>3,197,655</u>	<u>3,656,170</u>
	COMMON STOCKS:		
	3M CO	62,473	64,124
	ABBOTT LABS	445,612	831,633
	ACADIA HEALTHCARE CO INC	18,285	17,239
	ACTIVISION BLIZZARD INC	77,449	69,191
	ACUIITY BRANDS INC	153,496	259,357

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
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COMMON STOCKS:			
	ADAPTIVE BIOTECHNOLOGIES CORP	\$ 9,449	\$ 7,071
	ADT INC DEL	61,240	61,906
	ADVANCED DRAIN SYS INC DEL	298,436	401,584
	ADVANCED ENERGY INDS INC	101,433	295,945
	ADVANCED MICRO DEVICES INC	204,690	1,004,422
	AES CORP	287,364	399,346
	AGILENT TECHNOLOGIES INC	287,204	691,285
	AIR PRODUCTS & CHEMICAL INC	579,814	766,735
	AIRBNB INC COM CL A	349,369	333,812
	AKAMAI TECHNOLOGIES	17,449	19,546
	ALLIANT ENERGY CORP	27,714	29,629
	ALLSCRIPTS HEALTHCARE SOLUTIONS	271,015	502,873
	ALLSTATE CORP	603,375	757,195
	ALLY FINL INC	381,354	568,606
	ALPHABET INC CL A	287,932	298,395
	ALPHABET INC CL C	290,332	300,933
	AMCOR PLC	36,968	37,615
	AMDOCS LTD	37,459	45,877
	AMEREN CORP	61,151	63,642
	AMERICAN AXLE & MFG HLDGS INC	483,126	395,126
	AMERICAN EXPRESS CO	249,433	341,760
	AMERICAN FINL GROUP INC OH	20,116	19,087
	AMERICAN INTL GROUP INC	144,679	227,269
	AMERIPRISE FINL INC	213,759	215,989
	AMERISAFE INC	172,843	216,397
	AMETEK INC	572,246	586,690
	AMGEN INC	96,068	98,537
	AMPHENOL CORP CL A	265,712	704,928
	ANALOG DEVICES INC	86,472	86,303
	ANTERO MIDSTREAM CORPORATION COM	58,198	54,624
	ANTHEM INC	233,985	454,733
	APA CORPORATION COM	39,042	72,603
	APARTMENT INCOME REIT CORP	137,566	147,937
	APPLIED INDUSTRIAL TECH INC	187,100	379,990
	APTARGROUP INC	26,261	26,946
	ARAMARK HLDGS CORP	32,302	31,838
	ARCHER DANIELS MIDLAND CO	719,485	1,087,861
	ARDAGH GROUP SA	20,344	29,948
	ARES COML REAL ESTATE CORP	235,618	331,803

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCK (CONTINUED):		
	ARES MANAGEMENT CORPORATION	\$ 50,425	\$ 49,087
	ASSURANT INC	103,576	142,612
	AT&T INC	516,507	442,037
	ATHENE HOLDING LTD CLASS A	98,214	96,746
	ATLAS AIR INC	211,398	595,780
	ATMOS ENERGY CORP	573,090	595,094
	ATRION CORP	241,913	274,911
	AUTONATION INC	15,260	14,489
	AUTOZONE INC	334,483	790,339
	AVERY DENNISON CORP	472,493	596,650
	AXIS CAPITAL HOLDINGS LTD	319,560	324,478
	B & G FOODS HLDGS CORP CLASS A	201,717	396,724
	BADGER METER INC	148,263	282,384
	BALL CORP	921	963
	BANC CALIF INC	250,080	313,116
	BANK OF AMERICA CORP	89,886	136,629
	BANK OF HAWAII CORP	76,504	125,640
	BATH BODY WORKS INC COM	115,633	168,613
	BELDEN CDT INC	249,167	268,178
	BERKLEY W R	592,029	620,973
	BERKSHIRE HATHAWAY INC CL B	258,361	397,670
	BEST BUY	432,995	562,661
	BIO RAD LABORATORIES INC CL A	152,476	185,115
	BIOCRYST PHARMACEUTICALS INC	103,462	291,058
	BIOGEN IDEC INC	220,636	182,099
	BIOMARIN PHARMACEUTICAL INC	26,182	27,742
	BLACKROCK INC	47,107	45,778
	BLOCK H & R INC	11,728	11,733
	BOEING CO	224,126	203,333
	BRISTOL MYERS SQUIBB CO	394,644	406,460
	BROWN & BROWN INC	427,493	830,920
	BRUKER BIOSCIENCES CORP	451,506	605,411
	BUNGE LIMITED	119,371	184,666
	BURLINGTON STORES INC	51,353	53,929
	CABLE ONE INC	14,358	14,108
	CACI INTL INC CL A	5,830	6,730
	CACTUS INC	224,519	303,134
	CAMDEN NATL CORP	74,789	87,892
	CAMPBELL SOUP CO	81,829	78,315

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCK (CONTINUED):		
	CANADIAN PACIFIC RAILWAY LIMITED	\$ 143,076	\$ 144,168
	CARDINAL HEALTH INC	102,730	102,208
	CARGURUS INC	177,824	180,277
	CARLISLE COMPANIES INC	50,902	86,346
	CARMAX INC	6,997	9,507
	CARNIVAL CORP	26,034	23,762
	CARTER'S INC	257,024	308,721
	CATALENT INC	142,254	255,164
	CATHAY BANCORP INC	215,853	253,641
	CAVCO INDUSTRIES INC	276,806	397,063
	CDK GLOBAL INC	275,389	242,092
	CDW CORP	196,881	701,372
	CENTENE CORP	86,176	118,409
	CENTRAL GARDEN & PET CO	231,537	249,490
	CERIDIAN HCM HLDG INC	6,029	9,715
	CF INDS HLDGS INC	56,902	68,090
	CHANGE HEALTHCARE INC	12,207	12,358
	CHARLES RIVER LABORATORIES	81,013	84,022
	CHART INDS INC	260,994	473,685
	CHARTER COMMUNICATIONS INC NEW	184,994	252,312
	CHEMED CORP	479,310	542,266
	CHEMOURS CO	33,062	31,916
	CHENIERE ENERGY INC	452,221	507,100
	CHESAPEAKE UTILS CORP	118,423	196,844
	CHEVRON CORPORATION	580,397	726,279
	CHILDRENS PLACE RETAIL STS INC	266,952	410,722
	CHOICE HOTELS INTL INC	363,506	699,615
	CHUBB LTD	41,567	45,621
	CHURCH & DWIGHT INC	590,648	596,038
	CIENA CORP	10,566	15,163
	CIGNA CORP	28,949	30,770
	CINCINNATI FINANCIAL CORP	388,162	495,254
	CINTAS CORP	84,966	99,713
	CIRRUS LOGIC INC	80,726	380,963
	CISCO SYS INC	126,337	150,440
	CITIGROUP INC	176,086	198,683
	CITRIX SYS INC	12,898	10,405
	CLEAN HARBORS INC	20,463	18,058
	CLEVELAND-CLIFFS INC NEW	81,993	250,464

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
COMMON STOCK (CONTINUED):			
	CLOUDFLARE INC - CLASS A	\$ 40,727	\$ 31,034
	CNA FINL CORP	76,139	86,529
	COLFAX CORP	44,416	48,406
	COLUMBIA BANKING SYSTEM INC	403,081	392,149
	COLUMBIA SPORTSWEAR CO	266,104	311,808
	COMCAST CORP CL A	32,546	32,262
	COMFORT SYSTEM USA INC	163,566	192,933
	COMMSCOPE HLDG CO INC	302,713	344,890
	COMSTOCK RESOURCES INC	338,048	327,160
	CONAGRA FOODS INC	230,701	247,144
	CONCENTRIX CORPORATION COM	124,797	344,737
	CONDUENT INC	493,979	330,599
	CONOCOPHILLIPS	112,379	116,571
	CONSOLIDATED EDISON INC	36,610	39,930
	CONSTELLATION BRANDS INC CL A	82,432	100,639
	COPA HOLDINGS SA-CLASS A	421,503	451,076
	CORCEPT THERAPEUTICS INC	238,624	192,555
	CORNING INCORPORATED	221,798	234,363
	CORVEL CORP	160,187	504,400
	COTY INC	10,332	13,934
	COUSINS PROPERTIES INC	178,966	203,172
	CREDIT ACCEPTANCE CORP	13,158	13,754
	CROWDSTRIKE HOLDINGS INC -A	341,419	464,783
	CSG SYSTEMS INTL INC	269,626	360,125
	CSX CORP	40,844	68,958
	CVS/CAREMARK CORP	512,742	760,702
	D R HORTON INC	433,600	849,164
	DANAHER CORP	718,742	1,459,817
	DARLING INTL INC	318,954	474,290
	DAVITA INC	44,002	63,933
	DECKERS OUTDOOR CORP	78,879	516,497
	DENTSPLY SIRONA INC	80,079	77,604
	DIAMONDBACK ENERGY INC	449,435	577,537
	DICKS SPORTING GOODS INC	152,465	149,487
	DIEBOLD INC	314,885	367,457
	DISCOVER FINL SVCS	81,660	78,927
	DISCOVERY COMMUNICATIONS INC NEW	21,380	16,266
	DISH NETWORK CORP A	88,760	74,125
	DOMINION ENERGY INC PERP GLBL -C	19,595	20,268

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCK (CONTINUED):		
	DOMINOS PIZZA INC	\$ 566,117	\$ 671,553
	DONALDSON INC	335,045	432,598
	DORMAN PRODS INC	110,622	265,574
	DOVER CORP	123,934	208,114
	DOW INC	49,267	41,632
	DYCOM INDS INC	262,562	627,254
	DYNATRACE HOLDINGS LLC	44,468	36,632
	DYNAVAX TECHNOLOGIES CORP	154,460	229,130
	EAGLE PHARMACEUTICALS INC	411,104	449,114
	EAST WEST BANCORP INC	532,555	761,622
	EATON CORP PLC	222,906	258,712
	EDISON INTERNATIONAL	416,596	478,160
	EDWARDS LIFESCIENCES CORP	255,066	526,621
	ELANCO ANIMAL HEALTH INC	116,057	102,338
	ELECTRONIC ARTS	50,834	52,760
	EMERSON ELECTRIC	398,103	539,133
	ENCORE CAPITAL GROUP INC	213,977	503,091
	ENERSYS	213,430	239,552
	ENSIGN GROUP INC	116,693	217,037
	ENTERGY CORP NEW	28,617	30,641
	EOG RESOURCES INC	466,389	445,038
	EPAM SYS INC	240,710	1,096,258
	EQUIFAX INC	100,018	188,557
	EQUITABLE HLDGS INC	59,423	82,139
	ESSENTIAL UTILITIES INC	900,375	912,998
	ETSY INC	399,227	445,543
	EVERCORE PARTNERS INC	618,622	591,763
	EVEREST RE GROUP LTD	382,243	429,233
	EVERSOURCE ENERGY	52,960	57,135
	EXACT SCIENCES CORP	60,114	44,597
	EXELIXIS INC	49,058	43,305
	EXLSERVICE HLDGS INC	178,036	445,168
	EXPEDIA INC DEL	501,338	566,557
	EXXON MOBIL CORPORATION	270,271	276,946
	F N B CORP PA	13,637	13,755
	FACTSET RESEARCH SYSTEMS INC	374,794	461,710
	FASTENAL CO	194,101	270,269
	FASTLY INC	32,462	24,106
	FERRO CORP	157,896	239,257

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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COMMON STOCK (CONTINUED):			
	FIDELITY NATL INFORMATION SVCS	\$ 49,971	\$ 45,406
	FIRST AMERN FINL CORP	14,274	15,177
	FIRST HAWAIIAN INC	171,079	179,476
	FIRST HORIZON NATIONAL CORP	164,152	189,820
	FIRST REPUBLIC BANK/SF COM	151,928	187,718
	FIRST SOLAR INC	77,953	118,625
	FIRST SOURCE CORP	139,347	162,440
	FIRSTENERGY CORP	288,983	315,543
	FISERV INC	381,417	384,023
	FIVE BELOW INC	208,859	359,989
	FLOWERS FOODS INC	358,349	466,990
	FMC CORP - NEW	24,194	27,143
	FNF GROUP	379,378	467,324
	FOOT LOCKER INC	76,697	74,782
	FORD MOTOR CO	212,280	445,994
	FORWARD AIR CORP	126,110	272,453
	FOX CORPORATION CLASS A	15,078	19,373
	FRANKLIN ELEC INC	107,661	281,316
	FRANKLIN RES INC	41,547	42,264
	FREEPORT-MCMORAN COPPER & GOLD B	188,336	610,719
	FTI CONSULTING INC	51,845	64,590
	GALLAGHER ARTHUR J & CO	35,517	36,988
	GAP INC	13,812	9,796
	GARMIN LTD	669,006	976,067
	GATX CORP	129,620	274,020
	GENERAC HLDGS INC	198,458	228,748
	GENERAL DYNAMICS CORP	259,263	325,005
	GENERAL ELECTRIC CO COM NEW	399,731	538,951
	GENERAL MOTORS CO	552,602	830,846
	GENESCO INC	209,508	311,225
	GENPACT LTD	8,698	10,988
	GERMAN AMERN BANCORP	65,659	74,062
	GILEAD SCIENCES INC	533,416	566,576
	GLOBAL PAYMENTS INC	302,174	226,427
	GLOBUS MED INC	172,585	343,889
	GOLDMAN SACHS GROUP INC	269,104	352,329
	GREEN DOT CORP CL A	345,021	374,722
	GREENBRIER CORP	214,293	361,613
	GROUP 1 AUTOMOTIVE INC	193,719	579,803

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
COMMON STOCK (CONTINUED):			
	GUIDEWIRE SOFTWARE INC	\$ 31,727	\$ 31,561
	GXO LOGISTICS INCORPORATED	15,212	14,624
	HAEMONETICS CORP MASS	278,630	223,298
	HANESBRANDS INC	18,400	18,141
	HANOVER INS GROUP INC	337,770	328,698
	HARLEY DAVIDSON INC	128,291	142,883
	HARTFORD FINL SVCS GROUP INC	96,593	109,774
	HASBRO INC	119,922	130,380
	HEALTHPEAK PROPERTIES INC.	89,919	95,278
	HELEN OF TROY LTD	272,605	299,476
	HELMERICH & PAYNE INC	296,237	231,668
	HEWLETT PACKARD ENTERPRISE CO	44,974	48,461
	HIBBETT SPORTS INC	219,177	574,721
	HILTON WORLDWIDE HLDGS INC	14,045	14,819
	HOLOGIC INC	25,478	26,873
	HONEYWELL INTERNATIONAL INC	162,147	197,876
	HOPE BANCORP INC	310,343	348,333
	HORIZON THERAPEUTICS PUBLIC	315,628	528,886
	HP INC	485,431	910,748
	HUBBELL INC	256,999	356,350
	HUMANA INC	121,733	163,743
	HUNTSMAN CORP	30,264	39,484
	IAC INTERACTIVECORP NEW COM	47,992	44,049
	IBM CORP	590,343	647,984
	ICU MED INC	467,931	558,698
	IDACORP INC	355,659	422,080
	IDEX CORP	573,206	571,894
	IDEXX LABORATORIES INC	305,932	556,399
	IHS MARKIT LTD	140,250	147,408
	ILLINOIS TOOL WORKS INC WKS INC	133,012	145,859
	INCYTE CORPORATION	11,469	12,184
	INDEPENDENT BK CORP MASS	186,823	260,896
	INGERSOLL RAND INC COM	16,833	19,303
	INGREDION INC	12,781	15,656
	INSPERITY INC	152,483	209,645
	INSULET CORP	159,904	311,302
	INTEGER HLDGS CORP	117,181	346,640
	INTEGRA LIFSCIENCES HLDGS	25,802	25,188
	INTEL CORP	1,499,168	1,332,151

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
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December 31, 2021

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	COMMON STOCK (CONTINUED):		
	INTERDIGITAL INC PA	\$ 194,905	\$ 256,077
	INTERNATIONAL FLAVORS	52,865	63,725
	INTERNATIONAL PAPER CO	32,866	34,061
	INTERPUBLIC GROUP COS INC	104,215	114,560
	IQVIA HLDGS INC	651,900	1,051,818
	ITRON INC	110,380	198,023
	ITT INC	37,418	71,942
	JABIL CIRCUIT INC	47,291	54,240
	JACOBS ENGR GROUP INC	629,523	824,381
	JAZZ PHARMACEUTICALS PLC	38,651	33,888
	JEFFERIES FINL GROUP INC	218,253	374,071
	JM SMUCKER COMPANY-NEW	46,524	50,525
	JOHNSON & JOHNSON	118,559	120,946
	JOHNSON CONTROLS INTERNATIONAL	185,693	376,465
	JPMORGAN CHASE & CO	1,351,554	2,225,768
	KELLOGG CO	279,722	282,546
	KEYSIGHT TECHNOLOGIES INC - W/I	12,262	12,597
	KINDER MORGAN INC DEL COM	128,431	126,420
	KINSALE CAP GROUP INC	1,007,164	1,001,517
	KKR CO INC CL- A	77,535	84,558
	KLA-TENCOR CORP	390,062	741,940
	KNIGHT-SWIFT TRANSN HLDGS INC	12,548	12,615
	KOHL'S CORP	61,911	63,417
	KOPPERS HLDGS INC	365,264	374,348
	KRAFT HEINZ CO	351,618	386,607
	KRATOS DEFENSE & SEC SOLUTIONS	20,905	21,146
	KROGER CO	20,356	23,399
	KYNDRYL HOLDINGS INC COMMON	25,283	17,539
	L3 HARRIS TECHNOLOGIES INC COM	147,985	167,180
	LA Z BOY INCORPORATED	240,935	316,260
	LABORATORY CORP OF AMER HLDGS	30,249	54,673
	LAKELAND FINL CORP	120,155	263,260
	LANCASTER COLONY CORP	305,196	356,040
	LANDSTAR SYSTEM INC	174,805	380,418
	LCI INDUSTRIES	613,197	688,166
	LEGGETT & PLATT INC	111,074	102,653
	LEIDOS HLDGS INC	370,471	344,043
	LIBERTY BROADBAND CORP - A	123,142	148,028
	LIBERTY BROADBAND CORP - C	165,670	219,579

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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	COMMON STOCK (CONTINUED):		
	LIBERTY MEDIA CORP-LIBERTY	\$ 193,433	\$ 246,636
	LIBERTY MEDIA CORP-LIBERTY	86,555	99,513
	LIGAND PHARMACEUTICALS INC CL B	306,573	503,540
	LILLY ELI & CO	89,444	99,992
	LINCOLN ELECTRIC HLDGS	203,674	380,056
	LITHIA MTRS INC - CL A	320,102	780,979
	LIVE NATION INC	213,357	638,546
	LOCKHEED MARTIN CORP	50,475	50,468
	LOUISIANA PAC CORP	277,805	659,315
	LUMEN TECHNOLOGIES INC COM	440,697	411,954
	LYONDELLBASELL INDUSTRIES NV	110,581	101,084
	M & T BANK CORP	10,545	10,597
	M D C HLDGS INC	232,068	501,298
	MADISON SQUARE GARDEN CO A	158,571	148,539
	MANHATTAN ASSOCS INC	135,063	447,034
	MANPOWER INC WIS	59,198	61,707
	MARRIOTT VACATIONS WORLDWIDE COR	298,550	437,658
	MARTIN MARIETTA MATERIALS INC	80,882	159,468
	MARVELL TECHNOLOGY INC LTD COM	69,556	93,002
	MASCO CORP	597,767	614,636
	MATRIX SVC CO	370,591	221,487
	MCKESSON CORP	134,442	188,913
	MEDPACE HLDGS INC	211,051	523,424
	MEDTRONIC PLC	546,791	533,595
	MERCURY COMPUTER SYS INC	8,747	6,883
	MERCURY GEN CORP NEW	94,199	107,022
	MICRON TECHNOLOGY INC	72,545	87,468
	MIDDLEBY CORP	424,679	996,589
	MINERALS TECHNOLOGIES INC	204,167	285,285
	MOLINA HEALTHCARE INC	96,308	146,317
	MONDELEZ INTL INC	456,023	561,778
	MONOLITHIC POWER SYSTEMS INC	731,525	937,327
	MONRO INC	126,263	144,218
	MORGAN STANLEY	305,759	306,750
	MOTOROLA SOLUTIONS INC.	180,493	314,085
	MSCI INC CL A	291,667	729,101
	NATERA INC	13,194	10,460
	NATIONAL INSTRUMENTS CORP	51,516	56,553
	NEKTAR THERAPEUTICS	25,602	21,008

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EIN: 43-6058365 Plan Number: 001
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December 31, 2021

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	COMMON STOCK (CONTINUED):		
	NETAPP INC	\$ 32,249	\$ 34,404
	NEW YORK COMMUNITY BANCORP	55,909	60,525
	NEW YORK TIMES CO CLASS A	115,486	129,927
	NEWELL BRANDS INC	212,443	237,117
	NEWMONT MNG CORP	13,517	14,575
	NEWS CORP NEW	89,088	171,430
	NEWS CORP NEW	33,362	45,180
	NEXSTAR BROADCASTING GROUP INC	57,347	57,070
	NEXTGEN HEALTHCARE INC. COM	365,378	482,732
	NIelsen HOLDINGS PLC	199,916	204,874
	NN INC	581,233	233,495
	NORDSTROM INC	35,786	24,158
	NORFOLK SOUTHERN CORP	608,884	877,054
	NORTHERN TRUST CORP	51,471	55,499
	NORTHWEST NATURAL HOLDING CO	344,054	349,265
	NORTON LIFE LOCK INC	13,074	13,743
	NRG ENERGY INC	219,208	285,922
	NUANCE COMMUNICATIONS INC	52,525	86,133
	NVENT ELECTRIC PLC-W/I	19,283	27,208
	NVR INC	343,325	691,338
	OCCIDENTAL PETROLEUM CORP	142,292	142,486
	OLD DOMINION FGHT LINES INC	198,479	601,003
	OLD REP INTL CORP	453,913	529,330
	OMNICOM GROUP INC	71,710	73,417
	ON SEMICONDUCTOR CORP	20,977	23,772
	ONE GAS INC	140,937	215,312
	ONEMAIN HLDGS INC	73,933	110,789
	ONEOK INC	63,619	65,282
	ORACLE CORPORATION	111,250	107,966
	OWENS & MINOR INC	227,348	630,750
	PACCAR INC	124,379	126,212
	PACKAGING CORP OF AMERICA	50,736	49,286
	PACWEST BANCORP	236,955	359,644
	PARAMOUNT GLOBAL	30,512	21,549
	PATTERSON COS INC	176,744	310,230
	PENSKE AUTOMOTIVE GROUP INC	23,030	22,087
	PEOPLES UTD FINL INC	42,173	41,432
	PERRIGO CO PLC	76,730	65,741
	PFIZER INC	658,053	1,051,208

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
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COMMON STOCK (CONTINUED):			
	PHIBRO ANIMAL HEALTH CORP -A	\$ 280,471	\$ 250,145
	PHILIP MORRIS INTL INC	289,775	297,730
	PHILLIPS 66	115,100	105,357
	PILGRIMS PRIDE CORP	13,194	12,831
	PINNACLE WEST CAPITAL CORP	56,250	49,837
	POLARIS INDUSTRIES INC	45,740	43,854
	POOL CORP COM	538,806	574,490
	POPULAR INC	215,119	366,965
	POWER INTEGRATIONS INC	96,629	343,693
	PPG INDUSTRIALS INDS INC	41,301	55,698
	PPL CORPORATION	22,569	23,417
	PREMIER INC	446,473	502,068
	PRESTIGE BRANDS HLDGS INC	208,979	345,705
	PROASSURANCE CORPORATION	265,095	261,855
	PROCTER & GAMBLE CO	573,672	786,656
	PROGRESS SOFTWARE CORP	283,908	345,131
	PROGRESSIVE CORP	252,725	298,198
	PROSPERITY BANCSHARES INC	14,765	14,460
	QIAGEN NV	44,263	52,412
	QORVO INC	54,920	77,882
	QUALYS INC	363,965	478,898
	QUEST DIAGNOSTICS INC	105,249	129,411
	QUIDEL CORP	33,657	33,343
	QURATE RETAIL INC	46,064	28,492
	RADIAN GROUP INC	408,608	506,064
	RALPH LAUREN CORP	19,746	18,899
	RAYTHEON TECHNOLOGIES CORP	353,108	443,639
	REALOGY HLDGS CORP	294,458	294,847
	RED ROBIN GOURMET BURGERS INC	484,467	292,250
	REGENERON PHARMACEUTICALS INC	19,744	20,209
	RELIANCE STEEL & ALUMINUM CO	15,009	20,926
	REPLIGEN CORP	19,324	19,598
	ROBERT HALF INTL INC	491,256	695,885
	ROCKWELL AUTOMATION INC	20,867	28,606
	ROYAL CARIBBEAN CRUISES LTD	9,834	11,920
	SALESFORCE.COM INC	52,151	48,285
	SANTANDER CONSUMER USA HLDGS INC	93,682	144,171
	SCANSOURCE INC	333,088	399,912
	SCHLUMBERGER LTD	74,694	66,190

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCK (CONTINUED):		
	SCHNEIDER NATIONAL INC	\$ 25,204	\$ 29,440
	SEAGEN INC	33,423	31,075
	SEI INVESTMENT COMPANY	18,356	19,988
	SELECT MED HLDGS CORP	180,597	489,510
	SELECTIVE INSURANCE GROUP INC	417,470	748,932
	SEMPRA ENERGY	335,560	391,549
	SENSIENT TECHNOLOGIES CORP	221,841	345,207
	SERVICENOW INC	134,631	389,466
	SHUTTERSTOCK INC	213,931	230,076
	SIGNATURE BANK	36,498	36,876
	SILGAN HOLDINGS INC	252,402	350,217
	SKYWORKS SOLUTIONS INC	111,775	144,746
	SLM CORP	14,972	15,618
	SNAP ON INC	3,724	4,738
	SONOCO PRODS CO	128,405	129,442
	SOUTHWEST AIRLINES CO	62,856	56,249
	SPDR S&P MIDCAP 400 ETF TR UNIT	1,307,727	1,339,238
	SPECTRUM BRANDS HOLDINGS, INC.	48,735	63,066
	STATE STR CORP	143,750	181,164
	STERIS PUBLIC COMPANY LIMITED	49,553	54,037
	STERLING BANCORP DEL	151,105	250,937
	SYNAPTICS INC	106,002	674,558
	SYNCHRONY FINL	435,512	648,347
	SYNEOS HEALTH INC	25,705	34,706
	SYNNEX CORP	238,832	355,431
	SYNOPSYS INC	346,103	867,818
	T ROWE PRICE GROUP INC	386,666	563,570
	TANDEM DIABETES CARE INC	28,658	38,383
	TAPESTRY INC	31,548	31,506
	TARGA RES CORP	41,484	39,076
	TARGET CORP	413,001	883,638
	TELADOC INC	41,544	29,291
	TERADATA CORP DEL	191,482	274,993
	TETRA TECH INC NEW	68,804	405,822
	TEXAS INSTRS INC	78,004	77,084
	TEXAS ROADHOUSE INC CLASS A	138,301	303,552
	TFI INTERNATIONAL INC	418,635	602,031
	TFS FINL CORP	49,072	43,513
	THE CARLYLE GROUP INC	214,903	272,359

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCK (CONTINUED):		
	THE TRADE DESK INC CLASS A	\$ 571,829	\$ 668,056
	THERMO FISHER SCIENTIFIC INC SR	191,700	447,051
	T-MOBILE US INC	532,650	677,555
	TOMPKINS COUNTY TRUSTCO INC	107,154	137,907
	TOPBUILD CORP	313,302	517,331
	TRANE TECHNOLOGIES PLC	442,347	969,340
	TRANSDIGM GROUP INC	306,666	352,499
	TRANSUNION	21,334	22,056
	TRAVELERS COS INC	14,545	14,861
	TREX COMPANY INC	388,133	657,596
	TRIMBLE NAV LTD	30,745	44,380
	TRIPADVISOR INC	91,609	72,321
	TRIUMPH GROUP INC NEW	359,228	198,086
	TRUIST FINANCIAL CORP COM	66,093	61,478
	TTM TECHNOLOGIES	360,363	321,542
	TWILIO INC	12,794	11,060
	TWITTER INC	122,423	90,243
	U S PHYSICAL THERAPY INC	319,365	382,200
	ULTRA CLEAN HLDGS INC COM	158,748	655,281
	UMB FINANCIAL CORP	188,474	339,552
	UNIFIRST CORP MASS	176,603	310,340
	UNION PACIFIC CORP	52,616	62,479
	UNITED BANKSHARES INC W VA	134,484	153,102
	UNITED CONTL HLDGS INC	31,932	30,340
	UNITED THERAPEUTICS CORP DEL	107,610	136,563
	UNITEDHEALTH GROUP INC	148,875	168,719
	UNITIL CORP	149,621	141,419
	UNIVERSAL HEALTH SVCS INC CL B	66,309	66,256
	VALMONT INDS INC	162,030	239,228
	VEEVA SYS INC CLASS A	239,968	404,936
	VERISIGN INC	459,913	483,527
	VERISK ANALYTICS INC CL A	555,906	617,571
	VERIZON COMMUNICATIONS	16,871	15,640
	VIASAT INC	24,707	19,553
	VICTORIA'S SECRET CO COMMON	59,110	77,256
	VIMEO INC COMMON STOCK	23,143	7,992
	VOYA FINL INC	171,909	182,286
	VULCAN MATERIALS MATLS CO	46,263	51,480
	WALGREENS BOOTS ALLIANCE INC	129,768	135,147

**United Food and Commercial Workers Union Local 655 Food Employers Joint Pension
Plan**

**Schedules of Administrative Expenses
Years Ended December 31, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
Administrative	\$ 285,864	\$ 191,428
Insurance	720,882	738,274
Meetings and conferences	3,611	8,352
Payroll	339,683	255,409
Payroll compliance audits	11,670	17,178
Professional fees - actuarial	301,965	188,704
Professional fees - audit and tax	68,923	56,100
Professional fees - legal	204,776	88,975
	<u>\$ 1,937,374</u>	<u>\$ 1,544,420</u>

Summary of Plan Provisions

(Schedule MB, Line 6)

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

Plan Year	January 1 through December 31														
Pension Credit Year	January 1 through December 31														
Plan Status	Ongoing plan														
Regular Pension	• <i>Age Requirement:</i> 62 • <i>Service Requirement:</i> Five years of vesting service or 6 pension credits • <i>Amount:</i> – For participants hired on or before December 31, 2010, future benefit accruals will be determined based on the number of hours worked during a calendar year based on the following Table A:														
<table> <tr> <th colspan="2">Table A</th></tr> <tr> <th>Hours Worked in a Calendar Year</th><th>Benefit Accrual</th></tr> <tr> <td>799 or less</td><td>\$0.00</td></tr> <tr> <td>800 – 1,099</td><td>16.50</td></tr> <tr> <td>1,100 – 1,399</td><td>21.00</td></tr> <tr> <td>1,400 – 1,699</td><td>25.50</td></tr> <tr> <td>1,700 or more</td><td>30.00</td></tr> </table>		Table A		Hours Worked in a Calendar Year	Benefit Accrual	799 or less	\$0.00	800 – 1,099	16.50	1,100 – 1,399	21.00	1,400 – 1,699	25.50	1,700 or more	30.00
Table A															
Hours Worked in a Calendar Year	Benefit Accrual														
799 or less	\$0.00														
800 – 1,099	16.50														
1,100 – 1,399	21.00														
1,400 – 1,699	25.50														
1,700 or more	30.00														

**Regular Pension
(continued)**

- For Participants hired on or after January 1, 2011, future benefit accrual will be determined based on number of hours worked during a calendar year based on the following Table B during their first 10 years of participation:

Table B		
Hours Worked in a Calendar Year	Benefit Accrual	
	During First Five Years of Participation	During Next Five Years of Participation
799 or less	\$0.00	\$0.00
800 – 1,099	12.50	14.50
1,100 – 1,399	16.00	18.50
1,400 – 1,699	19.50	22.50
1,700 or more	22.50	26.00

After 10 years of participation, benefits will be accrued according to Table A shown on the previous page.

- *Delayed Retirement Amount:* Regular pension accrued at normal retirement age (NRA), increased by 1.0% for first 60 months and 1.5% for each month thereafter.

Early Retirement

- *Age Requirement:* 55
- *Service Requirement:* 10 pension eligibility credits including one earned during the contribution period
- *Amount:* Regular pension accrued, reduced by 5% for each year of age less than 62

Disability

- *Age Requirement:* None
- *Service Requirement:* 10 pension eligibility credits including one earned during the contribution period
- *Amount:* Regular pension accrued

Vesting

- *Age Requirement:* None
- *Service Requirement:* 10 pension eligibility credits or 5 years of vesting service
Or
- *Age and Service Requirement:* Age 62 or, if later, the fifth anniversary of participation (Normal Retirement Age) before incurring a permanent break-in-service
- *Amount:* Benefit accrued at the benefit rate in effect at the end of the two consecutive calendar year period in which the participant failed to earn at least two quarters of a pension eligibility credit, or on the effective date of retirement if earlier. May be paid at regular or early retirement age if requirements are met.
- *Normal Retirement Age:* 62

Pre-Retirement Death Benefits:	
Joint and Survivor Spousal Pension	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 pension eligibility credits or 5 years of vesting service • <i>Amount:</i> 50% of the benefit participant would have received had he or she retired the day before he or she died and elected the 50% joint and survivor option, paid to qualified spouse. If the participant died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date participant would have been eligible for early retirement. Reductions are made to the accrued benefit for early commencement (if applicable) and form of payment. • <i>Charge for Coverage:</i> None
Or	
Pre-Retirement Death Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 10 pension eligibility credits and active employee at death • <i>Amount:</i> 50% of the regular pension accrued (without reduction for early commencement and form of payment) payable immediately to the surviving spouse for life. If no surviving spouse or if the surviving spouse dies, the monthly death benefit is payable to any surviving dependent children until the earlier of the month in which their eighteenth birthday or their death occurs. • <i>Charge for Coverage:</i> None
Post-Retirement Death Benefit	• If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the participant, the participant's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected (pop-up provision). If rejected, or if not married, benefits are payable for the life of the participant, or in any other available optional form elected by the employee in an actuarially equivalent amount.
Optional Forms of Benefits	• Single life annuity (for married participants) • 50% joint and survivor with pop-up provision (for single participants) • 75% or 100% joint and survivor with pop-up provision • 50% or 75% joint and survivor without pop-up provision • 10 year certain and life annuity • Social security equalization option
Participation	On the earliest of the first day on which the employer is required to contribute to the fund on behalf of the employee, the first January 1 or July 1 following completion of a 12 consecutive month period during which the employee completed at least 1,000 hours of service, or the first day of the month following the month in which the employee completes at least 250 hours of work for which contributions are made to the fund.

2021 Schedule MB, Line 6 - Summary of Plan Provisions
United Food and Commercial Workers Union Local 655, Food Employers Joint Pension Plan
EIN 43-6058365/PN 001

Pension Credit	• <i>Before January 1, 2004:</i> One pension credit for each calendar year in which the participant works 1,000 or more hours in covered employment; proportionate credit in quarters for less than 1,000 hours • <i>After December 31, 2003:</i> One pension credit for each calendar year in which the participant works 1,600 or more hours in covered employment; proportionate credit in quarters for less than 1,600 hours
Pension Eligibility Credit	One pension eligibility credit for each calendar year in which the participant works 1,000 or more hours in covered employment; proportionate credit in quarters for less than 1,000 hours; an employee retiring on a regular pension shall receive a full pension eligibility credit for the plan year in which he retires provided he works in covered employment from the beginning of such plan year up to his retirement date.
Vesting Credit	One year of vesting service for each calendar year during the contribution period in which the participant completed 1,000 hours or more of service
Contribution Rate	\$1.42 per hour effective January 1, 2021 and \$1.52 per hour effective January 1, 2022.
Changes in Plan Provisions	There were no changes in plan provisions reflected in this actuarial valuation

Summary of Plan Provisions for benefits accrued under The Employers and Local 534 Meat Employees Pension Fund

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Employers and Local 534 Meat Employees Pension Fund for accruals prior to January 1, 2018. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions. Service requirement is determined with service earned under the United Food and Commercial Workers Union Local 655, Food Employers Joint Pension Plan included.

Plan Year	January 1 through December 31 (merger effective December 31, 2017)
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan

Normal Retirement

- *Age Requirement:* 65
- *Service Requirement:* Five years of credited service
- *Amount:*
 - For participants who first retire or terminated participation on or after January 1, 2001, a monthly benefit according to the table below:

<u>Months Worked in a Year</u>	<u>Service After 1/1/1986</u>	<u>Service Before 1/1/1986¹</u>
1	\$3.69	\$2.84
2	7.38	5.69
3	11.07	8.53
4	14.75	11.38
5	18.44	14.22
6	22.13	17.07
7	25.82	19.92
8	29.50	22.76
9	33.19	25.61
10	36.88	28.45
11	40.57	31.29
12	44.25	34.14

¹ Benefit accrual rate proportionate reduced to \$26.46 for participants not covered by the Alternate Schedule 1, effective 30 days after the Rehabilitation Plan Schedule is ratified.

- *Delayed Retirement Amount:* Regular pension accrued at normal retirement age (NRA), increased by actuarial equivalence from normal retirement age

Early Retirement

- *Age Requirement:* 52
- *Service Requirement:* 10 years of credited service
- *Amount:*
 - For participants covered by the Alternate Schedule 1: Normal pension accrued, reduced by 3% for each year of age less than 62
 - For other participants: Normal pension accrued, reduced by actuarial equivalence from normal retirement age

Disability	• <i>Age and Service Requirements:</i> – Age 35 and 5 years of credited service; or – 10 pension eligibility credits including one earned during the contribution period. • <i>Other Requirement:</i> Permanent and total disabled for six months and not covered by the Default Schedule of the Rehabilitation Plan • <i>Amount:</i> Normal pension accrued, but not less than \$50 per month
Vesting	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of vesting service • <i>Amount:</i> Normal pension accrued, actuarially reduced to the effective date, if commenced prior to the normal retirement age • <i>Normal Retirement Age:</i> 65
Pre-Retirement Surviving Spouse Death Benefits	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of vesting service • <i>Amount:</i> 50% of the benefit participant would have received had the participant terminated employment on the date of death, survived to the earliest retirement date, retired under the 50% joint and survivor form, and died the following day. • <i>Charge for Coverage:</i> None
Post-Retirement Death Benefit	• If married, pension benefits are paid in the form of a 50% joint and survivor annuity unreduced unless this form is rejected by the participant and spouse. If rejected, or if not married, benefits are payable for the life of the participant, or in any other available optional form elected by the participant in an actuarially equivalent amount.
Optional Forms of Benefits	• Single life annuity (for married participants) • 50% joint and survivor with or without pop-up provision (for single participants) • 75% or 100% joint and survivor with pop-up provision • 75% joint and survivor without pop-up provision • 10 year certain and life annuity
Participation	Date the first contribution is received by the Fund.
Credited Future Service	One month of credited service for each month an employee works 92 or more contributory hour of service.
Vesting Service	One year of vesting service for each calendar year during the contribution period in which the participant completed 1,000 hours or more of service.

Summary of Plan Provisions for benefits accrued under The Employers and Local 534 Grocery Employees Pension Fund

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan in effect for the Employers and Local 534 Grocery Employees Pension Fund for accruals prior to January 1, 2018. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions. Service requirement is determined with service earned under the UFCW Local 655, Food Employers Joint Pension Plan included.

Plan Year	January 1 through December 31 (merger effective December 31, 2017)		
Pension Credit Year	January 1 through December 31		
Plan Status	Ongoing plan		
Normal Retirement	• <i>Age Requirement:</i> 65 • <i>Service Requirement:</i> Five years credited service • <i>Amount:</i> – For participants who first retire or terminated participation on or after January 1, 2001, a monthly benefit according to the table below:		
	Contributory Hours of Service	Years of Service Prior to 5/1/2006	Years of Service on or After 5/1/2006
		Years of Service under Rehabilitation Plan¹	
	1,750 & Over	\$32.25	\$30.00
	1,500 – 1,749	28.22	26.25
	1,250 – 1,499	24.19	22.50
	1,000 – 1,249	20.16	18.75
	750 – 999	16.13	15.00
	501 – 749	12.09	11.25
	Less than 501	0.00	0.00
	¹ These rates are effective on the first day of the month following ratification of a collective bargaining agreement compliant with one of the Rehabilitation Plan schedules and the required participant notice.		
	• <i>Delayed Retirement Amount:</i> Regular pension accrued at normal retirement age (NRA), increased by actuarial equivalence from normal retirement age		

Early Retirement	• <i>Age Requirement:</i> 52 • <i>Service Requirement:</i> 10 years credited service • <i>Amount:</i> Regular pension accrued, reduced by actuarial equivalence from normal retirement age
Disability	• <i>Age and Service Requirements:</i> – Age 35 and 5 years of credited service; or – 10 pension eligibility credits including one earned during the contribution period. • <i>Other Requirement:</i> Permanent and total disabled for six months and not covered by the Default Schedule of the Rehabilitation Plan • <i>Amount:</i> Normal pension accrued, but not less than \$50 per month
Vesting	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of vesting service • <i>Amount:</i> Normal pension accrued, actuarially reduced to the effective date, if commenced prior to the Normal Retirement Age • <i>Normal Retirement Age:</i> 65
Pre-Retirement Surviving Spouse Death Benefits	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of vesting service • <i>Amount:</i> 50% of the benefit participant would have received had the participant terminated employment on the date of death, survived to the earliest retirement date, retired under the 50% joint and survivor form, and died the following day • <i>Charge for Coverage:</i> None
Post-Retirement Death Benefit	• If married, pension benefits are paid in the form of a 50% joint and survivor annuity unreduced unless this form is rejected by the participant and spouse. If rejected, or if not married, benefits are payable for the life of the participant, or in any other available optional form elected by the participant in an actuarially equivalent amount.
Optional Forms of Benefits	• Single life annuity (for married participant) • 50% joint and survivor with or without pop-up provision (for single participants) • 75% or 100% joint and survivor with pop-up provision • 75% joint and survivor without pop-up provision • 10 year certain and life annuity
Participation	Date the first contribution is received by the Fund
Credited Future Service	One year of future service credited for each year an employee works 1,750 or more hours of covered employment.

2021 Schedule MB, Line 6 - Summary of Plan Provisions
United Food and Commercial Workers Union Local 655, Food Employers Joint Pension Plan
EIN 43-6058365/PN 001

Vesting Service	One year of vesting service for each calendar year during the contribution period in which the participant completed 1,000 hours or more of service.
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United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MONEY MARKET FUNDS:			
	COMERICA SHORT TERM FUND	\$ 8,419,161	\$ 8,419,161
	FIRST BANK INTEREST BEARING CHECKING ACCOUNT	4,986,949	4,986,949
	TOTAL MONEY MARKET FUNDS	<u>13,406,110</u>	<u>13,406,110</u>
U.S. GOVERNMENT AND AGENCY SECURITIES:			
	FEDERAL HOME LN MTG CMO 3.458%	466,900	476,913
	FEDERAL HOME LN MTG CORP GOLD	37,633	42,612
	FEDERAL HOME LN MTG CORP GROUP	114,177	115,577
	FEDERAL HOME LN MTG CORP MBS	152,002	153,206
	FEDERAL HOME LN MTG CORP MULTICL	40,229	42,164
	FEDERAL HOME LN MTG CORP MULTICL	38,822	38,123
	FEDERAL HOME LN MTG CORP MULTICL	594,721	648,143
	FEDERAL HOME LN MTG CORP PARTN	311,188	326,797
	FEDERAL HOME LN MTG CORP PARTN C	169,784	174,039
	FEDERAL HOME LN MTG CORP PARTN C	87,635	87,496
	FEDERAL HOME LN MTG CORP POOL	25,438	28,053
	FEDERAL HOME LOAN MTG CORP 2.000	614,960	595,294
	FEDERAL HOME LOAN MTG CORP 2.000	813,211	806,171
	FEDERAL HOME LOAN MTG CORP 2.500	787,364	782,939
	FEDERAL HOME LOAN MTG CORP 3.000	355,328	349,723
	FEDERAL HOME LOAN MTG CORP 3.000	869,680	859,365
	FEDERAL HOME LOAN MTG CORP CMO	569,078	565,833
	FEDERAL NATL MTG ASSN .875%	109,078	103,810
	FEDERAL NATL MTG ASSN CMO 4.5%	53,729	54,128
	FEDERAL NATL MTG ASSN GTD MTG	72,286	74,362
	FEDERAL NATL MTG ASSN GTD MTG	54,430	55,717
	FEDERAL NATL MTG ASSN GTD MTG	84,052	85,402
	FEDERAL NATL MTG ASSN GTD MTG	50,032	50,266
	FEDERAL NATL MTG ASSN GTD MTG	142,011	149,032
	FEDERAL NATL MTG ASSN GTD MTG	357,477	385,709
	FEDERAL NATL MTG ASSN GTD MTG PA	292,693	290,331
	FEDERAL NATL MTG ASSN GTD MTG PA	395,557	393,448
	FEDERAL NATL MTG ASSN GTD MTG PA	319,937	318,438
	FEDERAL NATL MTG ASSN GTD MTG PA	532,240	514,052
	FEDERAL NATL MTG ASSN GTD MTG PA	570,297	564,195
	FEDERAL NATL MTG ASSN GTD MTG PA	783,919	777,368

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED):			
	FEDERAL NATL MTG ASSN GTD MTG PA	\$ 826,163	\$ 813,069
	FEDERAL NATL MTG ASSN GTD MTG PA	79,094	82,376
	FEDERAL NATL MTG ASSN POOL	2,895	3,142
	FEDERAL NATL MTG ASSN POOL	4,005	4,252
	FEDERAL NATL MTG ASSN POOL	66,178	74,317
	FEDERAL NATL MTG ASSN POOL	71,666	73,393
	FEDERAL NATL MTG ASSN POOL	49,793	55,259
	FEDERAL NATL MTG ASSN POOL NBR	199,538	202,068
	FEDERAL NATL MTG ASSN POOL NBR	195,159	203,985
	FEDERAL NATL MTG ASSN POOL NBR	161,090	171,409
	FNMA PASS-THRU I 2.500	625,496	622,811
	GNMA II GTD CTF MULTI ISSUER	623,924	614,829
	GNMA II GTD CTF MULTI ISSUER	762,261	758,638
	GNMA II GTD CTF MULTI ISSUER	846,358	847,152
	GNMA II GTD CTF MULTI ISSUER	631,688	629,514
	GNMA II GTD CTF MULTI ISSUER MBS	454,849	448,894
	GNMA PLATINUM POOLS USING GNMA I	94,716	98,464
	GOVERNMENT NATL MTG ASSN CMO 1%	305,465	298,302
	GOVERNMENT NATL MTG ASSN POOL #	18,891	20,023
	UNITED STATES TREAS BDS 2%	634,283	620,535
	UNITED STATES TREAS BDS 3%	110,084	106,992
	UNITED STATES TREAS BDS PIDI NTS	600,591	563,433
	UNITED STATES TREAS NTS FTN	1,065,091	1,046,980
	US TREASURY BOND 1.25%	748,551	767,952
	US TREASURY BOND 1.375% PIDI BDS	673,019	642,517
	US TREASURY BOND 2.375%	717,347	695,041
	US TREASURY BOND 2.5% 02/15/2045	628,600	695,388
	US TREASURY BOND 2.5% 05/15/2046	991,316	1,192,659
	US TREASURY BOND 2.75%	1,395,407	1,406,431
	US TREASURY BOND 3% 05/15/2047	508,206	584,851
	US TREASURY BOND 3.5% 02/15/2039	160,840	157,213
	TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES	<u>24,118,452</u>	<u>24,410,595</u>
MUNICIPAL BONDS:			
	COLUMBIA SC WTRWKS & SWR SYS REV	120,000	124,730
	GREAT LAKES WTR AUTH MICH	285,000	302,026
	HONOLULU HI CITY & CNTY WSTWTR	365,000	381,856
	MARIN CA CMNTY COLLEGE DIST	349,598	393,505
	MASSACHUSETTS ST WTR RES AUTH	575,000	591,842

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
MUNICIPAL BONDS (CONTINUED):			
	METRO WASTEWTR RECLAMATION DIST	\$ 265,000	\$ 278,852
	NEW YORK ST URBAN DEV CORP REV	273,935	301,563
	OMAHA-DOUGLAS NE PUB BLDG BDS	187,504	203,821
	OREGON ED TAXABLE BDS 2021A	160,000	158,504
	PRINCE GEORGES CNTY MD TAXABLE	80,000	79,139
	TEXAS ST TXBL-PUBLIC FIN AUTH	144,939	159,566
	TEXAS ST TXBL-REF-STATE OF TEXAS	185,000	197,397
	UNIVERSITY MICH UNIV REVS	100,000	99,275
	VIRGINIA ST RES AUTH INFRASTRUCT	460,000	478,593
	TOTAL MUNICIPAL BONDS	<u>3,550,976</u>	<u>3,750,669</u>
CORPORATE BONDS:			
	ABBOTT LABS NT 4.9%	203,930	226,321
	ADOBE INC 2.3% 02/01/2030-2029	153,789	153,464
	AEP TRANSMISSION CO LLC 3.1%	581,333	548,886
	AIR PRODUCTS & CHEMICAL INC	398,190	374,567
	ALLSTATE CORP .75%	443,772	438,719
	AMAZON COM INC 3.875%	230,042	229,486
	AMER WATER WORKS 3.45%	388,925	388,192
	AMEREN CORP 1.95%	49,991	50,175
	AMEREN ILLINOIS COMPANY 2.7%	150,839	151,379
	AMERICAN EXPRESS CR CORP 3.3%	624,318	610,196
	AMERICAN HOME PRODUCTS 7.25%	211,589	193,378
	AMPHENOL CORP CL A 2.05%	320,059	315,949
	ANALOG DEVICES INC 3.5%	317,264	305,539
	ANHEUSER-BUSCH INBEV WORLDWIDE I	256,997	260,040
	APPLE INC 4.375% 05/13/2045	282,933	284,636
	APPLIED MATLS INC 1.75%	199,287	195,928
	AUTOMATIC DATA PROCESSING 1.7%	438,231	428,818
	AVERY DENNISON CORP 3.35%	468,016	475,467
	BA CR CARD TR CMO .34%	319,926	315,781
	BANK OF AMERICA CORP 2.592%	383,425	364,036
	BAXTER INTL INC 2.4% 08/15/2022	381,068	409,070
	BERKSHIRE HATHAWAY 4.25%	238,465	246,434
	BURLINGTON NORTH SANTA FE 7.29%	385,201	405,770
	CANADIAN NATL RAILWAY CO 6.712%	300,488	310,129
	CATERPILLAR INC 6.625%	268,682	277,582
	CINTAS CORP NO 2 2.9%	421,019	416,668
	CNH EQUIPMENT TRUST ABS .81%	234,973	233,421

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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CORPORATE BONDS (CONTINUED):			
	CNH EQUIPMENT TRUST ABS .4%	\$ 364,863	\$ 361,319
	COCA COLA CO 1.45% 06/01/2027	322,007	313,368
	COMCAST CORP NEW 6.5% 11/15/2035	137,108	158,183
	CONAGRA .5% 08/11/2023-2022	328,938	327,192
	CONNECTICUT LT & PWR PFD .75%	255,089	247,957
	CONNECTICUT LT & PWR PFD 2.5%	309,944	314,349
	CONTINENTAL AIRLS INC CL B 4%	186,288	183,845
	CUMMINS 1.5% 09/01/2030-2030	264,006	260,486
	D R HORTON INC 2.5%	115,355	113,209
	DELMARVA PWR & LT CO 3.5%	610,499	598,276
	DELTA AIR LINES 2019- 1AA 3.204%	377,529	382,567
	DISCOVERY COMMUNICATIONS LLC	321,789	309,476
	DOMINION ENERGY INC PERP GLBL -C	301,186	319,429
	DTE ELEC CO 3.7% 03/15/2045-2044	110,940	116,538
	DUKE ENERGY CAROLINAS LLC 3.75%	179,829	194,114
	EATON CORP OHIO 4.15% 11/02/2042	231,514	216,879
	EMERSON ELECTRIC .875%	404,801	394,162
	ESTEE LAUDER COS INC SR NT 2.35%	234,422	242,753
	EVERGY INC 2.9% 09/15/2029-2029	423,865	409,812
	EXXON MOBIL CORPORATION 2.019%	470,767	461,196
	FEDERAL HOME LN MTG CORP MULTICL	624,261	598,632
	FEDERAL HOME LN MTG CORP MULTICL	309,235	299,488
	FEDERAL HOME LN MTG CORP MULTICL	531,635	533,728
	FEDEX 2020-1 CLASS AA 1.875%	619,975	611,061
	FLORIDA PWR & LT CO SR GLBL FL	624,310	602,843
	GENERAL MTRS FINL CO INC 2.7%	250,713	249,371
	GEORGIA PAC CORP DEB 7.375%	412,869	406,378
	GLAXOSMITHKLINE CAP INC 3.375%	324,673	331,398
	GLOBAL MARKETS INC 3.65%	481,836	516,781
	GRAINGER W W INC 1.85%	171,076	173,239
	HERSHEY CO 1.7% 06/01/2030-2030	256,212	249,778
	HORMEL FOODS CORP 1.8%	130,002	127,603
	IDEX CORP 2.625% 06/15/2031-2031	209,740	212,056
	INTUIT INC .65% 07/15/2023	190,070	189,424
	JOHNSON & JOHNSON .95%	274,794	269,148
	JPMORGAN CHASE & CO 2.182%	225,456	216,898
	KIMBERLY CLARK CORP 2.65%	454,496	486,711
	KROGER CO 2.65% 10/15/2026-2026	441,973	431,459
	LOCKHEED MARTIN CORP 7.75%	371,575	340,296

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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CORPORATE BONDS (CONTINUED):			
	LOWES COMPANIES INC 2.8%	\$ 219,767	\$ 215,411
	MAGELLAN MIDSTREAM 5%	285,601	295,873
	MARTIN MARIETTA 3.2%	129,525	126,941
	MCDONALDS CORP 3.35%	237,485	231,638
	MICROSOFT CORP 3.3%	627,031	605,178
	MONDELEZ INTL INC 2.75%	380,586	376,505
	MOODY'S CORPORATION 2.625%	311,287	305,001
	NATIONAL RURAL UTILS COOP FIN	551,879	547,224
	NORFOLK SOUTHERN CORP 2.9%	322,677	327,202
	NVENT FIN S A R L 2.75%	214,293	214,353
	OGLETHORPE PWR CORP 4.55%	183,392	186,863
	ONCOR ELECTRIC DELIVERY 7%	502,748	447,802
	OSHKOSH CORP 3.1% SNR PIDI NTS	205,816	213,186
	PACCAR FINL CORP MEDIUM TERM SR	319,557	315,773
	PACKAGING CORP OF AMERICA 3.65%	197,438	190,138
	PEPSICO INC 4.45%	254,111	256,877
	PG&E ENERGY RECOVERY FND 1.46%	389,995	387,777
	PINNACLE WEST CAPITAL CORP 1.3%	455,559	447,729
	PROCTER & GAMBLE CO 3.55%	227,372	220,370
	PUBLIC SERVICE ELEC & GAS 4.05%	148,684	155,831
	PUBLIC SVC CO COLORADO 4.3%	147,014	155,630
	QUANTA 3.05% 10/01/2041-2041	130,075	126,048
	REPUBLIC 1.75% 02/15/2032-2031	345,279	325,470
	REPUBLIC 3.375% 11/15/2027-2027	114,808	107,234
	ROPER TECHNOLOGIES INC 3.65%	468,314	452,865
	TENNESSEE GAS PIPELINE CO 7%	212,303	210,670
	T-MOBILE USA INC 3.875%	436,894	432,576
	TRANSCONTINENTAL GAS PIPE LINE C	348,721	335,825
	UNION PAC RR CO 2014-1 PASS THRU	530,859	564,276
	UNITED PARCEL SERVICE 5.2%	238,446	290,390
	VALERO ENERGY CORP 1.2%	410,154	407,573
	VERIZON MASTER TRUST ABS .99%	479,776	477,679
	WALT DISNEY CO 7.125% 04/08/2028	414,819	401,872
	WASTE CONNECTIONS INC 4.25%	413,191	426,998
	WASTE MANAGEMENT INC .75%	503,992	491,729
	WHIRLPOOL CORP 4% 03/01/2024	318,621	312,656
	WISCONSIN ENERGY CORP 6.2%	273,530	300,012
	YALE UNIVERSITY .873%	335,000	331,716
	TOTAL CORPORATE BONDS	33,794,991	33,600,324

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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	REAL ESTATE INVESTMENT TRUSTS:		
	AGNC INVESTMENT CORP	\$ 21,214	\$ 19,131
	ANNALY MTG MGMT INC	41,824	35,378
	COHEN & STEERS INC	234,140	432,484
	CUBESMART	99,169	213,413
	CYRUSONE INC	178,455	216,405
	DIAMONDROCK HOSPITALITY CO	275,373	323,473
	DIGITAL REALTY TRUST INC	324,005	703,943
	EPR PPTYS	41,918	39,084
	FIRST INDUSTRIAL REALTY TRUST	17,601	19,529
	HOST HOTELS & RESORTS, INC.	140,013	164,075
	IRON MTN INC NEW	89,596	107,120
	LAMAR ADVERTISING CO NEW - A	58,666	92,431
	MID-AMER APARTMENT CMNTYS INC	14,306	16,290
	NATIONAL RETAIL PPTYS INC	48,141	49,704
	NEW RESIDENTIAL INVT CORP	152,049	126,346
	PARK HOTELS & RESORTS INC	20,481	21,051
	PENNYMAC MTG INVT TR	200,343	234,475
	PHYSICIANS RLTY TR	227,911	237,729
	PROLOGIS INC	80,149	100,343
	RAYONIER INC	43,186	47,827
	REALTY INCOME CORP REIT	51,886	54,623
	SBA COMMUNICATIONS CORP	161,381	657,444
	SIMON PROPERTY GROUP INC	576,861	774,885
	SPIRIT RLTY CAP INC NEW	27,611	36,865
	STAG INDL INC COM	207,766	312,939
	STARWOOD PPTY TR INC	63,999	61,139
	SUN CMNTYS INC	246,798	590,016
	WEYERHAEUSER CO	352,838	461,994
	TOTAL REAL ESTATE INVESTMENT TRUSTS	<u>3,997,680</u>	<u>6,150,136</u>
	REGISTERED INVESTMENT COMPANIES:		
	BAIRD SHORT-TERM BD FD INSTL CL	33,432,602	33,308,626
	PIMCO TOTAL RETURN FD INSTL	60,629,229	68,072,130
	TOTAL REGISTERED INVESTMENT COMPANIES	<u>94,061,831</u>	<u>101,380,756</u>
	POOLED SEPARATE ACCOUNT:		
	QMA US MID CAP CORE EQUITY	<u>24,822,660</u>	<u>53,882,205</u>

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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	COLLECTIVE TRUST FUNDS:		
	BARINGS INTERNATIONAL SMALL CAP	\$ 17,000,000	\$ 24,542,563
	INVESCO INTERNATIONAL GROWTH	20,597,139	34,507,261
	MULTI-EMPLOYER PROPERTY TRUST	9,167,028	20,242,240
	RUSSELL 1000 (R) GROWTH INDX NL	36,617,747	83,880,370
	S&P 500 (R) FLAGSHIP NL FUND	19,688,801	83,475,367
	TOTAL COLLECTIVE TRUST FUNDS	<u>103,070,715</u>	<u>246,647,801</u>
	LIMITED PARTNERSHIPS:		
	AMERICAN STRATEGIC VALUE REALTY	7,009,993	13,169,263
	ASB ALLEGIANCE REAL ESTATE FD LP	16,859,162	29,704,477
	FORT WASHINGTON HIGH YIELD II	20,000,000	24,124,859
	GCM GROSVENOR MULTI-CLASS FUND	32,757,854	67,304,353
	GROSVENOR OPPORTUNISTIC CREDIT	2,733,643	689,276
	GROSVENOR OPPORTUNISTIC CREDIT	3,909,418	12,883,224
	HAMILTON LANE PRIVATE EQUITY	4,389,479	6,936,256
	HAMILTON LANE SECONDARY FUND II	392,745	115,165
	LANDMARK EQUITY PARTNERS XIV LP	673,583	1,029,178
	LSV INTERNATIONAL AC VALUE	17,723,815	22,364,082
	SIGULER GUFF SMALL BUYOUT	7,746,027	23,315,054
	U.S. REAL ESTATE INVESTMENT FUND	10,280,262	18,067,260
	TOTAL LIMITED PARTNERSHIPS	<u>124,475,981</u>	<u>219,702,447</u>
	HEDGE FUNDS:		
	ENTRUST CAPITAL DIVERSIFIED	2,013,146	2,079,068
	ENTRUST SPECIAL OPPORTUNITIES	2,611,667	846,992
	ENTRUST SPECIAL OPPORTUNITIES	8,120,052	7,192,831
	GROSVENOR INSTITUTIONAL PARTNERS	9,247,154	17,294,558
	TOTAL HEDGE FUNDS	<u>21,992,019</u>	<u>27,413,449</u>
	INVESTMENT CONTRACT:		
	PRINCIPAL GLOBAL INVESTORS LLC	<u>3,197,655</u>	<u>3,656,170</u>
	COMMON STOCKS:		
	3M CO	62,473	64,124
	ABBOTT LABS	445,612	831,633
	ACADIA HEALTHCARE CO INC	18,285	17,239
	ACTIVISION BLIZZARD INC	77,449	69,191
	ACUITY BRANDS INC	153,496	259,357

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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COMMON STOCKS:			
	ADAPTIVE BIOTECHNOLOGIES CORP	\$ 9,449	\$ 7,071
	ADT INC DEL	61,240	61,906
	ADVANCED DRAIN SYS INC DEL	298,436	401,584
	ADVANCED ENERGY INDS INC	101,433	295,945
	ADVANCED MICRO DEVICES INC	204,690	1,004,422
	AES CORP	287,364	399,346
	AGILENT TECHNOLOGIES INC	287,204	691,285
	AIR PRODUCTS & CHEMICAL INC	579,814	766,735
	AIRBNB INC COM CL A	349,369	333,812
	AKAMAI TECHNOLOGIES	17,449	19,546
	ALLIANT ENERGY CORP	27,714	29,629
	ALLSCRIPTS HEALTHCARE SOLUTIONS	271,015	502,873
	ALLSTATE CORP	603,375	757,195
	ALLY FINL INC	381,354	568,606
	ALPHABET INC CL A	287,932	298,395
	ALPHABET INC CL C	290,332	300,933
	AMCOR PLC	36,968	37,615
	AMDOCS LTD	37,459	45,877
	AMEREN CORP	61,151	63,642
	AMERICAN AXLE & MFG HLDGS INC	483,126	395,126
	AMERICAN EXPRESS CO	249,433	341,760
	AMERICAN FINL GROUP INC OH	20,116	19,087
	AMERICAN INTL GROUP INC	144,679	227,269
	AMERIPRISE FINL INC	213,759	215,989
	AMERISAFE INC	172,843	216,397
	AMETEK INC	572,246	586,690
	AMGEN INC	96,068	98,537
	AMPHENOL CORP CL A	265,712	704,928
	ANALOG DEVICES INC	86,472	86,303
	ANTERO MIDSTREAM CORPORATION COM	58,198	54,624
	ANTHEM INC	233,985	454,733
	APA CORPORATION COM	39,042	72,603
	APARTMENT INCOME REIT CORP	137,566	147,937
	APPLIED INDUSTRIAL TECH INC	187,100	379,990
	APTARGROUP INC	26,261	26,946
	ARAMARK HLDGS CORP	32,302	31,838
	ARCHER DANIELS MIDLAND CO	719,485	1,087,861
	ARDAGH GROUP SA	20,344	29,948
	ARES COML REAL ESTATE CORP	235,618	331,803

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EIN: 43-6058365 Plan Number: 001
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December 31, 2021

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	COMMON STOCK (CONTINUED):		
	ARES MANAGEMENT CORPORATION	\$ 50,425	\$ 49,087
	ASSURANT INC	103,576	142,612
	AT&T INC	516,507	442,037
	ATHENE HOLDING LTD CLASS A	98,214	96,746
	ATLAS AIR INC	211,398	595,780
	ATMOS ENERGY CORP	573,090	595,094
	ATRION CORP	241,913	274,911
	AUTONATION INC	15,260	14,489
	AUTOZONE INC	334,483	790,339
	AVERY DENNISON CORP	472,493	596,650
	AXIS CAPITAL HOLDINGS LTD	319,560	324,478
	B & G FOODS HLDGS CORP CLASS A	201,717	396,724
	BADGER METER INC	148,263	282,384
	BALL CORP	921	963
	BANC CALIF INC	250,080	313,116
	BANK OF AMERICA CORP	89,886	136,629
	BANK OF HAWAII CORP	76,504	125,640
	BATH BODY WORKS INC COM	115,633	168,613
	BELDEN CDT INC	249,167	268,178
	BERKLEY W R	592,029	620,973
	BERKSHIRE HATHAWAY INC CL B	258,361	397,670
	BEST BUY	432,995	562,661
	BIO RAD LABORATORIES INC CL A	152,476	185,115
	BIOCRYST PHARMACEUTICALS INC	103,462	291,058
	BIOGEN IDEC INC	220,636	182,099
	BIOMARIN PHARMACEUTICAL INC	26,182	27,742
	BLACKROCK INC	47,107	45,778
	BLOCK H & R INC	11,728	11,733
	BOEING CO	224,126	203,333
	BRISTOL MYERS SQUIBB CO	394,644	406,460
	BROWN & BROWN INC	427,493	830,920
	BRUKER BIOSCIENCES CORP	451,506	605,411
	BUNGE LIMITED	119,371	184,666
	BURLINGTON STORES INC	51,353	53,929
	CABLE ONE INC	14,358	14,108
	CACI INTL INC CL A	5,830	6,730
	CACTUS INC	224,519	303,134
	CAMDEN NATL CORP	74,789	87,892
	CAMPBELL SOUP CO	81,829	78,315

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
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COMMON STOCK (CONTINUED):			
	CANADIAN PACIFIC RAILWAY LIMITED	\$ 143,076	\$ 144,168
	CARDINAL HEALTH INC	102,730	102,208
	CARGURUS INC	177,824	180,277
	CARLISLE COMPANIES INC	50,902	86,346
	CARMAX INC	6,997	9,507
	CARNIVAL CORP	26,034	23,762
	CARTER'S INC	257,024	308,721
	CATALENT INC	142,254	255,164
	CATHAY BANCORP INC	215,853	253,641
	CAVCO INDUSTRIES INC	276,806	397,063
	CDK GLOBAL INC	275,389	242,092
	CDW CORP	196,881	701,372
	CENTENE CORP	86,176	118,409
	CENTRAL GARDEN & PET CO	231,537	249,490
	CERIDIAN HCM HLDG INC	6,029	9,715
	CF INDS HLDGS INC	56,902	68,090
	CHANGE HEALTHCARE INC	12,207	12,358
	CHARLES RIVER LABORATORIES	81,013	84,022
	CHART INDS INC	260,994	473,685
	CHARTER COMMUNICATIONS INC NEW	184,994	252,312
	CHEMED CORP	479,310	542,266
	CHEMOURS CO	33,062	31,916
	CHENIERE ENERGY INC	452,221	507,100
	CHESAPEAKE UTILS CORP	118,423	196,844
	CHEVRON CORPORATION	580,397	726,279
	CHILDRENS PLACE RETAIL STS INC	266,952	410,722
	CHOICE HOTELS INTL INC	363,506	699,615
	CHUBB LTD	41,567	45,621
	CHURCH & DWIGHT INC	590,648	596,038
	CIENA CORP	10,566	15,163
	CIGNA CORP	28,949	30,770
	CINCINNATI FINANCIAL CORP	388,162	495,254
	CINTAS CORP	84,966	99,713
	CIRRUS LOGIC INC	80,726	380,963
	CISCO SYS INC	126,337	150,440
	CITIGROUP INC	176,086	198,683
	CITRIX SYS INC	12,898	10,405
	CLEAN HARBORS INC	20,463	18,058
	CLEVELAND-CLIFFS INC NEW	81,993	250,464

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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COMMON STOCK (CONTINUED):			
	CLOUDFLARE INC - CLASS A	\$ 40,727	\$ 31,034
	CNA FINL CORP	76,139	86,529
	COLFAX CORP	44,416	48,406
	COLUMBIA BANKING SYSTEM INC	403,081	392,149
	COLUMBIA SPORTSWEAR CO	266,104	311,808
	COMCAST CORP CL A	32,546	32,262
	COMFORT SYSTEM USA INC	163,566	192,933
	COMMSCOPE HLDG CO INC	302,713	344,890
	COMSTOCK RESOURCES INC	338,048	327,160
	CONAGRA FOODS INC	230,701	247,144
	CONCENTRIX CORPORATION COM	124,797	344,737
	CONDUENT INC	493,979	330,599
	CONOCOPHILLIPS	112,379	116,571
	CONSOLIDATED EDISON INC	36,610	39,930
	CONSTELLATION BRANDS INC CL A	82,432	100,639
	COPA HOLDINGS SA-CLASS A	421,503	451,076
	CORCEPT THERAPEUTICS INC	238,624	192,555
	CORNING INCORPORATED	221,798	234,363
	CORVEL CORP	160,187	504,400
	COTY INC	10,332	13,934
	COUSINS PROPERTIES INC	178,966	203,172
	CREDIT ACCEPTANCE CORP	13,158	13,754
	CROWDSTRIKE HOLDINGS INC -A	341,419	464,783
	CSG SYSTEMS INTL INC	269,626	360,125
	CSX CORP	40,844	68,958
	CVS/CAREMARK CORP	512,742	760,702
	D R HORTON INC	433,600	849,164
	DANAHER CORP	718,742	1,459,817
	DARLING INTL INC	318,954	474,290
	DAVITA INC	44,002	63,933
	DECKERS OUTDOOR CORP	78,879	516,497
	DENTSPLY SIRONA INC	80,079	77,604
	DIAMONDBACK ENERGY INC	449,435	577,537
	DICKS SPORTING GOODS INC	152,465	149,487
	DIEBOLD INC	314,885	367,457
	DISCOVER FINL SVCS	81,660	78,927
	DISCOVERY COMMUNICATIONS INC NEW	21,380	16,266
	DISH NETWORK CORP A	88,760	74,125
	DOMINION ENERGY INC PERP GLBL -C	19,595	20,268

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCK (CONTINUED):		
	DOMINOS PIZZA INC	\$ 566,117	\$ 671,553
	DONALDSON INC	335,045	432,598
	DORMAN PRODS INC	110,622	265,574
	DOVER CORP	123,934	208,114
	DOW INC	49,267	41,632
	DYCOM INDS INC	262,562	627,254
	DYNATRACE HOLDINGS LLC	44,468	36,632
	DYNAVAX TECHNOLOGIES CORP	154,460	229,130
	EAGLE PHARMACEUTICALS INC	411,104	449,114
	EAST WEST BANCORP INC	532,555	761,622
	EATON CORP PLC	222,906	258,712
	EDISON INTERNATIONAL	416,596	478,160
	EDWARDS LIFESCIENCES CORP	255,066	526,621
	ELANCO ANIMAL HEALTH INC	116,057	102,338
	ELECTRONIC ARTS	50,834	52,760
	EMERSON ELECTRIC	398,103	539,133
	ENCORE CAPITAL GROUP INC	213,977	503,091
	ENERSYS	213,430	239,552
	ENSIGN GROUP INC	116,693	217,037
	ENTERGY CORP NEW	28,617	30,641
	EOG RESOURCES INC	466,389	445,038
	EPAM SYS INC	240,710	1,096,258
	EQUIFAX INC	100,018	188,557
	EQUITABLE HLDGS INC	59,423	82,139
	ESSENTIAL UTILITIES INC	900,375	912,998
	ETSY INC	399,227	445,543
	EVERCORE PARTNERS INC	618,622	591,763
	EVEREST RE GROUP LTD	382,243	429,233
	EVERSOURCE ENERGY	52,960	57,135
	EXACT SCIENCES CORP	60,114	44,597
	EXELIXIS INC	49,058	43,305
	EXLSERVICE HLDGS INC	178,036	445,168
	EXPEDIA INC DEL	501,338	566,557
	EXXON MOBIL CORPORATION	270,271	276,946
	F N B CORP PA	13,637	13,755
	FACTSET RESEARCH SYSTEMS INC	374,794	461,710
	FASTENAL CO	194,101	270,269
	FASTLY INC	32,462	24,106
	FERRO CORP	157,896	239,257

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCK (CONTINUED):		
	FIDELITY NATL INFORMATION SVCS	\$ 49,971	\$ 45,406
	FIRST AMERN FINL CORP	14,274	15,177
	FIRST HAWAIIAN INC	171,079	179,476
	FIRST HORIZON NATIONAL CORP	164,152	189,820
	FIRST REPUBLIC BANK/SF COM	151,928	187,718
	FIRST SOLAR INC	77,953	118,625
	FIRST SOURCE CORP	139,347	162,440
	FIRSTENERGY CORP	288,983	315,543
	FISERV INC	381,417	384,023
	FIVE BELOW INC	208,859	359,989
	FLOWERS FOODS INC	358,349	466,990
	FMC CORP - NEW	24,194	27,143
	FNF GROUP	379,378	467,324
	FOOT LOCKER INC	76,697	74,782
	FORD MOTOR CO	212,280	445,994
	FORWARD AIR CORP	126,110	272,453
	FOX CORPORATION CLASS A	15,078	19,373
	FRANKLIN ELEC INC	107,661	281,316
	FRANKLIN RES INC	41,547	42,264
	FREEPORT-MCMORAN COPPER & GOLD B	188,336	610,719
	FTI CONSULTING INC	51,845	64,590
	GALLAGHER ARTHUR J & CO	35,517	36,988
	GAP INC	13,812	9,796
	GARMIN LTD	669,006	976,067
	GATX CORP	129,620	274,020
	GENERAC HLDGS INC	198,458	228,748
	GENERAL DYNAMICS CORP	259,263	325,005
	GENERAL ELECTRIC CO COM NEW	399,731	538,951
	GENERAL MOTORS CO	552,602	830,846
	GENESCO INC	209,508	311,225
	GENPACT LTD	8,698	10,988
	GERMAN AMERN BANCORP	65,659	74,062
	GILEAD SCIENCES INC	533,416	566,576
	GLOBAL PAYMENTS INC	302,174	226,427
	GLOBUS MED INC	172,585	343,889
	GOLDMAN SACHS GROUP INC	269,104	352,329
	GREEN DOT CORP CL A	345,021	374,722
	GREENBRIER CORP	214,293	361,613
	GROUP 1 AUTOMOTIVE INC	193,719	579,803

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
COMMON STOCK (CONTINUED):			
	GUIDEWIRE SOFTWARE INC	\$ 31,727	\$ 31,561
	GXO LOGISTICS INCORPORATED	15,212	14,624
	HAEMONETICS CORP MASS	278,630	223,298
	HANESBRANDS INC	18,400	18,141
	HANOVER INS GROUP INC	337,770	328,698
	HARLEY DAVIDSON INC	128,291	142,883
	HARTFORD FINL SVCS GROUP INC	96,593	109,774
	HASBRO INC	119,922	130,380
	HEALTHPEAK PROPERTIES INC.	89,919	95,278
	HELEN OF TROY LTD	272,605	299,476
	HELMERICH & PAYNE INC	296,237	231,668
	HEWLETT PACKARD ENTERPRISE CO	44,974	48,461
	HIBBETT SPORTS INC	219,177	574,721
	HILTON WORLDWIDE HLDGS INC	14,045	14,819
	HOLOGIC INC	25,478	26,873
	HONEYWELL INTERNATIONAL INC	162,147	197,876
	HOPE BANCORP INC	310,343	348,333
	HORIZON THERAPEUTICS PUBLIC	315,628	528,886
	HP INC	485,431	910,748
	HUBBELL INC	256,999	356,350
	HUMANA INC	121,733	163,743
	HUNTSMAN CORP	30,264	39,484
	IAC INTERACTIVECORP NEW COM	47,992	44,049
	IBM CORP	590,343	647,984
	ICU MED INC	467,931	558,698
	IDACORP INC	355,659	422,080
	IDEX CORP	573,206	571,894
	IDEXX LABORATORIES INC	305,932	556,399
	IHS MARKIT LTD	140,250	147,408
	ILLINOIS TOOL WORKS INC WKS INC	133,012	145,859
	INCYTE CORPORATION	11,469	12,184
	INDEPENDENT BK CORP MASS	186,823	260,896
	INGERSOLL RAND INC COM	16,833	19,303
	INGREDION INC	12,781	15,656
	INSPERITY INC	152,483	209,645
	INSULET CORP	159,904	311,302
	INTEGER HLDGS CORP	117,181	346,640
	INTEGRA LIFSCIENCES HLDGS	25,802	25,188
	INTEL CORP	1,499,168	1,332,151

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCK (CONTINUED):		
	INTERDIGITAL INC PA	\$ 194,905	\$ 256,077
	INTERNATIONAL FLAVORS	52,865	63,725
	INTERNATIONAL PAPER CO	32,866	34,061
	INTERPUBLIC GROUP COS INC	104,215	114,560
	IQVIA HLDGS INC	651,900	1,051,818
	ITRON INC	110,380	198,023
	ITT INC	37,418	71,942
	JABIL CIRCUIT INC	47,291	54,240
	JACOBS ENGR GROUP INC	629,523	824,381
	JAZZ PHARMACEUTICALS PLC	38,651	33,888
	JEFFERIES FINL GROUP INC	218,253	374,071
	JM SMUCKER COMPANY-NEW	46,524	50,525
	JOHNSON & JOHNSON	118,559	120,946
	JOHNSON CONTROLS INTERNATIONAL	185,693	376,465
	JPMORGAN CHASE & CO	1,351,554	2,225,768
	KELLOGG CO	279,722	282,546
	KEYSIGHT TECHNOLOGIES INC - W/I	12,262	12,597
	KINDER MORGAN INC DEL COM	128,431	126,420
	KINSALE CAP GROUP INC	1,007,164	1,001,517
	KKR CO INC CL- A	77,535	84,558
	KLA-TENCOR CORP	390,062	741,940
	KNIGHT-SWIFT TRANSN HLDGS INC	12,548	12,615
	KOHLS CORP	61,911	63,417
	KOPPERS HLDGS INC	365,264	374,348
	KRAFT HEINZ CO	351,618	386,607
	KRATOS DEFENSE & SEC SOLUTIONS	20,905	21,146
	KROGER CO	20,356	23,399
	KYNDRYL HOLDINGS INC COMMON	25,283	17,539
	L3 HARRIS TECHNOLOGIES INC COM	147,985	167,180
	LA Z BOY INCORPORATED	240,935	316,260
	LABORATORY CORP OF AMER HLDGS	30,249	54,673
	LAKELAND FINL CORP	120,155	263,260
	LANCASTER COLONY CORP	305,196	356,040
	LANDSTAR SYSTEM INC	174,805	380,418
	LCI INDUSTRIES	613,197	688,166
	LEGGETT & PLATT INC	111,074	102,653
	LEIDOS HLDGS INC	370,471	344,043
	LIBERTY BROADBAND CORP - A	123,142	148,028
	LIBERTY BROADBAND CORP - C	165,670	219,579

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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	COMMON STOCK (CONTINUED):		
	LIBERTY MEDIA CORP-LIBERTY	\$ 193,433	\$ 246,636
	LIBERTY MEDIA CORP-LIBERTY	86,555	99,513
	LIGAND PHARMACEUTICALS INC CL B	306,573	503,540
	LILLY ELI & CO	89,444	99,992
	LINCOLN ELECTRIC HLDGS	203,674	380,056
	LITHIA MTRS INC - CL A	320,102	780,979
	LIVE NATION INC	213,357	638,546
	LOCKHEED MARTIN CORP	50,475	50,468
	LOUISIANA PAC CORP	277,805	659,315
	LUMEN TECHNOLOGIES INC COM	440,697	411,954
	LYONDELLBASELL INDUSTRIES NV	110,581	101,084
	M & T BANK CORP	10,545	10,597
	M D C HLDGS INC	232,068	501,298
	MADISON SQUARE GARDEN CO A	158,571	148,539
	MANHATTAN ASSOCS INC	135,063	447,034
	MANPOWER INC WIS	59,198	61,707
	MARRIOTT VACATIONS WORLDWIDE COR	298,550	437,658
	MARTIN MARIETTA MATERIALS INC	80,882	159,468
	MARVELL TECHNOLOGY INC LTD COM	69,556	93,002
	MASCO CORP	597,767	614,636
	MATRIX SVC CO	370,591	221,487
	MCKESSON CORP	134,442	188,913
	MEDPACE HLDGS INC	211,051	523,424
	MEDTRONIC PLC	546,791	533,595
	MERCURY COMPUTER SYS INC	8,747	6,883
	MERCURY GEN CORP NEW	94,199	107,022
	MICRON TECHNOLOGY INC	72,545	87,468
	MIDDLEBY CORP	424,679	996,589
	MINERALS TECHNOLOGIES INC	204,167	285,285
	MOLINA HEALTHCARE INC	96,308	146,317
	MONDELEZ INTL INC	456,023	561,778
	MONOLITHIC POWER SYSTEMS INC	731,525	937,327
	MONRO INC	126,263	144,218
	MORGAN STANLEY	305,759	306,750
	MOTOROLA SOLUTIONS INC.	180,493	314,085
	MSCI INC CL A	291,667	729,101
	NATERA INC	13,194	10,460
	NATIONAL INSTRUMENTS CORP	51,516	56,553
	NEKTAR THERAPEUTICS	25,602	21,008

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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COMMON STOCK (CONTINUED):			
	NETAPP INC	\$ 32,249	\$ 34,404
	NEW YORK COMMUNITY BANCORP	55,909	60,525
	NEW YORK TIMES CO CLASS A	115,486	129,927
	NEWELL BRANDS INC	212,443	237,117
	NEWMONT MNG CORP	13,517	14,575
	NEWS CORP NEW	89,088	171,430
	NEWS CORP NEW	33,362	45,180
	NEXSTAR BROADCASTING GROUP INC	57,347	57,070
	NEXTGEN HEALTHCARE INC. COM	365,378	482,732
	NIELSEN HOLDINGS PLC	199,916	204,874
	NN INC	581,233	233,495
	NORDSTROM INC	35,786	24,158
	NORFOLK SOUTHERN CORP	608,884	877,054
	NORTHERN TRUST CORP	51,471	55,499
	NORTHWEST NATURAL HOLDING CO	344,054	349,265
	NORTON LIFE LOCK INC	13,074	13,743
	NRG ENERGY INC	219,208	285,922
	NUANCE COMMUNICATIONS INC	52,525	86,133
	NVENT ELECTRIC PLC-W/I	19,283	27,208
	NVR INC	343,325	691,338
	OCCIDENTAL PETROLEUM CORP	142,292	142,486
	OLD DOMINION FGHT LINES INC	198,479	601,003
	OLD REP INTL CORP	453,913	529,330
	OMNICOM GROUP INC	71,710	73,417
	ON SEMICONDUCTOR CORP	20,977	23,772
	ONE GAS INC	140,937	215,312
	ONEMAIN HLDGS INC	73,933	110,789
	ONEOK INC	63,619	65,282
	ORACLE CORPORATION	111,250	107,966
	OWENS & MINOR INC	227,348	630,750
	PACCAR INC	124,379	126,212
	PACKAGING CORP OF AMERICA	50,736	49,286
	PACWEST BANCORP	236,955	359,644
	PARAMOUNT GLOBAL	30,512	21,549
	PATTERSON COS INC	176,744	310,230
	PENSKE AUTOMOTIVE GROUP INC	23,030	22,087
	PEOPLES UTD FINL INC	42,173	41,432
	PERRIGO CO PLC	76,730	65,741
	PFIZER INC	658,053	1,051,208

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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COMMON STOCK (CONTINUED):			
	PHIBRO ANIMAL HEALTH CORP -A	\$ 280,471	\$ 250,145
	PHILIP MORRIS INTL INC	289,775	297,730
	PHILLIPS 66	115,100	105,357
	PILGRIMS PRIDE CORP	13,194	12,831
	PINNACLE WEST CAPITAL CORP	56,250	49,837
	POLARIS INDUSTRIES INC	45,740	43,854
	POOL CORP COM	538,806	574,490
	POPULAR INC	215,119	366,965
	POWER INTEGRATIONS INC	96,629	343,693
	PPG INDUSTRIALS INDS INC	41,301	55,698
	PPL CORPORATION	22,569	23,417
	PREMIER INC	446,473	502,068
	PRESTIGE BRANDS HLDGS INC	208,979	345,705
	PROASSURANCE CORPORATION	265,095	261,855
	PROCTER & GAMBLE CO	573,672	786,656
	PROGRESS SOFTWARE CORP	283,908	345,131
	PROGRESSIVE CORP	252,725	298,198
	PROSPERITY BANCSHARES INC	14,765	14,460
	QIAGEN NV	44,263	52,412
	QORVO INC	54,920	77,882
	QUALYS INC	363,965	478,898
	QUEST DIAGNOSTICS INC	105,249	129,411
	QUIDEL CORP	33,657	33,343
	QURATE RETAIL INC	46,064	28,492
	RADIAN GROUP INC	408,608	506,064
	RALPH LAUREN CORP	19,746	18,899
	RAYTHEON TECHNOLOGIES CORP	353,108	443,639
	REALOGY HLDGS CORP	294,458	294,847
	RED ROBIN GOURMET BURGERS INC	484,467	292,250
	REGENERON PHARMACEUTICALS INC	19,744	20,209
	RELIANCE STEEL & ALUMINUM CO	15,009	20,926
	REPLIGEN CORP	19,324	19,598
	ROBERT HALF INTL INC	491,256	695,885
	ROCKWELL AUTOMATION INC	20,867	28,606
	ROYAL CARIBBEAN CRUISES LTD	9,834	11,920
	SALESFORCE.COM INC	52,151	48,285
	SANTANDER CONSUMER USA HLDGS INC	93,682	144,171
	SCANSOURCE INC	333,088	399,912
	SCHLUMBERGER LTD	74,694	66,190

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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COMMON STOCK (CONTINUED):			
	SCHNEIDER NATIONAL INC	\$ 25,204	\$ 29,440
	SEAGEN INC	33,423	31,075
	SEI INVESTMENT COMPANY	18,356	19,988
	SELECT MED HLDGS CORP	180,597	489,510
	SELECTIVE INSURANCE GROUP INC	417,470	748,932
	SEMPRA ENERGY	335,560	391,549
	SENSIENT TECHNOLOGIES CORP	221,841	345,207
	SERVICENOW INC	134,631	389,466
	SHUTTERSTOCK INC	213,931	230,076
	SIGNATURE BANK	36,498	36,876
	SILGAN HOLDINGS INC	252,402	350,217
	SKYWORKS SOLUTIONS INC	111,775	144,746
	SLM CORP	14,972	15,618
	SNAP ON INC	3,724	4,738
	SONOCO PRODS CO	128,405	129,442
	SOUTHWEST AIRLINES CO	62,856	56,249
	SPDR S&P MIDCAP 400 ETF TR UNIT	1,307,727	1,339,238
	SPECTRUM BRANDS HOLDINGS, INC.	48,735	63,066
	STATE STR CORP	143,750	181,164
	STERIS PUBLIC COMPANY LIMITED	49,553	54,037
	STERLING BANCORP DEL	151,105	250,937
	SYNAPTICS INC	106,002	674,558
	SYNCHRONY FINL	435,512	648,347
	SYNEOS HEALTH INC	25,705	34,706
	SYNNEX CORP	238,832	355,431
	SYNOPSYS INC	346,103	867,818
	T ROWE PRICE GROUP INC	386,666	563,570
	TANDEM DIABETES CARE INC	28,658	38,383
	TAPESTRY INC	31,548	31,506
	TARGA RES CORP	41,484	39,076
	TARGET CORP	413,001	883,638
	TELADOC INC	41,544	29,291
	TERADATA CORP DEL	191,482	274,993
	TETRA TECH INC NEW	68,804	405,822
	TEXAS INSTRS INC	78,004	77,084
	TEXAS ROADHOUSE INC CLASS A	138,301	303,552
	TFI INTERNATIONAL INC	418,635	602,031
	TFS FINL CORP	49,072	43,513
	THE CARLYLE GROUP INC	214,903	272,359

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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	COMMON STOCK (CONTINUED):		
	THE TRADE DESK INC CLASS A	\$ 571,829	\$ 668,056
	THERMO FISHER SCIENTIFIC INC SR	191,700	447,051
	T-MOBILE US INC	532,650	677,555
	TOMPKINS COUNTY TRUSTCO INC	107,154	137,907
	TOPBUILD CORP	313,302	517,331
	TRANE TECHNOLOGIES PLC	442,347	969,340
	TRANSDIGM GROUP INC	306,666	352,499
	TRANSUNION	21,334	22,056
	TRAVELERS COS INC	14,545	14,861
	TREX COMPANY INC	388,133	657,596
	TRIMBLE NAV LTD	30,745	44,380
	TRIPADVISOR INC	91,609	72,321
	TRIUMPH GROUP INC NEW	359,228	198,086
	TRUIST FINANCIAL CORP COM	66,093	61,478
	TTM TECHNOLOGIES	360,363	321,542
	TWILIO INC	12,794	11,060
	TWITTER INC	122,423	90,243
	U S PHYSICAL THERAPY INC	319,365	382,200
	ULTRA CLEAN HLDGS INC COM	158,748	655,281
	UMB FINANCIAL CORP	188,474	339,552
	UNIFIRST CORP MASS	176,603	310,340
	UNION PACIFIC CORP	52,616	62,479
	UNITED BANKSHARES INC W VA	134,484	153,102
	UNITED CONTL HLDGS INC	31,932	30,340
	UNITED THERAPEUTICS CORP DEL	107,610	136,563
	UNITEDHEALTH GROUP INC	148,875	168,719
	UNITIL CORP	149,621	141,419
	UNIVERSAL HEALTH SVCS INC CL B	66,309	66,256
	VALMONT INDS INC	162,030	239,228
	VEEVA SYS INC CLASS A	239,968	404,936
	VERISIGN INC	459,913	483,527
	VERISK ANALYTICS INC CL A	555,906	617,571
	VERIZON COMMUNICATIONS	16,871	15,640
	VIASAT INC	24,707	19,553
	VICTORIA'S SECRET CO COMMON	59,110	77,256
	VIMEO INC COMMON STOCK	23,143	7,992
	VOYA FINL INC	171,909	182,286
	VULCAN MATERIALS MATLS CO	46,263	51,480
	WALGREENS BOOTS ALLIANCE INC	129,768	135,147

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021

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	COMMON STOCK (CONTINUED):		
	WAL-MART STORES INC	\$ 961,969	\$ 1,100,367
	WALT DISNEY CO	438,830	412,782
	WASHINGTON FEDERAL INC	183,111	267,708
	WASHINGTON TRUST BANCORP	137,489	162,064
	WASTE MANAGEMENT INC	119,533	124,507
	WATERS CORP	58,928	64,460
	WATSCO INC	139,344	185,225
	WATTS WATER TECHNOLOGIES INC	185,052	446,591
	WEBSTER FINL CORP WATERBURY CONN	112,703	250,163
	WELLS FARGO & CO & CO NEW	976,332	1,106,275
	WESCO INTERNATIONAL INC	132,190	553,336
	WESTERN DIGITAL CORP	188,868	243,951
	WESTERN UN CO	316,820	235,470
	WEX INC	138,422	192,334
	WHIRLPOOL CORP	58,333	79,550
	WILLIAMS CO INC	12,357	12,864
	WILLIAMS SONOMA INC	222,036	201,096
	WILLIS TOWERS WATSON PLC	295,512	334,861
	WOODWARD INC	12,492	13,683
	WORTHINGTON INDS INC	193,180	272,207
	XCEL ENERGY INC	68,649	70,543
	XEROX HOLDINGS CORP	237,353	212,408
	XPERI HOLDING CORPORATION	520,016	327,729
	XPO LOGISTICS INC	13,510	13,163
	YETI HLDGS INC COM	139,824	424,918
	YUM CHINA HLDGS INC	74,457	64,094
	ZIMMER BIOMET HOLDINGS, INC	142,427	124,626
	ZIONS BANCORP	33,465	32,654
	ZOETIS INC	257,312	694,265
	ZYNGA INC	108,288	89,285
	TOTAL COMMON STOCKS	<u>109,267,775</u>	<u>150,780,916</u>
	TOTAL ASSETS HELD AT END OF YEAR	<u>\$ 559,756,845</u>	<u>\$ 884,781,578</u>

Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2020.

Age	Pension Credits										
	Total	Less than 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	597	269	322	6	–	–	–	–	–	–	–
25 - 29	447	74	253	117	3	–	–	–	–	–	–
30 - 34	359	29	113	126	87	4	–	–	–	–	–
35 - 39	371	31	84	71	84	85	16	–	–	–	–
40 - 44	346	21	80	43	44	63	87	8	–	–	–
45 - 49	352	24	72	49	29	32	70	63	13	–	–
50 - 54	432	23	71	47	39	48	53	57	80	14	–
55 - 59	579	32	122	73	46	45	69	59	56	54	23
60 - 64	537	35	91	66	47	46	50	52	53	40	57
65 - 69	160	16	50	25	17	12	12	8	10	2	8
70 & over	74	21	37	11	1	1	1	–	2	–	–
Total	4,254	575	1,295	634	397	336	358	247	214	110	88

Note: Excludes 2,881 participants with less than one pension eligibility credit.

2021 Schedule MB, Line 3 – Withdrawal Liability
United Food and Commercial Workers Union Local 655, Food Employers Joint Pension Plan
EIN 43-6058365/PN 001

Date Received	Amount Received
01/05/2021	\$435,048.00
04/02/2021	\$435,048.00
06/25/2021	\$435,048.00
09/03/2021	\$125,000.00
09/28/2021	\$435,048.00
10/15/2021	\$5,638.00
11/05/2021	\$11,250.50
11/05/2021	\$11,250.50
11/30/2021	\$5,638.00
Total	\$1,898,969.00

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/1993	\$1,347,763	2	\$696,670
Plan amendment	09/01/1993	390,199	2.67	154,614
Plan amendment	01/01/1995	111,177	4	30,675
Change in assumptions	01/01/1995	144,718	4	39,930
Change in assumptions	01/01/1996	1,619,456	5	369,131
Plan amendment	01/01/1997	396,837	6	77,808
Plan amendment	01/01/1998	310,883	7	53,912
Plan amendment	01/01/1999	935,993	8	146,494
Plan amendment	01/01/2002	430,109	11	53,606
Plan amendment	01/01/2004	814,142	13	91,040
Change in assumptions	01/01/2005	2,015,148	14	215,348
Plan amendment	01/01/2007	2,946,455	16	291,500
Change in assumptions	01/01/2007	4,988,922	16	493,566
Change in assumptions	01/01/2008	227,911	2	117,809
Base due to 2008 investment loss	01/01/2009	3,219,915	17	308,225
Base due to December 31, 2008 investment loss	01/01/2009	51,600,002	17	4,939,383
Base due to 2008 investment loss	01/01/2010	637,837	17	61,057
Experience loss	01/01/2010	8,143,805	4	2,246,991
Base due to 2008 investment loss	01/01/2011	1,737,136	17	166,286
Change in assumptions	01/01/2011	5,697,461	5	1,298,652
Base due to December 31, 2008 investment loss	01/01/2011	39,507,720	17	3,781,856
Base due to 2008 investment loss	01/01/2012	1,858,040	17	177,860

2021 Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases
 United Food and Commercial Workers Union Local 655, Food Employers Joint Pension Plan
 EIN 43-6058365/PN 001

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Base due to December 31, 2008 investment loss	01/01/2012	8,686,392	17	831,500
Experience loss	01/01/2013	600,503	7	104,136
Change in assumptions	01/01/2013	794,506	7	137,779
Base due to December 31, 2008 investment loss	01/01/2013	6,714,094	7	1,164,319
Change in assumptions	01/01/2015	1,396,285	9	200,291
Experience loss	01/01/2015	1,573,173	9	225,664
Plan amendment	01/01/2015	2,862,960	9	410,678
Experience loss	01/01/2016	71,816	10	9,556
Experience loss	01/01/2016	10,552,491	10	1,404,147
Plan amendment	01/01/2017	373,133	11	46,505
Experience loss	01/01/2017	9,180,796	11	1,144,227
Plan amendment - Grocery Plan	01/01/2018	2,163,886	12	254,615
Experience loss	01/01/2018	5,963,248	12	701,668
Experience loss	01/01/2019	16,025,022	13	1,791,970
Experience loss	01/01/2020	10,946,128	14	1,169,752
Change in assumptions	01/01/2020	18,875,762	14	2,017,148
Total		\$225,861,824		\$27,426,368

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumption	01/01/2009	\$688,533	3	\$245,202
Experience gain	01/01/2009	12,944,747	3	4,609,923
Change in asset method	01/01/2009	16,688,541	18	1,550,515
Experience gain	01/01/2010	443,334	4	122,322
Base due to December 31, 2008 investment loss	01/01/2010	19,665,336	17	1,882,454
Plan amendment	01/01/2011	42,072	5.5	8,858
Experience gain	01/01/2011	340,336	5	77,575
Plan amendment	01/01/2011	1,556,065	5	354,682
Experience gain	01/01/2011	23,049,982	5	5,253,903
Plan amendment	01/01/2012	127,954	6	25,088
Plan amendment	01/01/2012	338,653	6	66,400
Experience gain	01/01/2012	595,619	6	116,784
Experience gain	01/01/2012	2,302,427	6	451,439
Change in assumption	01/01/2012	6,332,020	6	1,241,524
Plan amendment	01/01/2013	6,909	7	1,198
Plan amendment	01/01/2013	35,823	6.4	6,668
Plan amendment	01/01/2014	4,686	7.1	804
Experience gain	01/01/2014	32,652	8	5,110
Experience gain	01/01/2014	1,265,050	8	197,995
Experience gain	01/01/2015	614,244	9	88,110
Change in assumption	01/01/2016	3,414,294	10	454,316
Experience gain	01/01/2017	27,566	11	3,436
Experience gain - Meat Plan	01/01/2018	516,561	12	60,781

2021 Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases
 United Food and Commercial Workers Union Local 655, Food Employers Joint Pension Plan
 EIN 43-6058365/PN 001

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions - Meat Plan	01/01/2018	895,462	12	105,365
Experience gain	01/01/2021	9,896,883	15	1,015,537
Total		\$101,825,749		\$17,945,989

Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Non-Annuitants: 110% of the RP-2006 Blue Collar Employee Mortality Tables, projected generationally using Scale MP-2019

Healthy Annuitants: 110% of the RP-2006 Blue Collar Healthy Annuitant Mortality Tables, projected generationally using Scale MP-2019

Disabled Annuitants: 110% of the RP-2006 Disabled Retiree Mortality Tables, projected generationally using Scale MP-2019

110% of the underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. The mortality tables were then adjusted to future years using the MP-2019 scale to anticipate future mortality improvement.

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

Annuitant Mortality Rates

Age	Rate ¹			
	Healthy		Disabled	
	Male	Female	Male	Female
55	0.67%	0.47%	2.62%	1.71%
60	0.99%	0.72%	3.12%	2.14%
65	1.50%	1.03%	3.76%	2.47%
70	2.24%	1.55%	4.59%	3.13%
75	3.54%	2.56%	6.10%	4.57%
80	5.91%	4.40%	8.74%	7.04%
85	10.04%	7.76%	13.10%	10.79%
90	17.02%	13.47%	20.11%	15.97%

¹ Mortality rates shown above are sample rates in 2021

Termination Rates

Age	Rate			
	Mortality ¹		Disability	Withdrawal ²
	Male	Female		
20	0.07%	0.02%	0.02%	14.76%
25	0.09%	0.03%	0.03%	14.76%
30	0.09%	0.04%	0.03%	8.17%
35	0.11%	0.05%	0.04%	8.47%
40	0.12%	0.06%	0.07%	7.00%
45	0.16%	0.09%	0.11%	6.29%
50	0.25%	0.14%	0.18%	5.89%
55	0.41%	0.22%	0.30%	3.00%
60	0.71%	0.35%	1.22%	0.13%

¹ Mortality rates shown above are sample rates in 2021

² Withdrawal rates cut out at early retirement age. Before 5 years of vesting service, withdrawal rates are as follows:

Years of Vesting Service	Withdrawal Rate
Less than 2	30%
2 – 3	20%
3 – 4	15%

The withdrawal rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of withdrawals and disability retirements and the projected number based on the prior years' assumption over the most recent five years.

Retirement Rates	Retirement Rates ¹	
	From Active Status	From Inactive Status
	Age	
	55 – 59	2%
	57 – 59	5%
	60	15%
	61	15%
	62	30%
	63-64	20%
	65	30%
	67 – 70	25%
	71	100%

¹ These rates are increased by 10% for active participants and 20% for inactive participants in the year that a participant reaches Social Security Normal Retirement Age. (Age 66 for those born in or before 1954 and age 67 for those born in 1955 or after).

The retirement rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the most recent five years.

Description of Weighted Average Retirement Age for Retirement from Active Status	Age 63, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2021 actuarial valuation.
Future Benefit Accruals	Based on the average of the participant's hours during the previous two years with a minimum of 0.25 pension credits The future benefit accruals were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as those with at least 250 hours in the most recent plan year and who have accumulated at least one pension eligibility credit, excluding those who have retired as of the valuation date and those who were employed by a withdrawn employer.

Exclusion of Inactive Vested Participants	Inactive participants over age 70 are assumed deceased and never to return and apply for a benefit. The exclusion of inactive vested participants over age 70 was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status over the most recent five years were reviewed.
Percent Married	Males 80%, Females 65%
Age and Gender of Spouse	If actual age is unknown, spouses are assumed 4 years younger than male participants and 2 years older than female participants. If not given, spouses are assumed to be of the opposite sex of the participants.
Benefit Election	- Male participants: 50% elect the 50% joint and survivor pension with pop-up provision and 50% elect the single life annuity. - Female participants: 30% elect the 50% joint and survivor pension with pop-up provision and 70% elect the single life annuity. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent five years.
Delayed Retirement Factors	Active participants work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.
Net Investment Return	7.00% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$1,700,000 for the year beginning January 1, 2021 (equivalent to \$1,639,136 payable at the beginning of the year), which is approximately equal to 41.3% of current year's Normal Cost. The annual administrative expenses were based on historical and current data and estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns in prior years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized, 20% per year, over a five-year period. The actuarial value is further adjusted, if necessary, to be within 80% to 120% on the market value of assets.
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis.

Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.
Current Liability Assumptions	<i>Interest:</i> 2.43%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2019
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 8.6%, for the Plan Year ending December 31, 2020 <i>On current (market) value of assets (Schedule MB, line 6h):</i> 14.2%, for the Plan Year ending December 31, 2020

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, regular employer contributions and withdrawal liability payments are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.
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Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Expected Annual Benefit Payments
2021	\$52,815,104
2022	54,485,968
2023	56,093,634
2024	57,617,709
2025	58,924,807
2026	60,033,598
2027	61,007,817
2028	61,681,796
2029	62,133,472
2030	62,337,822

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the plan.

ATTACHMENT TO FORM 5500

UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PENSION PLAN

FYE 12/31/2021

43-6058365

PLAN: 001

ITEM 1: Reasonable Cause for Late Filing

This benefit plan is located in St. Louis County, Missouri.

Following a disaster declaration issued by the Federal Emergency Management Agency, the IRS announced that taxpayers in certain areas will receive tax relief. Businesses in St. Louis County qualify for the tax relief. The declaration permits the IRS to postpone certain tax-filing and tax-payment deadlines for taxpayers who reside or have a business in the disaster area. This relief includes the filing of Form 5500 series returns that were required to be filed on or after July 25, 2022, and before November 15, 2022, and are postponed through November 15, 2022, in the manner described in section 8 of Rev. Proc. 2018-58.

ITEM 2: Restatement of Prior Year Balances

The entity retained a new auditing firm for the year ended 12/31/2021 as part of a request for proposals. During their audit of the 2021 financials, it was discovered that adjustments were necessary to the 2020 audited financials. Pursuant to that process, the beginning financials balances on the 2021 Form 5500 have been restated to agree with the restated comparative financials for the year ended 12/31/2021.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510-0110 1510-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information

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

A This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)

B This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ☒

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE	1b Three-digit plan number (PN) <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS 300 WEIDMAN ROAD BALLWIN MO 63011-4433	1c Effective date of plan <u>01/01/1963</u> 2b Employer Identification Number (EIN) <u>43-6058365</u> 2c Plan Sponsor's telephone number <u>636-394-6500</u> 2d Business code (see instructions) <u>525100</u>

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

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

SIGN HERE		11/14/2022	David A. Cook
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5	20,766
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	8,448
a (2) Total number of active participants at the end of the plan year	6a(2)	7,606
b Retired or separated participants receiving benefits	6b	6,111
c Other retired or separated participants entitled to future benefits	6c	5,822
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	19,539
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	633
f Total. Add lines 6d and 6e	6f	20,172
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	25

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

ATTACHMENT TO FORM 5500

UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PENSION PLAN

FYE 12/31/2021

43-6058365

PLAN: 001

ITEM 1: Reasonable Cause for Late Filing

This benefit plan is located in St. Louis County, Missouri.

Following a disaster declaration issued by the Federal Emergency Management Agency, the IRS announced that taxpayers in certain areas will receive tax relief. Businesses in St. Louis County qualify for the tax relief. The declaration permits the IRS to postpone certain tax-filing and tax-payment deadlines for taxpayers who reside or have a business in the disaster area. This relief includes the filing of Form 5500 series returns that were required to be filed on or after July 25, 2022, and before November 15, 2022, and are postponed through November 15, 2022, in the manner described in section 8 of Rev. Proc. 2018-58.

ITEM 2: Restatement of Prior Year Balances

The entity retained a new auditing firm for the year ended 12/31/2021 as part of a request for proposals. During their audit of the 2021 financials, it was discovered that adjustments were necessary to the 2020 audited financials. Pursuant to that process, the beginning financials balances on the 2021 Form 5500 have been restated to agree with the restated comparative financials for the year ended 12/31/2021.

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2021

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
Comerica	Short Term Fund (370)	\$ -	\$ 81,772,925	\$ 81,772,925	\$ 81,772,925	\$ -
Comerica	Short Term Fund (919)	\$ 84,569,718	\$ -	\$ 84,569,718	\$ 84,569,718	\$ -

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

A Name of plan UFCW UNION LOCAL NO. 655, FOOD EMPLOYERS' JOINT PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES UFCW LOCAL NO. 655 FOOD EMPLOYERS JOINT PENSION PLAN	D Employer Identification Number (EIN) 43-6058365	

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.....	1b(1)	792,529,436
(2) Actuarial value of assets for funding standard account	1b(2)	746,061,868
(1) Accrued liability for plan using immediate gain methods	1c(1)	761,031,344

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	761,031,344

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	1,444,582,746
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	11,777,778
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	52,922,983
(3) Expected plan disbursements for the plan year.....	1d(3)	54,622,983

Statement by Enrolled Actuary

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

SIGN HERE	William Gitterman <i>WJG</i>	11/14/2022
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Signature of actuary

Date

William Gitterman, FSA, MAAA

2008743

Type or print name of actuary

Most recent enrollment number

SEGAL

312-984-8500

Firm name

Telephone number (including area code)

101 N. WACKER DR., SUITE 500
CHICAGO IL 60606-1724

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**

a Current value of assets (see instructions)

2a	792,545,436
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(1) Number of participants	(2) Current liability
----------------------------	-----------------------

(1) For retired participants and beneficiaries receiving payment.....

6,586	688,620,544
-------	-------------

(2) For terminated vested participants

5,752	432,955,243
-------	-------------

(3) For active participants:

(a) Non-vested benefits.....

6,042,310

(b) Vested benefits.....

316,964,649

(c) Total active

323,006,959

(4) Total

16,592	1,444,582,746
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C If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage

2c	54.86%
----	--------

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2021	9,605,483	0			
07/01/2021	1,898,969	0			
			Totals ►	3(b)	11,504,452
					3(c)

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

3(d)	1,898,969
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a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))

4a	98.0 %
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b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5

4b	N
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C Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date _____

4e	
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f 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.
If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐

4f	
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a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.43 %
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Expense loading	6e	41.3 % ☐ N/A ☒ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.2 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	- 9,896,883	- 1,015,537

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	5,606,442
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	225,861,824
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	2,312,297
e Total charges. Add lines 9a through 9d.....	9e	35,345,107
Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	109,066,599
g Employer contributions. Total from column (b) of line 3.....	9g	11,504,452
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	101,825,749
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	9,293,537
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	138,717,493
(2) "RPA '94" override (90% current liability FFL)	9j(2)	552,714,776
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	147,810,577
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	112,465,470
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....		☐ Yes ☒ No