

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information —enter all requested information
1a Name of plan UFCW LOCAL 1262 & EMPLOYERS PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 10/01/1964
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) TRUSTEES UFCW LOCAL 1262 PENSION FUND 1389 BROAD STREET CLIFTON, NJ 07013-4221	2b Employer Identification Number (EIN) 22-6074414 2c Plan Sponsor's telephone number 973-778-5800 2d Business code (see instructions) 445110

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.	10/04/2023	HARVEY WHILLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ 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 26512
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) 5855
a(2) Total number of active participants at the end of the plan year		6a(2) 5385
b Retired or separated participants receiving benefits		6b 8100
c Other retired or separated participants entitled to future benefits.....		6c 11884
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 25369
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 912
f Total. Add lines 6d and 6e		6f 26281
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 21
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1C		
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	(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust	(3) ☒ Trust	
(4) ☐ General assets of the sponsor	(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		b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ A (Insurance Information)	
	(4) ☒ C (Service Provider Information)	
	(5) ☒ D (DFE/Participating Plan Information)	
	(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

► Round off amounts to nearest dollar.
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan UFCW LOCAL 1262 & EMPLOYERS PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES UFCW LOCAL 1262 PENSION FUND	D Employer Identification Number (EIN) 22-6074414

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

1a Enter the valuation date: Month 01 Day 01 Year 2022	
b Assets	
(1) Current value of assets	1b(1) 1117529720
(2) Actuarial value of assets for funding standard account	1b(2) 1041288958
c (1) Accrued liability for plan using immediate gain methods	1c(1) 1149938076
(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) 1149938076
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) 2246416261
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 27110052
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 75788946
(3) Expected plan disbursements for the plan year	1d(3) 79539340

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	09/29/2023 Signature of actuary CHRISTIAN E. BENJAMINSON, FSA, EA Type or print name of actuary CHEIRON, INC. Firm name 701 EAST GATE DRIVE, SUITE 330, MOUNT LAUREL, NJ 08054 Address of the firm	Date 23-07015 Most recent enrollment number 703-893-1456 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

a Current value of assets (see instructions)		2a	1117529720
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....		8715	924340030
(2) For terminated vested participants		12024	548010622
(3) For active participants:			
(a) Non-vested benefits			20320526
(b) Vested benefits.....			753745083
(c) Total active		5855	774065609
(4) Total.....		26594	2246416261
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	49.75 %

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2022	25599842				
			Totals ►	3(b)	25599842
(d) Total withdrawal liability amounts included in line 3(b) total.....					3(c)
					3(d)
					35453

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	90.6 %
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	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☒ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☒ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: - Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; - Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐ - Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2024

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		2.22 %
b Rates specified in insurance or annuity contracts	Pre-retirement		Post-retirement
	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		9.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		12.9 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		3000000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-28199049	-2893555

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	-6717708

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

a Prior year funding deficiency, if any	9a	15199632
b Employer's normal cost for plan year as of valuation date	9b	13755255

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers.....
- (3) Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	280953894	42436732
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 4997413**e** Total charges. Add lines 9a through 9d.....**9e** 76389032**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 0**g** Employer contributions. Total from column (b) of line 3.....**9g** 25599842**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	187504408	35811817

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 3402822**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit.....

9j(1)	130972679	
9j(2)	990143776	
9j(3)	0	

k (1) Waived funding deficiency.....**9k(1)** 0**(2)** Other credits.....**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 64814481**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m****n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n** 11574551**o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the 2022 plan year
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
- (a) Reconciliation outstanding balance as of valuation date.....
- (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1) 0**9o(2)(a)** 0**9o(2)(b)** 0**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 11574551**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan UFCW LOCAL 1262 & EMPLOYERS PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES UFCW LOCAL 1262 PENSION FUND	D Employer Identification Number (EIN) 22-6074414	

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
EATON VANCE TRUST COMPANY
42-1701287

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ABBOTT CAPITAL MANAGEMENT, LLC
04-3376204

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ENTRUSTPERMAL PARTNERS OFFSHORE LP
90-0644478

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIRST EAGLE INVESTMENT MANAGEMENT
57-1156902

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

CORBIN CAPITAL PARTNERS, LP

30-0299433

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

GCM CUSTOMIZED FUND INVESTMENT GROU

80-0952472

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

GCM CFG FUND PARTNERS IV LP

35-2494369

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

SEI TRUST COMPANY

06-1271230

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

NB ALTERNATIVES ADVISERS, LLC

30-0536163

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

SEGALL,BRYANT & HAMILL LLC

41-1788385

(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)

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	761005	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT LAKES ADVISORS

80-0292839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	571410	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERCONTINENTAL REAL ESTATE CORP

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	562600	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)

FRED ALGER MANAGEMENT , INC.

13-2510833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	371835	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WEDGE CAPITAL MANAGEMENT LLP

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	296952	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	262491	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)

CHEIRON, INC.

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	255953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN, LEWIS & BOCKIUS, LLP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	196143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK

31-0841368

(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 15 50	NONE	193971	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)

CHEVY CHASE TRUST COMPANY

52-2037618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	166561	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT, LLC

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	166561	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT GEREMINO

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	163424	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)

INVESTMENT PERFORMANCE SERVICES, LL

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	155000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAUL TAGLIARENI

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	153974	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANN MARIE SCHOENIG

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	150870	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 1262

22-1339607

(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?
14 50	NONE	144114	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RONALD F URICKS

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	135245	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TINA MARIE GOMEZ

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	110138	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)

LISA ALIBERTI

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	109691	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SONYA IVETTE RIVERA

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	103634	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASHLEY PALENCIA

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	96587	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)

FRANK M VACCARO & ASSOCIATES, INC.

23-2148108

(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?
14 50	NONE	95921	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATRICIA PRESTO

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	88331	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DINEEN RODRIGUEZ

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	86738	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEIX INVESTMENT ADVISORS, LLC

95-4191764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	86547	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADRIENNE ROAKE

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	85748	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WENDY WEISS

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	79309	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JUDINE HEDGE

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76841	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORRAINE LOPICCOLO

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	73780	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEANETTE PICHARDO

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	73298	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATHLEEN DELGADO

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	71871	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGALL,BRYANT & HAMILL LLC

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	69182	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHELE CIRASUOLO

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	61240	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELVIN JONES

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57633	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SARAH MARSHALL

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	56183	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	55000	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)

ACCESS INFORMATION MANAGEMENT

51-0649265

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	49416	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERANZE, KATZ & GAUDIOSO

23-2419899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	37062	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIANE M GOODE

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	34335	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)

JESSICA STEINFELD

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	33019	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WINSTON SUPPORT SERVICES, LLC

13-4086932

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	22798	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAMER WARNER ASSOCIATES

23-1742926

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	17761	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)

OCEAN COMPUTER GROUP, INC.

22-2595133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	13437	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO

41-0449260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	9421	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY PRESS

52-0975591

(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 50	NONE	7882	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
KRAMER WARNER ASSOCIATES	22 53	17761
(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.	
HUDSON INSURANCE CO 13-5150451	INSURANCE BROKERAGE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan UFCW LOCAL 1262 & EMPLOYERS PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES UFCW LOCAL 1262 PENSION FUND	D Employer Identification Number (EIN) 22-6074414	

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: EATON VANCE TRUST CO COLLECTIVE INV		
b Name of sponsor of entity listed in (a): EATON VANCE TRUST COMPANY		
c EIN-PN 42-1701287-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE RE FUNDS		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39130812
a Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INT'L EQUITY GROUP		
b Name of sponsor of entity listed in (a): JOHNSTON ASSET MANAGEMENT		
c EIN-PN 26-6493485-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54943904
a Name of MTIA, CCT, PSA, or 103-12 IE: SBH COLLECTIVE INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 81-0835598-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60004154
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)**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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>UFCW LOCAL 1262 & EMPLOYERS PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES UFCW LOCAL 1262 PENSION FUND</u>	D Employer Identification Number (EIN) <u>22-6074414</u>	

Part I	Asset and Liability Statement
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.	
Assets	(a) Beginning of Year (b) End of Year
a Total noninterest-bearing cash.....	1a <u>271938</u>
b Receivables (less allowance for doubtful accounts):	
(1) Employer contributions.....	1b(1) <u>1681956</u>
(2) Participant contributions.....	1b(2)
(3) Other.....	1b(3) <u>1520490</u>
c General investments:	
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1) <u>13755664</u>
(2) U.S. Government securities	1c(2) <u>49013143</u>
(3) Corporate debt instruments (other than employer securities):	
(A) Preferred	1c(3)(A)
(B) All other	1c(3)(B) <u>36031452</u>
(4) Corporate stocks (other than employer securities):	
(A) Preferred	1c(4)(A)
(B) Common.....	1c(4)(B) <u>406681306</u>
(5) Partnership/joint venture interests	1c(5) <u>233668277</u>
(6) Real estate (other than employer real property)	1c(6)
(7) Loans (other than to participants).....	1c(7)
(8) Participant loans.....	1c(8)
(9) Value of interest in common/collective trusts.....	1c(9) <u>128131233</u>
(10) Value of interest in pooled separate accounts	1c(10)
(11) Value of interest in master trust investment accounts.....	1c(11)
(12) Value of interest in 103-12 investment entities	1c(12) <u>71979049</u>
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)
(15) Other	1c(15) <u>176781726</u>

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	1612	4316
f Total assets (add all amounts in lines 1a through 1e)	1f	1119245908	959924032

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	1178735	905984
i Acquisition indebtedness	1i		
j Other liabilities	1j	537453	171459
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1716188	1077443

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1117529720	958846589
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	25564389	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	35453	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		25599842
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	170531	
(B) U.S. Government securities	2b(1)(B)	579797	
(C) Corporate debt instruments	2b(1)(C)	890625	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	4014417	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5655370
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	4540407	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4540407
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	491993597	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	498386075	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-6392478
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-93785604	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-93785604

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-4548312
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		-16628992
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		109017
d Total income. Add all income amounts in column (b) and enter total	2d		-85450750
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	66719303	
(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)		66719303
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)	569008	
(2) Contract administrator fees	2i(2)	95921	
(3) Investment advisory and management fees	2i(3)	3537235	
(4) Other	2i(4)	2310914	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6513078
j Total expenses. Add all expense amounts in column (b) and enter total	2j		73232381
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-158683131
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?	X		423915414
4g	X		423915414
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 483600.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan UFCW LOCAL 1262 & EMPLOYERS PENSION FUND		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES UFCW LOCAL 1262 PENSION FUND		D Employer Identification Number (EIN) 22-6074414
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): 22-6074414		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **SHOPRITE SUPERMARKETS, INC.**

b EIN **22-1705981** **c** Dollar amount contributed by employer **2578603**

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 **10** Day **19** Year **2023**

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 **STOP & SHOP**

b EIN **04-3061447** **c** Dollar amount contributed by employer **6602160**

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 **10** Day **19** Year **2023**

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 **SAKER SUPERMARKETS**

b EIN **22-1729304** **c** Dollar amount contributed by employer **3766528**

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 **10** Day **19** Year **2023**

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 **GLASS GARDENS, INC.**

b EIN **22-1579519** **c** Dollar amount contributed by employer **1378901**

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 **10** Day **19** Year **2023**

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 **INSERRA SUPERMARKETS, INC.**

b EIN **22-1710174** **c** Dollar amount contributed by employer **3319963**

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 **10** Day **19** Year **2023**

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 **VILLAGE SUPER MARKET INC.**

b EIN **22-1576170** **c** Dollar amount contributed by employer **2554001**

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 **10** Day **19** Year **2023**

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): _____

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **RONETCO SUPERMARKETS, INC.**

b EIN **22-1655681** **c** Dollar amount contributed by employer **916256**

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 **10** Day **19** Year **2023**

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 **S/R HUNTERDON CITY & CLINTON**

b EIN **22-1716509** **c** Dollar amount contributed by employer **1000418**

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 **10** Day **19** Year **2023**

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 **SUNRISE MARKET, INC.**

b EIN **22-1589183** **c** Dollar amount contributed by employer **536255**

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 **10** Day **19** Year **2023**

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 **FOODTOWN**

b EIN **22-1599744** **c** Dollar amount contributed by employer **836438**

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 **10** Day **19** Year **2023**

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	8334
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	7753
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	7693
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.02
b The corresponding number for the second preceding plan year.....	15b	1.03
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	1
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	465153
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 52.4 % Investment-Grade Debt: 21.6 % High-Yield Debt: 8.2 % Real Estate: 14.0 % Other: 3.8 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**UFCW LOCAL 1262 AND
EMPLOYERS PENSION FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2022

**UFCW LOCAL 1262 AND
EMPLOYERS PENSION FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2022 AND 2021

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
UFCW Local 1262 and
Employers Pension Fund

Opinion

We have audited the financial statements of the UFCW Local 1262 and Employers Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the UFCW Local 1262 and Employers Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan’s management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Novak Francella LLC

New York, New York
September 27, 2023

**UFCW LOCAL 1262 AND
EMPLOYERS PENSION FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2022 AND 2021

ASSETS	<u>2022</u>	<u>2021</u>
INVESTMENTS - at fair value		
Short-term investments	\$ 13,646,695	\$ 13,755,664
United States Government and Government Agency obligations	37,582,210	49,013,143
Corporate obligations	22,734,756	36,031,452
Common stock	302,006,200	406,681,306
Limited partnerships and funds	423,915,414	407,621,951
Common collective trusts	99,134,966	128,131,233
103-12 investment entity	54,943,904	71,979,049
Municipal obligations	2,427,640	2,828,052
Total investments	<u>956,391,785</u>	<u>1,116,041,850</u>
RECEIVABLES		
Employer contributions	1,582,619	1,681,956
Due from related parties	336,644	380,261
Accrued interest and dividends	642,948	595,825
Securities sold and not settled	630,201	468,493
Total receivables	<u>3,192,412</u>	<u>3,126,535</u>
OTHER ASSETS		
Cash	271,938	-
Property and equipment - net	4,316	1,612
Prepaid expenses	63,581	75,911
Total other assets	<u>339,835</u>	<u>77,523</u>
Total assets	<u>959,924,032</u>	<u>1,119,245,908</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Cash overdraft	-	85,076
Accounts payable and accrued expenses	905,984	1,093,659
Securities purchased and not settled	66,899	449,093
Due to related parties	64,005	47,805
SERP liability	40,555	40,555
Total liabilities	<u>1,077,443</u>	<u>1,716,188</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 958,846,589</u>	<u>\$ 1,117,529,720</u>

See accompanying notes to financial statements.

**UFCW LOCAL 1262 AND
EMPLOYERS PENSION FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ (121,355,386)	\$ 123,098,566
Interest and dividends	<u>10,195,777</u>	<u>10,695,423</u>
	(111,159,609)	133,793,989
Less investment fees	<u>(3,516,529)</u>	<u>(4,180,852)</u>
Investment income - net	(114,676,138)	129,613,137
Employer contributions	25,564,389	26,723,084
Withdrawal liability payments	35,453	715,400
Other income	<u>88,311</u>	<u>285,635</u>
Total additions	<u>(88,987,985)</u>	<u>157,337,256</u>
DEDUCTIONS		
Benefits paid to participants and beneficiaries	66,719,303	63,139,173
Administrative expenses	<u>2,975,843</u>	<u>2,926,479</u>
Total deductions	<u>69,695,146</u>	<u>66,065,652</u>
NET INCREASE (DECREASE)	(158,683,131)	91,271,604
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>1,117,529,720</u>	<u>1,026,258,116</u>
End of year	<u><u>\$ 958,846,589</u></u>	<u><u>\$ 1,117,529,720</u></u>

See accompanying notes to financial statements.

**UFCW LOCAL 1262 AND
EMPLOYERS PENSION FUND**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the UFCW Local 1262 and Employers Pension Fund (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit pension plan, established under the provisions of an Agreement and Declaration of Trust, as amended, between UFCW Local 1262 (Union) and various supermarkets located in New Jersey and New York (Employers) having collective bargaining agreements with the Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees is responsible for the oversight of the Plan, including determining the appropriateness of the Plan's investments in coordination with its investment advisers.

Benefits - The Plan provides normal, early, vested, and disability retirement pension benefits. All persons on whose behalf the Employers are contributing to the Plan and who otherwise qualify, as defined in the Plan document, are eligible for benefits. These benefits are payable in the form of a life annuity, or joint and survivor annuity.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition - The investments of the Plan are managed by independent investment managers. Investments in common stock and closed-end funds are carried at fair value which generally represents quoted market prices as of the last business day of the year as provided by the custodian. Investments in United States Treasuries are valued using daily bid and ask prices in an active market. Investments in Government Agency obligations, corporate obligations, and State and Local obligations are valued using a market approach based on yields currently available on comparable securities of issuers with similar credit ratings. Common collective trusts and the 103-12 investment entity are valued at their market value on the last business day of the year as established by the trusts. The limited partnerships and funds are carried at estimated fair value as determined by the investment manager. Short-term investments are carried at cost which approximates fair value.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Employer Contributions - Employer contributions due and not paid at year end are recorded as contributions receivable. Allowance for uncollected accounts is considered unnecessary and is not provided. Employer contributions are accounted for as exchange transactions.

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

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed over the useful lives of the assets of 3 to 5 years by the straight-line method.

Depreciation expense totaled \$1,588 and \$1,352 for the years ended December 31, 2022 and 2021, respectively.

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 which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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

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

Reclassifications - Certain prior year amounts have been reclassified to be in conformity with the current year presentation. These reclassifications did not change the total net assets or change in net assets from the totals previously reported.

NOTE 3. FUNDING

The Plan is financed by employer contributions. The employer contribution rates have been established under collective bargaining agreements entered into between the Union and the various contributing employers.

The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2022.

NOTE 4. PRIORITIES UPON 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 to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

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

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on September 28, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

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

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

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended December 31, 2022 and 2021, there were no transfers in or out of levels 1, 2, or 3.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level within the fair value hierarchy, the major categories of the investments measured at fair value at December 31, 2022 and 2021:

	Fair Value Measurements at December 31, 2022			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 13,646,695	\$ 13,646,695	\$ -	\$ -
United States Government and Government				
Agency obligations	37,582,210	28,855,444	8,726,766	-
Corporate obligations	22,734,756	-	22,734,756	-
Common stock	302,006,200	302,006,200	-	-
Municipal obligations	2,427,640	-	2,427,640	-
Total assets in the fair value hierarchy	378,397,501	\$ 344,508,339	\$ 33,889,162	\$ -
Investments measured at NAV * (1)	577,994,284			
Total investments	\$ 956,391,785			

(1) Three limited partnerships, one common collective trust, and the 103-12 investment entity account for 36.2% of net assets at December 31, 2022.

	Fair Value Measurements at December 31, 2021			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 13,755,664	\$ 13,755,664	\$ -	\$ -
United States Government and Government				
Agency obligations	49,013,143	42,853,485	6,159,658	-
Corporate obligations	36,031,452	-	36,031,452	-
Common stock	406,681,306	406,681,306	-	-
Municipal obligations	2,828,052	-	2,828,052	-
Total assets in the fair value hierarchy	508,309,617	\$ 463,290,455	\$ 45,019,162	\$ -
Investments measured at NAV *	607,732,233			
Total investments	\$1,116,041,850			

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following tables summarize investments for which fair value is measured using the net asset value per share as practical expedient at December 31, 2022 and 2021:

December 31, 2022	Fair Value	Commitments	Frequency	Notice Period
Limited partnerships and funds:				
American Core Realty Fund	\$ 26,866,801	\$ -	Quarterly (b)	(b)
Boyd Watterson State Government Fund, LP	68,300,475	-	Quarterly (c)	60 days (c)
Corbin ERISA Opportunity Fund, LP	62,140,494	-	Quarterly (d)	65 days (d)
EnTrust Capital Diversified Fund, Ltd.	1,140,885	-	(e)	(e)
EnTrust Permal Special Opportunities Fund IV, Ltd.	39,418,035	-	(f)	(f)
First Eagle Global Value Fund, LP	47,432,143	-	Monthly (g)	10 days (g)
First Eagle International Value Fund, LP	38,344,038	-	Monthly (h)	10 days (h)
Grosvenor Opportunities Feeder Fund II, LP	31,828,040	14,766,307	(i)	(i)
Grosvenor Opportunities Feeder Fund III, LP	6,889,589	19,095,898	(i)	(i)
NB Crossroads Fund 24 Plan LP	171,649	14,700,000	(j)	(j)
U.S. Real Estate Investment Fund, LLC	101,383,265	-	Quarterly (k)	90 days (k)
Common collective trusts:				
ASB Allegiance Real Estate Fund^	39,130,812	-	Quarterly	60 days
Segall Bryant & Hamill Quality High Yield Fund^	60,004,154	-	Daily	5 days
103-12 investment entity:				
Johnston International Equity Group Trust Fund^	54,943,904	-	Monthly (l)	10 days (l)
Total	<u>\$ 577,994,284</u>	<u>\$ 48,562,205</u>		
December 31, 2021	Fair Value	Commitments	Frequency	Notice Period
Limited partnerships and funds:				
Abbott Capital Private Equity Fund IV, LP	\$ 138,483	\$ -	(a)	(a)
American Core Realty Fund	24,807,919	-	Quarterly (b)	(b)
Boyd Watterson State Government Fund, LP	40,100,058	-	Quarterly (c)	60 days (c)
Corbin ERISA Opportunity Fund, LP	65,076,700	-	Quarterly (d)	65 days (d)
EnTrust Capital Diversified Fund, Ltd.	6,657,343	-	(e)	(e)
EnTrust Permal Special Opportunities Fund IV, Ltd.	48,245,936	906,958	(f)	(f)
First Eagle Global Value Fund, LP	58,396,318	-	Monthly (g)	10 days (g)
First Eagle International Value Fund, LP	41,434,749	-	Monthly (h)	10 days (h)
Grosvenor Opportunities Feeder Fund II, LP	28,521,969	16,817,727	(i)	(i)
U.S. Real Estate Investment Fund, LLC	94,242,476	-	Quarterly (k)	90 days (k)
Common collective trusts:				
ASB Allegiance Real Estate Fund^	36,983,579	-	Quarterly	60 days
Eaton Vance High Yield Fund^	91,147,654	-	Daily	3-5 days
103-12 investment entity:				
Johnston International Equity Group Trust Fund^	71,979,049	-	Monthly (l)	10 days (l)
Total	<u>\$ 607,732,233</u>	<u>\$ 17,724,685</u>		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

^ The ASB Allegiance Real Estate Fund, Eaton Vance High Yield Fund, Segall Bryant & Hamill Quality High Yield Fund, and Johnston International Equity Group Trust Fund are Direct Filing Entities (DFEs).

(a) The Abbott Capital Private Equity Fund IV, LP is a limited partnership whose purpose is to maximize the return to its partners by participating in private equity and equity-related investments through a diversified portfolio of venture capital, buyout and special situations partnerships, and other limited liability vehicles. The Abbott Capital Private Equity Fund IV, LP entered into dissolution effective July 1, 2018. As of March 31, 2022, the partnership's remaining assets were distributed to partners.

(b) The American Core Realty Fund is an open-end diversified core real estate commingled fund whose primary objective is to provide returns that are attractive relative to other asset classes with stable income and the potential for market appreciation. The Fund invests primarily in core institutional quality industrial, residential, office, and retail properties located throughout the United States. Requests for redemptions of units in the Fund may be made at any time and are effective at the end of the calendar quarter in which the request is received by the Investment Manager. The units that are subject to a redemption notice may be redeemed in installments as funds become available for such purpose and the redemption price will be the value per unit determined based on the Investment Manager's estimate of fair value of the Fund's net assets as computed under generally accepted accounting principles at such time that each payment is made. Although the Investment Manager is required to use reasonable efforts to cause the Fund to pay the redemption price as soon as practicable after the effective date of the request, redemptions are subject to the availability of cash flow arising from investment transactions, sales and other Fund operations occurring in the normal course of business. The Investment Manager is not required to liquidate or encumber assets or defer investments in order to make redemptions.

(c) The Boyd Watterson State Government Fund, LP is a Limited Partnership whose investment objective is to provide income stability and capital preservation while seeking to deliver excess returns with moderate risk over market cycles by acquiring investments consisting primarily of office and industrial properties that will be leased to State Government Tenants. Partners may request to redeem all or a portion of their units by delivering written notice to the stating the number of units to be redeemed. Unless waived by the General Partner, partial redemptions of units shall only be permitted in increments of \$250,000 and shall not be permitted for amounts less than \$250,000. Units may be redeemed on a quarterly basis at the NAV per unit as of the last day of the applicable calendar quarter less any applicable redemption fees. Redemption requests (and the request to rescind a prior redemption request) shall be made no later than sixty (60) days prior to, and will be effective as of, the last day of a calendar quarter.

(d) The Corbin ERISA Opportunity Fund, LP is a Limited Partnership whose investment objective is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations. A Limited Partner may generally, as of any calendar quarter-end, upon at least 65 days' prior written notice, withdraw an amount up to, but not exceeding, 25% of the balance of any capital account.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

In order to make a complete withdrawal, a Limited Partner must, upon at least 65 days' prior written notice for each withdrawal date, request to withdraw the maximum allowable amount on four consecutive withdrawal dates. A complete withdrawal will be effected as follows: (i) on the first withdrawal Date, a Limited Partner will be eligible to withdraw an amount equal to 25% of the balance of such Capital Account, measured as of such Withdrawal Date; (ii) on the next Withdrawal Date (i.e., the second consecutive Withdrawal Date), a Limited Partner will be eligible to withdraw 33.33% of the balance of such Capital Account, measured as of such Withdrawal Date; (iii) on the next Withdrawal Date (i.e., the third consecutive Withdrawal Date), a Limited Partner will be eligible to withdraw 50% of the balance of such Capital Account, measured as of such Withdrawal Date and (iv) on the next Withdrawal Date (i.e., the fourth consecutive Withdrawal Date), a Limited Partner will be eligible to withdraw the entire balance of such Capital Account (subject to any applicable holdback).

(e) The EnTrust Capital Diversified Fund, Ltd. represents the Plan's investment in a portfolio of defaulted bonds issued by the Republic of Peru. The investment is illiquid and can only be redeemed subject to the determination of the investment manager considering the investment's settlement with the Peruvian government. The hedge fund of funds' objective is to seek above-average rates of return and long-term capital growth through investment as a fund of funds in or with a diversified portfolio of private investment entities and/or separately managed accounts managed by investment managers selected by the advisor (EnTrust Global Partners Offshore, LP).

(f) The EnTrustPermal Special Opportunities Fund IV, Ltd is an exempted company incorporated in the Cayman Islands. The Fund invests all its net assets in the EnTrustPermal Special Opportunities Master Fund IV LP under a master-feeder arrangement. The Fund's investment objective is to achieve above-average rates of return and long-term growth by investing in highly attractive, select investment opportunities through private investment entities and/or separately managed accounts. As of December 31, 2022, the Fund had a 100% interest in the Master Fund. Each capital commitment is subject to an initial commitment period of three years during which capital could be drawn down. After the expiration of the commitment period (including the one-year extension period if applicable), only Class A shareholders have the right to redeem all or a portion of the applicable shares. Redemptions may take place as of the close of business on the last day of any calendar quarter, or any other date determined by the Fund's board of directors in its sole discretion. The first redemption date shall be on the last day following the expiration of the commitment period. In order to effect a redemption, a shareholder is required to provide not less than 95 days' written notice. The Plan held Class G shares at December 31, 2022, and Class A and D shares at December 31, 2021.

(g) The First Eagle Global Value Fund, LP is a limited partnership whose investment objective is to seek capital appreciation by investing primarily in equity securities (and securities convertible into equity securities) issued by both U.S. and non-U.S. issuers. The investment philosophy and strategy of the partnership can be broadly characterized as a value approach.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

In general, a Limited Partner may, upon at least 10 days' prior written notice, request the redemption of some or all of the Units held by such Limited Partner effective as of the last day of each month, subject to the discretion of the General Partner to waive or modify any terms related to redemptions for any Limited Partner. In general, redemptions of Units representing less than 90% of a Limited Partner's Capital Account will be paid in full to the Limited Partner within 5 days of the relevant redemption date. A Limited Partner who redeems Units representing 90% or more the Limited Partner's Capital Account will generally be paid 90% of the redemption proceeds within 5 business days of the relevant redemption date, with the remaining 10% to be remitted promptly after the final calculation of the Net Asset Value per Unit of the Units redeemed without interest for the period from such redemption date to the payment date.

(h) The First Eagle International Value Fund, LP is a limited partnership whose investment objective is to seek capital appreciation by investing primarily in equity securities (and securities convertible into equity securities) issued by non-U.S. issuers. The investment philosophy and strategy of the partnership can be broadly characterized as a value approach. In general, a Limited Partner may, upon at least 10 days' prior written notice, request the redemption of some or all of the Units held by such Limited Partner effective as of the last day of each month, subject to the discretion of the General Partner to waive or modify any terms related to redemptions for any Limited Partner. In general, redemptions of Units representing less than 90% of a Limited Partner's Capital Account will be paid in full to the Limited Partner within 5 days of the relevant redemption date. A Limited Partner who redeems Units representing 90% or more the Limited Partner's Capital Account will generally be paid 90% of the redemption proceeds within 5 business days of the relevant redemption date, with the remaining 10% to be remitted promptly after the final calculation of the Net Asset Value per Unit of the Units redeemed without interest for the period from such redemption date to the payment date.

(i) The Grosvenor Secondary Opportunities Feeder Fund II, LP and Grosvenor Secondary Opportunities Feeder Fund III, LP are limited partners as a feeder vehicle to the GCM Grosvenor Secondary Opportunities Fund II, LP and the GCM Grosvenor Secondary Opportunities Fund III, LP, respectively. The feeder vehicles have no voluntary redemptions and will exist so long as the Master Funds are in existence. The Master Funds' objectives are to identify potential investments, hold, finance, manage and dispose of investments in the terms of the restated limited partnership agreement. The investments shall be dissolved or wound up on the tenth anniversary of the Final Admission Date and may be extended for up to two successive one-year periods following the expiration of such initial term and thereafter.

(j) The NB Crossroads Fund 24 Plan LP invests substantially all of its assets in NBFOF 24 Holdings LP; which in turn invests substantially all of its assets in the NB Master Holding Funds, a group of closed-ended investment partnerships that are formed for the purpose of acquiring, holding, selling, and exchanging, either directly or indirectly, interests in limited partnerships or other pooled investment vehicles that are organized to make investments in large-cap buyout, mid-cap buyout, special situations, and venture/growth capital investment funds, as well as securities, including co-investments. The partnership will continue until December 31, 2031, unless earlier dissolved or extended pursuant to the limited partnership agreement.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

(k) The U.S. Real Estate Investment Fund, LLC is an open-end, commingled real estate investment fund, whose investment objectives are to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investments and on value-added investments. Each member may request redemption of its interests quarterly, provided that the member has no unfunded commitments outstanding. Notice of redemption to the Investment Manager will be effective as of the first calendar quarter end upon or after the expiration of the 90-day notice period.

(l) The Johnston International Equity Group Trust Fund was established to permit qualified retirement plans and certain governmental plans to commingle their assets for investment purposes and invests primarily in publicly traded foreign securities. In order to withdraw all or part of its interest in the Fund, a Participating Trust must notify the Investment Manager at least ten (10) Business Days prior to the relevant Valuation Date (or such shorter period as may be determined by the Investment Manager with the consent of the Trustee, which shall not be unreasonably withheld). The Valuation Date shall mean the last business day of each month. Any withdrawal shall be as of the close of business on such Valuation Date. Payment of proceeds upon withdrawal will be made as soon as practicable after such Valuation Date (generally within five (5) Business Days), but may be delayed (with no interest or other obligation arising from such delay) if the Investment Manager determines that it cannot reasonably make such distribution on account of any legal impediment or any other cause reasonably beyond its control. A portion of such withdrawal may be withheld to secure the payment of compensation and expenses of the Trustee or the Investment Manager due or to become due with respect to the Participating Trust. The Fund reserves the right to suspend redemptions in the event of significant communication or market events.

NOTE 7. RELATED PARTY TRANSACTIONS

Identification of Related Organizations

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

- UFCW Local 1262 AFL-CIO
- UFCW Local 1262 and Employers Health and Welfare Fund
- UFCW Local 1262 and ShopRite Welfare Fund
- UFCW Local 1262 Retail Non-Food Industry Pension Fund

All of the above entities qualify as tax-exempt organizations.

The entities listed above share common trustees or officers with this plan.

NOTE 7. RELATED PARTY TRANSACTIONS (continued)

Common Administrative Expenses

The related funds share administrative services and staff. Joint administrative expenses are initially paid directly by the Plan and allocated to related entities for reimbursement. Joint administrative expenses are allocated on a basis approved by the Plan's Trustees. The Plan's share of administrative expenses for the years ended December 31, 2022 and 2021 was \$1,036,239 and \$1,115,530, respectively.

As of December 31, 2022 and 2021, the amounts due to the Plan from each of the related entities were as follows:

	<u>2022</u>	<u>2021</u>
UFCW Local 1262	\$ 7,698	\$ 6,938
Health and Welfare Fund	121,061	136,529
ShopRite Welfare Fund	<u>207,885</u>	<u>236,794</u>
	<u>\$ 336,644</u>	<u>\$ 380,261</u>

The related funds also share computer and payroll audit fees, which are initially paid by UFCW Local 1262 (the Union). The Plan's share of computer fees for the years ended December 31, 2022 and 2021 totaled \$121,403 and \$96,453, respectively. As of December 31, 2022 and 2021, the Plan owed the Union \$12,171 and \$4,976, respectively, for computer fees. The Plan's share of payroll audit fees totaled \$10,000 for each of the years ended December 31, 2022 and 2021. As of December 31, 2022 and 2021, the Plan owed the Union \$40,000 and \$30,000, respectively, for payroll audit fees.

The Union established the Liaison Employee position to facilitate better communication between the Funds, Union, participants, and beneficiaries. The Plan's share of Liaison Employee expense for the year ended December 31, 2022 and 2021 totaled \$12,712 and \$13,667, respectively.

Shared Occupancy

The Plan leases space on a month-to-month basis from a related entity, UFCW Local 1262 (the Union). The Plan's rent expense for the years ended December 31, 2022 and 2021 was \$42,349 and \$42,781, respectively.

Benefits

The Plan participates in certain employee benefit plans through the common expense allocation with the Pension Fund. Fund office personnel are employees of the Plan.

NOTE 7. RELATED PARTY TRANSACTIONS (continued)

Contribution expenses allocable to benefit plans during the years ended December 31, 2022 and 2021 consisted of the following:

	<u>2022</u>	<u>2021</u>
UFCW Local 1262 and Employers Health and Welfare Fund	\$ 137,700	\$ 172,305
UFCW Local 1262 and Employers Pension Fund	38,238	41,624
Other	<u>757</u>	<u>862</u>
	<u>\$ 176,695</u>	<u>\$ 214,791</u>

The related funds are also parties to an unfunded deferred compensation plan, the UFCW Local 1262 and Employers Trust Funds Supplemental Executive Retirement Plan (SERP). The SERP provides a fixed lifetime monthly benefit upon retirement. The Plan's share of the estimated present value of the vested benefit obligation is \$40,555.

The Plan owed \$11,834 and \$12,829 to the Health and Welfare Fund for employee benefit coverage at December 31, 2022 and 2021, respectively.

Certain Plan investments are shares of short-term investments managed by U.S. Bank. U.S. Bank is the Trustee, as defined by the Plan, and therefore, transactions of these investments qualify as party-in-interest transactions. These investments and related transactions have been denoted as such on the supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions.

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

NOTE 8. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of January 1, 2022 as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 579,770,340
Other benefits	<u>558,241,733</u>
	1,138,012,073
Nonvested benefits	<u>11,926,003</u>
	1,149,938,076

Present value of expected administrative expenses	<u>42,547,709</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 1,192,485,785</u></u>
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NOTE 8. ACTUARIAL INFORMATION (continued)

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended January 1, 2022 were as follows:

Actuarial present value of accumulated plan benefits as of beginning of year (without expected administrative expenses of \$42,760,387)	<u>\$ 1,125,273,345</u>
Increase (decrease) during the year attributable:	
Actuarial experience (gains) and losses	(776,516)
Increase for interest	77,345,694
Benefits paid	(63,139,173)
Benefits accumulated	<u>11,234,726</u>
Net increase	<u>24,664,731</u>
Present value at end of year without administrative expenses	1,149,938,076
Present value of expected administrative expenses	<u>42,547,709</u>
Actuarial present value of accumulated plan benefits as of end of year	<u><u>\$ 1,192,485,785</u></u>

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

- Mortality rates:
 - Healthy participants: RP-2000 Combined Blue Collar Mortality Table projected to 2019 for males and females.
 - Disabled participants: 1985 Society of Actuaries Mortality Table for Disabled Lives.
- Current liability interest rate: 2.22% (previously 2.43%).
- Retirement age assumption

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

Age	Service Greater Than 30	Service Equals 30	Service Less Than 30
55-60	0.05	0.05	0.02
61-62	0.15	0.15	0.07
63	0.15	0.40	0.07
64	0.15	0.10	0.12
65-68	0.30	0.10	0.12
69	0.30	0.25	0.15
70	1.00	1.00	0.50
71	1.00	1.00	1.00

NOTE 8. ACTUARIAL INFORMATION (continued)

Net investment rate of return: 7.00%

For purposes of calculating the withdrawal liability, the interest rates were the PBGC select and ultimate rates as of December prior to the valuation date - 2.40% for the first 20 years and 2.11% thereafter (previously - 1.62% for the first 20 years and 1.4% thereafter).

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present net assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since the information on the actuarial present value of accumulated plan benefits as of December 31, 2022 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2022 and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended December 31, 2022. The complete financial status is presented as of December 31, 2021.

The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2022.

Under the Pension Protection Act of 2006, the Plan is required to provide an actuarial certification as to its funded status. Therefore, as of January 1, 2022, the actuary reported, under the Pension Protection Act of 2006, that the Plan remained in critical status. That is the same status as the prior year and is re-determined annually. The Plan will remain in critical status until it can be certified that both (1) there is no projected accumulated funding deficiency for 10 years and (2) the Plan is not projected to become insolvent within 30 years.

NOTE 9. PROPERTY AND EQUIPMENT

The following is a summary of property and equipment as of December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Furniture and fixtures	\$ 45,468	\$ 45,468
Leasehold improvements	2,164	2,164
Computer equipment	<u>76,247</u>	<u>71,955</u>
	123,879	119,587
Less: accumulated depreciation	<u>(119,563)</u>	<u>(117,975)</u>
Property and equipment - net	<u>\$ 4,316</u>	<u>\$ 1,612</u>

NOTE 10. REHABILITATION PLAN UNDER THE PENSION PROTECTION ACT OF 2006 (PPA) AND MULTIEMPLOYER PENSION REFORM ACT OF 2014 (MPRA)

Effective January 1, 2015, the Plan was certified by its actuary to be in critical status, within the meaning of the Pension Protection Act of 2006 (PPA) as updated by the Multiemployer Pension Reform Act of 2014 (MPRA). Under the PPA as updated by MPRA, if a pension plan enters critical status, the Trustees of the Plan are required to adopt a rehabilitation plan and establish steps and benchmarks to improve the plan's funding status. The Trustees adopted, and have annually updated, a rehabilitation plan, as required by the PPA as updated by MPRA, beginning in 2008 when the Plan was first certified as being in critical status.

A new rehabilitation plan was created in 2017 with adjusted annual contribution rate increases. The rehabilitation period began on January 1, 2020 and will end on December 31, 2029. The rehabilitation plan is updated annually.

NOTE 11. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

From time to time, the Plan is involved in litigation. Generally, the results of such litigation would not have a material financial impact on the operations of the Plan.

NOTE 12. WITHDRAWAL LIABILITY

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 (MPPAA), which requires imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. Under the provisions of MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. The Plan's actuary has advised the Plan that as of January 1, 2022, the Plan has an estimated unfunded vested liability of \$571,150,103 for withdrawal liability purposes.

NOTE 13. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 27, 2023, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**UFCW LOCAL 1262 AND
EMPLOYERS PENSION FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Pension Benefit Guaranty Corporation premiums	\$ 848,384	\$ 828,599
Payroll	574,577	623,685
Actuarial fees	255,953	244,552
Legal fees	233,205	148,293
Outside data processing	178,102	170,744
Employee benefits	176,695	214,791
Insurance	154,457	160,423
Computer	136,592	116,716
Third Party Administration	95,921	92,231
Postage	66,964	72,787
Auditing	55,000	55,000
Payroll taxes	47,049	51,439
Rent	42,349	42,781
Office	19,477	16,825
Consulting	24,850	22,249
Communication to participants	21,305	19,293
Telephone	15,354	15,310
Office equipment rental	11,598	13,813
Payroll audits	10,000	10,000
Conferences and meetings	4,095	2,152
Printing	2,328	3,444
Depreciation	<u>1,588</u>	<u>1,352</u>
Total administrative expenses	<u><u>\$ 2,975,843</u></u>	<u><u>\$ 2,926,479</u></u>

UFCW LOCAL 1262 AND EMPLOYERS PENSION FUND

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2022

Form 5500, Schedule H, Line 4i

E.I.N. 22-6074414
Plan No. 001

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>Short-term investments:</u>						
*	First American Government Obligations Fund	MMA	Demand	Variable %	1,952,864	\$ 1,952,864	\$ 1,952,864
*	First American Treasury Obligations Fund	MMA	Demand	Variable	9,084,341	9,084,341	9,084,341
*	First American US Treasury Money Market Fund	MMA	Demand	Variable	908,151	908,151	908,151
	SEI Daily Income Government Fund	MMA	Demand	Variable	66	66	66
	Wells Fargo Treasury Plus Money Market Fund	MMA	Demand	Variable	1,701,273	1,701,273	1,701,273
	Total short-term investments					<u>13,646,695</u>	<u>13,646,695</u>
	<u>United States Government</u>						
	<u>& Government Agency obligations:</u>						
	Federal Home Loan Mortgage Corporation	Bond	07/25/24	3.303	150,000	146,238	146,342
	Federal Home Loan Mortgage Corporation	Bond	08/25/24	3.640	492,176	488,923	478,656
	Federal Home Loan Mortgage Corporation	Bond	08/25/25	3.750	465,000	504,604	453,403
	Federal Home Loan Mortgage Corporation	Bond	12/25/25	2.955	180,000	176,794	172,069
	Federal Home Loan Mortgage Corporation	Bond	07/01/29	2.500	123,465	123,894	117,334
	Federal Home Loan Mortgage Corporation	Bond	10/01/29	3.000	81,382	84,591	78,346
	Federal Home Loan Mortgage Corporation	Bond	09/01/30	3.000	64,468	66,835	61,742
	Federal Home Loan Mortgage Corporation	Bond	12/01/30	3.000	76,754	79,908	73,318
	Federal Home Loan Mortgage Corporation	Bond	06/01/37	4.000	303,414	310,194	296,123
	Federal Home Loan Mortgage Corporation	Bond	09/01/37	4.000	251,568	251,391	245,523
	Federal Home Loan Mortgage Corporation	Bond	09/01/37	4.500	239,767	243,738	238,439
	Federal Home Loan Mortgage Corporation	Bond	09/01/37	4.500	477,002	476,961	473,935
	Federal Home Loan Mortgage Corporation	Bond	10/15/39	3.000	4,072	4,207	4,044
	Federal Home Loan Mortgage Corporation	Bond	04/25/49	2.673	350,000	357,132	330,278
	Federal Home Loan Mortgage Corporation	Bond	08/01/52	4.500	402,432	398,344	387,638
	Federal Home Loan Mortgage Corporation	Bond	09/01/52	5.000	742,984	739,966	733,570
	Federal Home Loan Mortgage Corporation	Bond	09/01/52	5.000	532,631	523,060	525,264
	Federal Home Loan Mortgage Corporation	Bond	09/01/52	4.500	459,600	455,076	442,733
	Federal Home Loan Mortgage Corporation	Bond	11/01/52	5.500	369,293	365,312	370,999
	Federal National Mortgage Association	Bond	07/01/23	5.000	543	564	546
	Federal National Mortgage Association	Bond	08/25/25	0.375	365,000	362,993	329,190
	Federal National Mortgage Association	Bond	09/01/27	2.500	23,719	23,449	22,654
	Federal National Mortgage Association	Bond	05/01/28	2.500	88,557	87,755	84,201
	Federal National Mortgage Association	Bond	11/01/29	3.000	87,287	90,656	83,720
	Federal National Mortgage Association	Bond	08/05/30	0.875	625,000	604,886	496,119
	Federal National Mortgage Association	Bond	11/15/30	6.625	230,000	284,505	269,714
	Federal National Mortgage Association	Bond	08/01/32	3.000	165,171	167,555	157,190
	Federal National Mortgage Association	Bond	06/01/37	3.500	181,357	182,590	173,492
	Federal National Mortgage Association	Bond	06/01/37	4.000	263,046	264,988	256,723
	Federal National Mortgage Association	Bond	10/01/37	5.000	184,963	186,161	186,013
	Federal National Mortgage Association	Bond	08/01/42	4.000	184,666	176,472	176,096
	Federal National Mortgage Association	Bond	09/01/42	4.000	270,976	257,851	258,574
	Federal National Mortgage Association	Bond	10/01/52	5.000	608,424	591,882	602,778
	United States Treasury	Note	11/15/23	2.750	330,000	335,579	324,380
	United States Treasury	Note	12/15/23	0.125	3,794,000	3,782,258	3,634,386
	United States Treasury	Note	07/15/24	0.375	4,387,000	4,310,676	4,109,566
	United States Treasury	Note	08/15/24	2.375	350,000	359,816	337,694
	United States Treasury	Note	03/31/25	0.500	1,672,000	1,586,777	1,535,632
	United States Treasury	Note	09/30/25	0.250	2,573,000	2,478,952	2,310,271
	United States Treasury	Note	11/15/25	2.250	430,000	452,999	406,986
	United States Treasury	Note	06/30/26	0.875	2,825,000	2,787,415	2,526,172

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	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>United States Government</u>						
	<u>& Government Agency obligations (continued):</u>						
	United States Treasury	Note	08/15/26	1.500	% 760,000	\$ 760,563	\$ 692,725
	United States Treasury	Note	09/30/26	1.625	340,000	350,905	311,073
	United States Treasury	Note	11/15/26	2.000	635,000	605,853	587,102
	United States Treasury	Note	02/28/27	1.875	2,212,000	2,145,210	2,025,882
	United States Treasury	Note	07/31/27	2.750	1,319,000	1,250,802	1,247,946
	United States Treasury	Note	11/15/27	2.250	820,000	888,848	755,614
	United States Treasury	Note	02/15/28	2.750	955,000	1,027,880	897,958
	United States Treasury	Note	11/15/28	3.125	270,000	268,745	257,523
	United States Treasury	Note	05/15/29	2.375	950,000	1,012,895	863,607
	United States Treasury	Note	02/15/30	1.500	380,000	387,366	323,832
	United States Treasury	Note	08/15/30	0.625	820,000	792,291	645,463
	United States Treasury	Note	02/15/31	1.125	780,000	758,832	635,731
	United States Treasury	Note	08/15/31	1.250	685,000	661,224	555,439
	United States Treasury	Note	01/15/32	0.125	2,049,892	2,029,769	1,795,439
	United States Treasury	Note	08/15/32	2.750	275,000	246,400	250,423
	United States Treasury	Note	11/15/32	4.000	1,788,000	1,825,716	1,824,600
	Total United States Government & Government Agency obligations					40,187,246	37,582,210
	<u>Corporate obligations:</u>						
	Abbott Laboratories	Bond	11/30/26	3.750	260,000	295,463	253,118
	Adobe Inc	Bond	02/01/27	2.150	175,000	184,513	159,269
	Air Products and Chemicals Inc	Bond	05/15/27	1.850	285,000	290,917	253,220
	Allstate Corp	Bond	12/15/25	0.750	240,000	238,462	212,882
	Amazon.com Inc	Bond	08/22/27	3.150	340,000	360,806	319,488
	American Express Co	Bond	05/03/24	3.375	265,000	265,113	259,605
	American Express Co	Bond	08/01/25	3.950	79,000	78,921	77,392
	American Water Capital Corp	Bond	03/01/25	3.400	110,000	117,654	106,544
	Analog Devices Inc	Bond	04/01/25	2.950	235,000	255,662	226,021
	Anheuser-Busch InBev	Bond	01/23/29	4.750	280,000	304,808	276,385
	Arizona Public Service Co	Bond	06/15/24	3.350	345,000	355,531	333,905
	AstraZeneca	Bond	05/26/23	0.300	170,000	168,691	166,989
	AT&T Inc	Bond	06/01/27	2.300	285,000	274,813	253,476
	AT&T Inc	Bond	02/01/32	2.250	266,000	265,221	208,496
	Automatic Data Processing Inc	Bond	05/15/28	1.700	245,000	246,428	212,680
	Avery Dennison Corp	Bond	12/06/28	4.875	235,000	256,506	228,775
	Avolon Holdings Funding	Bond	02/21/26	2.125	179,000	177,047	154,062
	Avolon Holdings Funding	Bond	04/15/26	4.250	115,000	116,217	104,253
	Bank of America Corp	Bond	01/20/28	3.824	270,000	307,249	251,942
	Bank of America Corp	Bond	06/14/29	2.087	199,000	199,000	167,457
	Bank of America Corp	Bond	10/20/32	2.572	108,000	108,000	84,586
	Bank of New York	Bond	07/24/26	4.414	183,000	183,000	180,211
	Boardwalk Pipelines	Bond	07/15/27	4.450	26,000	25,911	24,728
	Boardwalk Pipelines	Bond	02/15/31	3.400	87,000	87,754	72,767
	Broadcom Inc	Bond	01/15/32	4.300	223,000	205,967	196,539
	Canadian National Railway	Bond	07/15/28	6.900	270,000	371,027	296,703
	Canadian Pacific Railway Co	Bond	03/15/23	4.450	170,000	183,242	169,769
	Capital One Financial Corp	Bond	03/15/27	2.800	235,000	234,982	225,245
	Caterpillar Inc	Bond	05/15/24	3.400	245,000	249,923	240,252
	CBOE Global Markets Inc	Bond	12/15/30	1.625	235,000	231,339	182,372
	CF Hippolyta	Bond	07/15/60	1.575	417,819	422,046	372,941
	Cincinnati Gas & Electric	Bond	06/01/25	6.900	210,000	263,865	218,849
	Cintas Corp	Bond	04/01/27	3.700	320,000	344,027	308,470
	CMS Energy Corp	Bond	03/01/24	3.875	325,000	343,509	317,889
	Connecticut Light & Power	Bond	12/01/25	0.750	230,000	229,001	205,763
	Continental Airlines	Bond	04/29/26	4.000	182,166	191,091	173,811
	Continental Airlines	Bond	04/01/32	2.875	155,000	154,879	114,807
	Cummins Inc	Bond	09/01/25	0.750	165,000	165,031	148,767
	Daimler Truck Financial	Bond	09/16/24	5.070	150,000	149,813	149,869
	Daimler Truck Financial	Bond	12/14/31	2.500	153,000	151,874	118,563

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					Par / Maturity		
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Value or Shares	Cost	Current Value
	<u>Corporate obligations (continued):</u>						
	Delmarva Power & Light Co	Bond	11/15/23	3.500	% 320,000	\$ 332,217	\$ 315,763
	Delta Air Lines	Bond	10/25/25	3.204	310,000	312,980	302,145
	DICK'S Sporting Goods Inc	Bond	01/15/32	3.150	105,000	105,100	81,951
	Discovery Inc	Bond	03/13/24	3.800	195,000	211,864	190,478
	Dominion Energy Inc	Bond	08/15/31	2.250	240,000	239,713	190,963
	Eli Lilly and Co	Bond	05/15/27	3.100	147,000	154,588	138,136
	Emerson Electric Co	Bond	10/15/27	1.800	270,000	276,487	235,621
	Equinix Inc	Bond	04/15/32	3.900	95,000	85,025	84,402
	Evergy Inc	Bond	09/15/24	2.450	330,000	339,926	313,292
	Exxon Mobil	Bond	08/16/29	2.440	295,000	296,127	257,703
	Freeport-McMoRan Inc	Bond	11/14/34	5.400	140,000	165,900	132,213
	General Motors Financial Co	Bond	01/08/26	1.250	280,000	278,957	246,562
	General Motors Financial Co	Bond	11/05/34	2.954	140,000	142,581	122,387
	Georgia Pacific Corp	Bond	12/01/25	7.375	235,000	288,582	250,536
	Global Payments Inc	Bond	08/15/27	4.950	77,000	76,941	74,690
	Goldman Sachs Group	Bond	09/10/27	1.542	221,000	221,078	190,641
	Hartford Financial Services Group Inc	Bond	08/19/29	2.800	89,000	93,415	76,191
	Hershey Co	Bond	08/21/25	3.200	350,000	381,127	337,092
	HF Sinclair Corp	Bond	10/01/30	4.500	180,000	181,505	158,004
	Hormel Foods Corp	Bond	06/03/24	0.650	130,000	130,000	122,420
	Hyatt Hotels Corp	Bond	10/01/24	1.800	93,000	92,994	87,142
	Ilex Corp	Bond	06/15/31	2.625	130,000	129,839	107,614
	Illinois Tool Works Inc	Bond	11/15/26	2.650	330,000	320,359	306,471
	Intel Corp	Bond	08/05/27	3.750	210,000	209,933	201,743
	Jersey Mike's Funding	Bond	02/15/50	4.433	292,788	292,788	262,932
	John Deere	Bond	06/15/25	3.730	155,000	154,984	153,540
	JPMorgan Chase & Co	Bond	03/16/24	0.697	315,000	314,796	311,686
	JPMorgan Chase & Co	Bond	06/01/25	0.824	67,000	67,000	62,454
	JPMorgan Chase & Co	Bond	04/22/27	1.578	31,000	31,033	27,238
	Kansas Gas Service	Bond	08/01/34	5.486	185,000	184,962	186,574
	KeyCorp	Bond	10/15/27	4.390	250,000	251,375	240,395
	Kimberly Clark Corp	Bond	11/01/28	3.950	325,000	357,207	313,225
	KLA Corp	Bond	11/01/24	4.650	180,000	191,009	179,455
	Lowe's Companies Inc	Bond	09/15/24	3.125	245,000	262,164	236,998
	Magallanes Inc	Bond	03/15/32	4.279	245,000	245,000	201,824
	Martin Marietta Inc	Bond	07/02/24	4.250	280,000	298,367	276,240
	Micron Technology Inc	Bond	04/15/32	2.703	160,000	160,000	119,637
	Moody's Corp	Bond	02/15/24	4.875	290,000	324,573	289,066
	Morgan Stanley	Bond	01/22/25	0.791	185,000	185,000	175,019
	National Rural Utilities Cooperative Finance Corp	Bond	03/15/30	2.400	200,000	204,098	166,502
	Newcrest Finance Property	Bond	05/13/30	3.250	138,000	141,038	115,168
	nVent Finance	Bond	04/15/28	4.550	120,000	134,815	110,177
	Oracle Corp	Bond	11/09/29	6.150	155,000	159,687	160,885
	O'Reilly Automotive Inc	Bond	06/01/29	3.900	125,000	118,834	116,372
	PACCAR Financial Inc	Bond	02/02/24	0.350	135,000	134,368	128,419
	Pacific Gas & Electric Co	Bond	02/01/31	2.500	113,000	111,883	87,676
	Pacific Gas & Electric Co	Bond	07/15/31	1.460	256,022	256,019	222,650
	Pacific Gas & Electric Co	Bond	06/01/36	4.263	80,000	79,998	74,129
	PepsiCo	Bond	03/19/30	2.750	300,000	313,276	265,632
	Phillips 66 Co	Bond	03/15/28	3.900	115,000	122,113	108,531
	Pioneer Natural Resources Co	Bond	08/15/30	1.900	293,000	289,410	229,454
	PNC Financial Services Group Inc	Bond	12/15/70	6.200	122,000	122,000	119,224
	Progressive Corp	Bond	03/01/29	4.000	170,000	190,512	163,125
	Public Service Company of Colorado	Bond	05/15/25	2.900	135,000	137,297	128,596
	Public Service Company of Colorado	Bond	06/01/32	4.100	125,000	125,513	117,581
	Public Service Electric & Gas Co	Bond	11/15/24	3.050	326,000	337,832	315,027
	Republic Services Inc	Bond	05/15/23	4.750	190,000	202,563	189,660
	Roper Technologies Inc	Bond	09/15/23	3.650	200,000	199,944	197,866
	Tanger Properties	Bond	09/01/31	2.750	65,000	64,080	47,066
	Targa Resources Corp	Bond	02/01/33	4.200	99,000	98,817	85,176

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	<u>Corporate obligations (continued):</u>						
	T-Mobile USA Inc	Bond	04/15/25	3.500	% 175,000	\$ 190,263	\$ 168,299
	Toyota Motor Corp	Bond	04/25/35	3.820	365,000	364,847	345,768
	Transcontinental Gas Pipe Line Co	Bond	03/15/28	4.000	130,000	142,396	121,972
	Transcontinental Gas Pipe Line Co	Bond	05/15/30	3.250	230,000	231,986	199,592
	UBS Group	Bond	01/30/27	1.364	200,000	200,000	175,150
	Union Pacific Railroad Co	Bond	05/14/26	3.227	478,370	483,780	453,968
	United Airlines	Bond	04/15/29	5.875	184,159	186,778	181,572
	United Parcel Service Inc	Bond	03/15/29	3.400	300,000	318,433	278,859
	US Bancorp	Bond	10/21/26	5.727	73,000	73,000	74,351
	Verizon Master Trust	Bond	04/20/28	0.990	240,000	239,965	223,718
	ViacomCBS Inc	Bond	05/19/32	4.200	94,000	99,330	76,936
	Visa Inc	Bond	12/14/25	3.150	250,000	269,699	241,018
	Walt Disney Co	Bond	02/13/26	3.000	205,000	225,933	194,119
	Waste Management Inc	Bond	05/15/24	3.500	275,000	288,187	268,254
	Wells Fargo & Co	Bond	04/22/26	3.000	85,000	77,081	79,501
	Wells Fargo & Co	Bond	03/24/28	3.526	202,000	202,000	187,052
	Wells Fargo & Co	Bond	03/02/33	3.350	102,000	102,000	85,925
	Wisconsin Electric Power Co	Bond	06/01/25	3.100	366,000	378,186	349,464
	WW Grainger Inc	Bond	02/15/25	1.850	310,000	312,728	291,019
	Total corporate obligations					25,373,488	22,734,756
	<u>Common stock:</u>						
	3M Co	Stock			1,807	297,548	216,695
	AbbVie Inc	Stock			10,380	1,405,915	1,677,512
	Acadia Healthcare Company Inc	Stock			9,254	698,292	761,789
	Acuity Brands Inc	Stock			7,454	1,179,065	1,234,457
	Adobe	Stock			8,022	580,788	2,699,644
	Advanced Energy Industries	Stock			13,770	1,003,282	1,181,191
	Advanced Micro Devices Inc	Stock			10,918	1,003,049	707,159
	Aecom	Stock			23,962	1,538,895	2,035,093
	Affiliated Managers Group Inc	Stock			2,967	375,653	470,062
	AGCO Corp	Stock			1,722	131,988	238,824
	Agree Realty Corp	Stock			21,121	1,487,799	1,498,113
	Air Lease Corp	Stock			13,241	543,109	508,719
	Albany International Corp	Stock			7,361	392,566	725,721
	Albemarle Corp	Stock			12,521	1,161,367	2,715,304
	Alight Inc	Stock			90,502	851,434	756,597
	Allegion	Stock			3,990	544,598	419,987
	Allegro Microsystems Inc	Stock			18,564	400,240	557,291
	Allison Transmission Holdings	Stock			5,471	224,497	227,594
	Ally Financial Inc	Stock			20,003	550,210	489,073
	Alpha Metallurgical Resources Inc	Stock			4,758	652,322	696,524
	Alphabet Inc	Stock			48,613	1,762,482	4,299,231
	Amazon.com Inc	Stock			32,734	3,074,861	2,749,656
	Amcor	Stock			8,742	109,851	104,117
	Amdocs	Stock			23,172	1,847,551	2,106,335
	American Axle & Manufacturing Holdings Inc	Stock			62,778	432,277	490,924
	American Equity Investment Life Holding Co	Stock			21,330	760,201	973,075
	Ameriprise Financial Inc	Stock			1,599	197,594	497,881
	Ameris Bancorp	Stock			13,326	681,963	628,188
	AmerisourceBergen Corp	Stock			3,693	395,235	611,967
	Ametek Inc	Stock			1,068	135,603	149,221
	Amgen Inc	Stock			2,045	479,242	537,099
	AMN Healthcare Services Inc	Stock			17,596	1,787,706	1,809,221
	Amphenol Corp	Stock			12,200	709,076	928,908
	Antero Resources Corp	Stock			8,178	317,798	253,436
	Apple Inc	Stock			48,920	3,063,165	6,356,176
	Aramark	Stock			34,749	1,305,999	1,436,524
	Archer-Daniels-Midland Co	Stock			1,046	41,093	97,121
	Arista Networks Inc	Stock			7,905	962,449	959,272

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				Par / Maturity			
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	<u>Common stock (continued):</u>						
	Crown Castle Inc	Stock			2,800	\$ 435,549	\$ 379,792
	Cummins Inc	Stock			997	121,531	241,563
	Cushman & Wakefield	Stock			32,428	701,878	404,053
	CVS Health Corp	Stock			6,004	605,877	559,513
	Danaher Corp	Stock			4,887	1,071,781	1,297,108
	Datadog Inc	Stock			7,106	729,245	522,291
	Deere & Company	Stock			733	286,212	314,281
	Delek US Holdings Inc	Stock			45,039	1,224,286	1,216,053
	Denbury Inc	Stock			11,517	824,730	1,002,209
	Dentsply Sirona Inc	Stock			54,280	2,700,044	1,728,275
	Devon Energy Corp	Stock			4,583	315,872	281,900
	Dexcom Inc	Stock			1,479	170,504	167,482
	DICK'S Sporting Goods Inc	Stock			4,859	547,817	584,489
	Dillard's Inc	Stock			1,740	462,275	562,368
	Diodes Inc	Stock			7,834	853,248	596,481
	Discover Financial Services	Stock			4,851	293,726	474,573
	Dover Corp	Stock			1,732	127,251	234,530
	Dow Inc	Stock			1,973	114,306	99,419
	Dropbox Inc	Stock			78,529	1,966,803	1,757,479
	Dynavax Technologies Corp	Stock			67,475	763,574	717,934
	Eagle Materials Inc	Stock			8,043	945,606	1,068,513
	East West Bancorp Inc	Stock			6,001	420,190	395,466
	Eastman Chemical Co	Stock			1,200	90,393	97,728
	Eaton Corp	Stock			6,392	995,992	1,003,224
	Edison International	Stock			4,946	330,759	314,665
	Edwards Lifesciences Inc	Stock			31,290	223,537	2,334,547
	Elevance Health Inc	Stock			1,219	485,207	625,310
	Eli Lilly Co	Stock			2,599	850,503	950,818
	Emcor Group Inc	Stock			1,533	76,661	227,053
	Emerson Electric Co	Stock			2,484	134,516	238,613
	Enerpac Tool Group Corp	Stock			21,644	560,064	550,840
	Equitable Holdings Inc	Stock			15,267	346,583	438,163
	Equity LifeStyle Properties Inc	Stock			25,380	1,850,642	1,639,548
	ESAB Corp	Stock			10,038	459,154	470,983
	Everygy Inc	Stock			4,999	317,350	314,587
	Evertec Inc	Stock			17,839	622,328	577,627
	ExlService Holdings Inc	Stock			5,089	632,401	862,229
	Exponent Inc	Stock			8,426	789,547	834,932
	F&G Annuities & Life Inc	Stock			783	15,402	15,668
	FarFetch	Stock			9,543	83,525	45,138
	Fidelity National Information Services Inc	Stock			11,527	492,509	433,646
	First Hawaiian Inc	Stock			22,607	585,151	588,686
	First Interstate BancSystem Inc	Stock			22,482	907,430	868,929
	First Solar Inc	Stock			2,904	393,372	434,990
	Fleetcor Technologies Inc	Stock			4,922	1,139,477	904,073
	Fluor Corp	Stock			33,572	919,547	1,163,606
	FMC Corp	Stock			27,940	1,311,711	3,486,912
	Fortinet Inc	Stock			19,603	1,132,873	958,391
	Franklin BSP Realty Trust Inc	Stock			51,350	736,359	662,415
	Franklin Resources Inc	Stock			18,562	527,125	489,666
	Fulton Financial Corp	Stock			24,046	419,773	404,694
	Gartner Inc	Stock			2,749	651,035	924,049
	General Mills Inc	Stock			7,342	379,341	615,627
	Genpact	Stock			15,158	710,760	702,119
	Gentex Corp	Stock			8,284	176,165	225,905
	Genuine Parts Co	Stock			1,228	148,226	213,070
	Genworth Financial Inc	Stock			121,089	425,022	640,561
	Goldman Sachs Group Inc	Stock			1,352	525,932	464,250
	H&R Block Inc	Stock			13,253	469,379	483,867
	Harley-Davidson Inc	Stock			11,983	543,848	498,493

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
				Par / Maturity			
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Value or Shares	Cost	Current Value
	<u>Common stock (continued):</u>						
	Harmony Biosciences Holdings Inc	Stock			14,722	\$ 751,532	\$ 811,182
	Hartford Financial Services Group Inc	Stock			6,674	430,425	506,089
	HCA Healthcare Inc	Stock			2,680	578,458	643,093
	HEICO Corp	Stock			3,103	371,543	371,895
	Henry Schein Inc	Stock			30,882	2,392,581	2,466,545
	Hologic Inc	Stock			7,913	580,086	591,972
	Howmet Aerospace Inc	Stock			91,010	3,045,316	3,586,704
	Humana Inc	Stock			2,348	991,647	1,202,622
	Huntsman Corp	Stock			3,585	96,100	98,516
	Hyatt Hotels Corp	Stock			13,857	1,082,786	1,253,366
	Illumina Inc	Stock			6,955	1,463,539	1,406,301
	Ingredion Inc	Stock			1,048	84,995	102,631
	Inspire Medical Systems Inc	Stock			222	54,310	55,917
	Integra Lifesciences Holdings Corp	Stock			17,867	1,049,270	1,001,803
	International Paper Co	Stock			2,775	112,452	96,098
	Intuit Inc	Stock			6,308	2,710,293	2,455,200
	Intuitive Surgical Inc	Stock			2,231	596,402	591,996
	IQVIA Holdings Inc	Stock			14,820	1,308,644	3,036,470
	Ironwood Pharmaceuticals Inc	Stock			68,399	792,706	847,464
	Jabil Inc	Stock			30,418	1,673,342	2,074,508
	Jacobs Solutions Inc	Stock			1,830	104,559	219,728
	Jazz Pharmaceuticals	Stock			4,019	593,054	640,267
	Jefferies Financial Group Inc	Stock			29,231	967,912	1,002,039
	JM Smucker Co	Stock			4,041	526,199	640,337
	Johnson & Johnson	Stock			16,020	1,019,704	2,829,933
	KBR Inc	Stock			37,736	1,877,498	1,992,461
	KeyCorp	Stock			28,772	518,067	501,208
	Keysight Technologies Inc	Stock			5,794	647,490	991,180
	Knight-Swift Transportation Holdings Inc	Stock			8,164	364,305	427,875
	Knowles Corp	Stock			30,977	660,609	508,642
	Korn Ferry International	Stock			8,758	434,974	443,330
	Kosmos Energy	Stock			93,727	575,737	596,104
	Kroger Co	Stock			13,131	552,824	585,380
	Laboratory Corporation of American Holdings	Stock			2,403	503,965	565,858
	Landstar System Inc	Stock			10,031	1,391,614	1,634,050
	Las Vegas Sands Corp	Stock			11,568	488,910	556,074
	Lear Corp	Stock			15,494	2,046,483	1,921,566
	Leidos Holdings Inc	Stock			27,980	2,860,952	2,943,216
	Liberty Formula One Group Inc	Stock			9,944	653,837	594,452
	Lincoln National Corp	Stock			15,531	611,558	477,112
	Live Nation Entertainment Inc	Stock			11,576	1,028,611	807,310
	Louisiana-Pacific Corp	Stock			1,643	109,460	97,266
	Lowe's Companies Inc	Stock			2,619	449,969	521,810
	LPL Financial Holdings Inc	Stock			4,166	787,142	900,564
	LSB Industries Inc	Stock			28,058	362,229	373,171
	Lululemon Athletica Inc	Stock			355	115,315	113,735
	LyondellBasell Industries	Stock			1,182	90,160	98,141
	MACOM Technology Solutions	Stock			7,649	571,013	481,734
	Marathon Oil Corp	Stock			14,288	187,411	386,776
	Marriott International Inc	Stock			3,486	552,529	519,031
	Marriott Vacations Worldwide Corp	Stock			12,129	1,774,201	1,632,442
	Marsh McLennan Companies Inc	Stock			22,480	556,026	3,719,990
	Marvell Technology Inc	Stock			24,012	1,083,538	889,404
	Masco Corp	Stock			4,700	175,222	219,349
	Mastercard Inc	Stock			10,310	979,689	3,585,096
	Maxlinear Inc	Stock			18,262	704,959	619,995
	McKesson Corp	Stock			3,796	1,012,833	1,423,956
	Medtronic Co	Stock			27,550	2,119,972	2,141,186
	MercadoLibre Inc	Stock			623	629,755	527,207
	MGM Resorts International	Stock			19,518	791,966	654,439

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Value or Shares	Current Value
	<u>Common stock (continued):</u>					
	Microsoft Corp	Stock			35,859	\$ 3,257,122
	Moderna Inc	Stock			1,060	208,097
	Molina Healthcare Inc	Stock			1,855	583,611
	Morgan Stanley	Stock			1,247	116,080
	Murphy Oil Corp	Stock			21,517	888,255
	Natera Inc	Stock			20,052	1,139,092
	National Retail Properties Inc	Stock			22,472	1,072,420
	NCR Corp	Stock			30,881	1,181,220
	Netflix Inc	Stock			2,131	487,984
	Neurocrine Biosciences Inc	Stock			4,222	442,610
	New York Community Bancorp Inc	Stock			56,516	544,535
	Nexstar Media Group Inc	Stock			3,222	506,722
	NextEra Energy Inc	Stock			9,011	738,812
	Nike Inc	Stock			732	85,524
	Nordstrom Inc	Stock			33,382	673,592
	NOV Inc	Stock			53,807	790,425
	Nucor Corp	Stock			736	58,212
	NVIDIA Corp	Stock			24,532	2,171,357
	O-I Glass Inc	Stock			56,225	937,625
	Old Dominion Freight Line Inc	Stock			734	217,807
	Old National Bancorp	Stock			57,043	1,023,625
	Oracle Corp	Stock			3,299	260,148
	O'Reilly Automotive Inc	Stock			682	565,467
	Oshkosh Corp	Stock			2,581	269,111
	Ovintiv Inc	Stock			26,859	734,350
	Owens Corning Inc	Stock			1,127	72,422
	Oxford Industries Inc	Stock			8,722	546,066
	Packaging Corporation of America	Stock			788	78,685
	Palo Alto Networks Inc	Stock			3,107	539,077
	Par Pacific Holdings Inc	Stock			25,497	522,492
	Parker Hannifin Corp	Stock			765	84,512
	Paychex Inc	Stock			8,441	968,413
	Paypal Holdings Inc	Stock			26,887	2,480,176
	PDC Energy Inc	Stock			5,923	416,299
	Perrigo Co	Stock			47,499	2,091,248
	Pinnacle West Capital Corp	Stock			3,962	292,083
	Pioneer Natural Resources Co	Stock			2,320	535,226
	Portland General Electric Co	Stock			6,641	318,580
	PPL Corp	Stock			9,966	284,114
	Premier Inc	Stock			21,618	838,870
	Primerica Inc	Stock			5,406	687,385
	Prometheus Biosciences Inc	Stock			3,638	397,736
	Public Service Enterprise Group Inc	Stock			5,313	288,988
	PulteGroup Inc	Stock			31,332	1,254,229
	PVH Corp	Stock			21,263	1,436,437
	Qualys Inc	Stock			4,506	597,091
	Quest Diagnostics Inc	Stock			4,082	503,177
	Rambus Inc	Stock			38,977	1,184,899
	Raytheon Technologies Co	Stock			7,800	767,350
	Reata Pharmaceuticals Inc	Stock			6,134	209,212
	Regency Centers Corp	Stock			15,954	1,062,265
	Reliance Steel & Aluminum Co	Stock			502	34,414
	RenaissanceRE Holdings	Stock			8,868	1,294,686
	Retail Opportunity Investments Corp	Stock			27,279	513,233
	Ross Stores Inc	Stock			4,771	560,386
	Ryder System Inc	Stock			2,592	231,363
	S&P Global Inc	Stock			2,537	796,444
	Sabra Health Care Reit Inc	Stock			46,683	594,247
	Schlumberger	Stock			9,984	531,047
	SeaWorld Entertainment Inc	Stock			10,428	627,794

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
				Par / Maturity			
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Value or Shares	Cost	Current Value
	<u>Common stock (continued):</u>						
	Sempra	Stock			1,976	\$ 327,231	\$ 305,371
	ServiceNow Inc	Stock			940	413,462	364,974
	Shake Shack Inc	Stock			5,984	373,516	248,516
	Shell	Stock			7,626	411,421	434,301
	Shopify Inc	Stock			2,930	119,508	101,700
	Signature Bank	Stock			1,852	397,879	213,387
	Simmons First National Co	Stock			19,336	438,627	417,271
	SLM Corp	Stock			28,867	551,880	479,192
	SM Energy Co	Stock			11,173	419,260	389,156
	SMART Global Holdings Inc	Stock			17,589	429,560	261,724
	Snap-on Inc	Stock			983	189,310	224,606
	Snowflake Inc	Stock			3,661	554,520	525,500
	SolarEdge Technologies Inc	Stock			1,888	550,233	534,814
	Sonoco Products Co	Stock			16,463	945,024	999,469
	Sprouts Farmers Markets Inc	Stock			59,699	1,587,161	1,932,457
	Stanley Black & Decker Inc	Stock			16,950	1,601,148	1,273,284
	Starbucks Corp	Stock			2,744	251,698	272,205
	Steel Dynamics Inc	Stock			1,015	34,042	99,165
	Summit Materials Inc	Stock			24,596	683,708	698,282
	Synchrony Financial Co	Stock			14,600	447,371	479,756
	Talos Energy Inc	Stock			18,839	391,591	355,680
	TE Connectivity Co	Stock			8,172	941,497	938,146
	Terex Corp	Stock			12,832	361,223	548,183
	Tesla Inc	Stock			5,186	1,168,356	638,811
	Texas Capital Bancshares Inc	Stock			6,706	409,287	404,439
	Texas Instruments Inc	Stock			5,290	952,473	874,014
	Textron Inc	Stock			27,627	1,165,099	1,955,992
	The Cigna Group	Stock			1,807	416,449	598,731
	The Kraft Heniz Co	Stock			14,804	468,979	602,671
	The Middleby Corp	Stock			12,374	1,816,908	1,656,879
	The Sherwin-Williams Co	Stock			829	199,787	196,747
	Timken Co	Stock			3,430	280,959	242,398
	TJX Companies Inc	Stock			3,436	258,135	273,506
	T-Mobile USA Inc	Stock			2,141	185,178	299,740
	Toro Corp	Stock			15,499	1,215,587	1,754,487
	TotalEnergies	Stock			7,722	402,314	479,382
	Tractor Supply Co	Stock			2,581	414,396	580,648
	Trade Desk Inc	Stock			8,087	427,992	362,540
	TransDigm Group Inc	Stock			2,338	1,352,654	1,472,122
	Uber Technologies Inc	Stock			11,066	383,734	273,662
	UFP Industries Inc	Stock			1,251	101,874	99,142
	Ulta Beauty Inc	Stock			1,185	453,630	555,848
	United Rentals Inc	Stock			617	81,417	219,294
	United States Steel Corp	Stock			4,246	99,251	106,362
	United Therapeutics Corp	Stock			3,154	586,010	877,096
	UnitedHealth Group Inc	Stock			8,663	3,314,858	4,592,949
	Univar Solutions Inc	Stock			6,740	217,123	214,332
	Universal Display Corp	Stock			14,370	2,282,146	1,552,535
	Unum Group	Stock			12,173	443,077	499,458
	US Physical Therapy Inc	Stock			3,906	333,811	316,503
	US Silica Holdings Inc	Stock			54,720	807,585	684,000
	Vail Resorts Inc	Stock			2,012	620,710	479,560
	Valvoline Inc	Stock			3,314	71,429	108,202
	Vaxcyte Inc	Stock			3,744	144,152	179,525
	Verizon Communications Inc	Stock			8,008	371,429	315,515
	Vertex Pharmaceuticals Inc	Stock			13,566	2,543,671	3,917,590
	Vertiv Holdings Co	Stock			127,370	2,514,867	1,739,874
	Viavi Solutions Inc	Stock			67,193	1,152,394	706,198
	Virtu Financial Inc	Stock			40,920	1,262,478	835,177
	Visa Inc	Stock			6,613	1,032,197	1,373,917

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Common stock (continued):</u>							
	Vishay Intertechnology Inc	Stock			42,699	\$ 1,016,505	\$ 921,017
	Vistra Energy Corp	Stock			107,934	2,257,848	2,504,069
	Walt Disney Co	Stock			3,776	413,721	328,059
	Washington Federal Inc	Stock			11,787	428,696	395,454
	WESCO International Inc	Stock			13,611	1,177,636	1,704,097
	Westinghouse Air Brake Technologies Co	Stock			5,279	502,112	526,897
	Westlake Chemical Corp	Stock			935	58,794	95,875
	Wolfspeed Inc	Stock			25,310	2,215,082	1,747,402
	Wyndam Hotels & Resorts Inc	Stock			7,611	558,371	542,740
	Xerox Holdings Corp	Stock			76,310	1,648,835	1,114,126
	Yelp Inc	Stock			20,721	712,367	566,512
	ZoomInfo Technologies Inc	Stock			2,924	76,230	88,042
	Total common stock					258,871,399	302,006,200
<u>Limited partnerships and funds:</u>							
	American Core Realty Fund				178	17,677,741	26,866,801
	Boyd Watterson State Government Fund, LP				56,052	65,050,000	68,300,475
	Corbin ERISA Opportunity Fund, LP				50,000,000	50,000,000	62,140,494
	EnTrust Capital Diversified Fund Ltd				65,964	6,907,800	1,140,885
	EnTrustPermal Special Opportunities Fund IV Ltd				39,480	39,700,116	39,418,035
	First Eagle Global Value Fund, LP				15,930	24,361,286	47,432,143
	First Eagle International Value Fund, LP				16,546	30,509,442	38,344,038
	Grosvenor Secondary Opportunities Feeder Fund II, LP				19,597,317	19,597,317	31,828,040
	Grosvenor Secondary Opportunities Feeder Fund III, LP				5,904,102	5,904,102	6,889,589
	NB Crossroads Fund 24 Plan LP				300,000	300,000	171,649
	U.S. Real Estate Investment Fund, LLC				66,960	66,880,656	101,383,265
	Total limited partnerships and funds					326,888,460	423,915,414
<u>Common collective trusts:</u>							
	ASB Allegiance Real Estate Fund				18,574	10,310,622	39,130,812
	Segall Bryant & Hamill Quality High Yield Trust				6,438,214	62,000,000	60,004,154
	Total common collective trusts					72,310,622	99,134,966
<u>103-12 investment entity:</u>							
	Johnston International Equity Group Trust				1,569,723	45,833,737	54,943,904
<u>Municipal bonds:</u>							
	Dallas Fort Worth Texas International Airport	Bond	11/01/26	2.256 %	250,000	250,000	225,850
	Honolulu Hawaii City and County Wastewater System	Bond	07/01/25	2.316	290,000	290,000	274,238
	Massachusetts State Water Resources Authority	Bond	08/01/26	2.163	185,000	185,000	169,836
	Metro Wastewater Reclamation District Colorado	Bond	04/01/25	2.124	310,000	310,000	293,586
	Narragansett Rhode Island Bay Commission Wastewater	Bond	09/01/27	1.864	155,000	155,000	136,192
	New York State Urban Development Corp	Bond	03/15/28	3.270	335,000	327,941	309,734
	Phoenix Arizona Civic Improvement Corp	Bond	07/01/23	0.679	150,000	151,307	147,320
	Prince George's County Maryland Public Improvement	Bond	09/15/23	0.700	130,000	130,000	126,698
	Raleigh North Carolina Combined Enterprise System	Bond	03/01/26	2.275	260,000	260,000	241,740
	University California Revenues	Bond	05/15/23	2.750	90,000	95,307	89,425
	University California Revenues	Bond	05/15/24	0.833	90,000	90,000	85,473
	University California Revenues	Bond	07/01/25	3.063	95,000	93,974	91,359
	Virginia State Resources Authority Infrastructure	Bond	11/01/28	2.530	265,000	265,000	236,189
	Total municipal bonds					2,603,529	2,427,640
	Total investments					\$ 785,715,176	\$ 956,391,785

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

UFCW LOCAL 1262 AND EMPLOYERS PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2022

Form 5500, Schedule H, Item 4j

E.I.N. 22-6074414
Plan No. 001

(a)	(c)	(d)	(g)	(h)	(i)
<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset</u>	<u>Net Gain or (Loss)</u>
Eaton Vance High Yield Fund	N/A	\$ 84,794,096	\$ 38,385,571	\$ 84,794,096	\$ 46,408,525
* First American Government Obligations Fund	\$ 30,885,280 N/A	N/A 29,491,589	30,885,280 29,491,589	30,885,280 29,491,589	N/A -
* First American Treasury Obligations Fund	218,732,872 N/A	N/A 218,935,243	218,732,872 218,935,243	218,732,872 218,935,243	N/A -
Segall Bryant & Hamill Quality High Yield Trust	62,000,000	N/A	62,000,000	62,000,000	N/A
Wells Fargo Treasury Plus Money Market Fund	86,587,019 N/A	N/A 85,608,514	86,587,019 85,608,514	86,587,019 85,608,514	N/A -

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

Schedule MB, line 6 – Statement of Plan Provisions

1. Participation

Each full-time employee for whom an employer is required to make contributions to the Plan after the applicable probationary period. Part-time employees become a member upon the later of age 21 and the first anniversary of their date of hire.

2. Credited Service

(i) Prior Credited Service - Each person who was a Member and an Employee on January 1, 1976 shall be granted Credited Service for service performed prior to such date until January 1, 1976 under the provisions of the Plan as in effect on December 31, 1975.

(ii) Credited Service: Beginning January 1, 1976, Plan Participants shall receive one month of Credited Service for each month for which an Employer is obligated to make a contribution to the Plan on his behalf.

3. Vesting Service

Vesting Service is earned based on Hours of Service from the Employee's last date of hire to January 1, 1976, plus Service on or after January 1, 1976 in accordance with the following schedule:

<u>Hours of Service in the Plan Year</u>	<u>Vesting Service</u>
1,000 Hours or more	1 Year
750 Hours to 999	½ Year
500 Hours to 749	¼ Year
0 Hours to 499	0 Years

4. Normal Retirement

Eligibility: Later of the date Participant attains age 65 or completes five years of plan participation.

Benefit: The monthly benefit at normal retirement is a dollar amount multiplied by Benefit Service. The applicable dollar amounts are shown below:

(i) Effective for full-time Members retiring on or after May 1, 2002, the Retirement Pension shall be an amount per annum equal to \$540 multiplied by the Member's years of Credited Service.

(ii) Effective for part-time Members retiring on or after May 1, 2002, the Retirement Pension shall be an amount per annum equal to \$540 multiplied by the Member's years of Credited Service multiplied by the ratio of the contribution rate for Part-Time Employees to the contribution rate for Full-Time Employees.

The ratio shall not be less than ½ for any employee hired on or before April 16, 2005.

For employees of Pathmark, the above-described benefit formula was changed for Credited Service earned on and after January 1, 2015, to an annual amount equal to \$378.00 multiplied by the Member's years of post-2015 Credited Service for Full-Time Members and \$189.00 (if hired before April 16, 2005) or \$126.00 (if hired after April 16, 2005) for Part-Time Members.

Schedule MB, line 6 – Statement of Plan Provisions

5. Early Retirement

Eligibility: Participant retiring from active status at the earliest of (i), (ii), and (iii) below and who apply within 90 days of his or her last day of work:

- (i) Age 55 and completion of 10 years of Vesting Service;
- (ii) Age 62 and completion of five years of Vesting Service;
- (iii) Completion of 30 years of Vesting Service.
 - a. After September 1, 2009, those attaining 30 years of service also need to be age 55.
 - b. For hires after April 16, 2005, only (i) and (ii) above apply.

A deferred vested participant is eligible to receive his or her benefit under early retirement if the participant applies within 90 days after becoming eligible for an Early Retirement Benefit as outline above. Otherwise, a deferred vested participant is not eligible to receive his or her benefit prior to age 65.

Benefit: For participants with more than 30 years of Vesting Service who were hired on or before April 16, 2005: The Normal Retirement Benefit as described above.

For participants with less than 30 years of Vesting Service: The Normal Retirement Benefit reduced by one-half of one percent (½%) for each month by which the commencement date precedes age 62.

For participants who retire from deferred vested status: The Normal Retirement Benefit reduced by actuarial equivalent reductions for each month by which the commencement date precedes age 65.

6. Disability Retirement

Eligibility: A participant who becomes totally and permanently disabled prior to January 2015, and is at least age 50 with 10 years of Vesting Service.

Benefit: The Accrued Benefit at date of disability payable at age 65.

None, effective January 1, 2015.

7. Deferred Vested Pension

Eligibility: Completion of five years of Vesting Service.

Benefit: The Accrued Benefit at date of termination payable at age 65.

8. Pre-Retirement Spouse's Benefits

Eligibility: The beneficiary of either (1) an active employee eligible for a vested benefit who dies before benefit payments have started or (2) a terminated member entitled to a vested benefit who dies before benefit payments commence.

a) *Death while Active Participant with five years of Vesting Service:*
50% of the reduced benefit payable to the member as if the member had retired the day before death and elected a 50% Joint and Survivor benefit.

b) *Deaths while not Active Participant but Eligible for Deferred Vested Benefit:*
50% of the reduced benefit payable to the member as if the member had elected a 50% Joint and Survivor benefit payable at the member's earliest commencement date.

Plan Name: UFCW Local 1262 & Employers Pension Fund
Plan Sponsor EIN: 22-6074414 / 001

Attachment C to 2022 Form 5500 Schedule MB

Schedule MB, line 6 – Statement of Plan Provisions

9. Normal Form of Pension

Single: Unreduced Life Annuity.

Married: Reduced 50% Joint & Survivor Benefit.

10. Changes to Plan Provisions Since Last Valuation

None.

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Plan Name: UFCW Local 1262 & Employers Pension Fund
Plan Sponsor EIN: 22-6074414 / 001
Attachment G to 2022 Form 5500 Schedule MB

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

Distribution Of Active Members By Age And Service As Of January 1, 2022																				
Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	13	N/A	113	181.00	114	343.00	52	538.00	4	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	5	N/A	55	181.00	156	368.00	125	545.00	88	763.00	5	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	2	N/A	44	171.00	95	368.00	134	549.00	91	794.00	85	981.00	3	N/A	0	N/A	0	N/A	0	N/A
45 to 49	4	N/A	48	162.00	85	353.00	119	561.00	96	781.00	105	1,033.00	75	1,213.00	8	N/A	0	N/A	0	N/A
50 to 54	9	N/A	92	174.00	101	360.00	151	558.00	137	776.00	120	1,023.00	117	1,233.00	106	1,458.00	7	N/A	0	N/A
55 to 59	1	N/A	120	179.00	140	349.00	177	547.00	172	786.00	127	997.00	125	1,242.00	186	1,474.00	148	1,667.00	15	N/A
60 to 64	6	N/A	130	181.00	122	354.00	191	554.00	138	783.00	174	1,002.00	116	1,239.00	129	1,469.00	141	1,682.00	148	1,913.00
65 to 69	5	N/A	85	183.00	63	371.00	100	552.00	74	765.00	51	1,009.00	41	1,233.00	47	1,458.00	39	1,682.00	102	2,042.00
70 & up	0	N/A	44	187.00	32	368.00	29	539.00	16	N/A	15	N/A	7	N/A	12	N/A	9	N/A	13	N/A
Total	45	45.00	732	178.00	908	358.00	1,078	551.00	816	779.00	682	1,006.00	484	1,232.00	488	1,466.00	344	1,676.00	278	1,966.00

Board of Trustees of the
UFCW Local 1262 and Employers Pension Plan
1389 Broad Street
Clifton, NJ 07013-4292

March 31, 2022
EIN: 22-6074414
PN: 001
Tel: (973) 778-5800

Re: Annual Certification of Plan Status under Internal Revenue Code §432(b) and Employee Retirement Income Security Act of 1974 §305(b)

Dear Board of Trustees:

CERTIFICATION

As required by Section 432(b)(3) of the Internal Revenue Code (“Code”) and Section 305(b)(3) of the Employee Retirement Income Security Act of 1974 (“ERISA”), we certify, for the plan year beginning January 1, 2022, that the Fund is classified as being in Critical status as this term is defined in Section 432(b) of the Code and Section 305(b) of ERISA as amended by the Multiemployer Pension Reform Act of 2014.

The Rehabilitation Period began on January 1, 2020 and ends December 31, 2029. As shown in Appendix III, we certify that the Fund is making scheduled progress in meeting the requirements of its Rehabilitation Plan.

This certification is complete and has been prepared in accordance with the requirements of Section 432 of the Code, Section 305 of ERISA, and generally recognized and accepted actuarial principles and practices and our understanding of the Code of Professional Conduct and applicable Actuarial Standards of Practice set out by the Actuarial Standards Board as well as applicable laws and regulations. Furthermore, as credentialed actuaries, we meet the Qualification Standards of the American Academy of Actuaries to render the opinion contained herein. This report does not address any contractual or legal issues. We are not attorneys and our firm does not provide any legal services or advice.

This certification was prepared solely for the UFCW Local 1262 and Employers Pension Plan. It only certifies the condition of the Fund under Code Section 432 as added by the Pension Protection Act of 2006 and should be used only for that purpose. Other users of this report are not intended users as defined in the Actuarial Standards of Practice, and Cheiron assumes no duty or liability to such other users.

In preparing this certification, we have relied on information supplied by Fund Office and the Board of Trustees. This information includes, but is not limited to, Fund provisions, employee data, financial information, and expectations of future industry activity. We performed an informal examination of the obvious characteristics of the data for reasonableness and consistency in accordance with Actuarial Standard of Practice No. 23.

Board of Trustees

March 31, 2022

Page ii

Future analysis may differ significantly from those presented in this certification due to such factors as the following: plan experience differing from that anticipated by the assumptions; changes in assumptions; and changes in plan provisions or applicable law.

The attached appendices show the results for the statutory tests and describe the methodologies and assumptions used to perform the tests. Please contact the undersigned with any questions.

Sincerely,



Christian Benjaminson, FSA, EA (20-07015)



Brett Warren, FSA, EA (20-08320)

Attachments: Appendix I: Tests of Fund Status
Appendix II: Detail for Actuarial Certification
Appendix III: Scheduled Progress
Appendix IV: Methodology and Assumptions

cc: Secretary of the Treasury

Schedule MB, Line 4b – Illustrations Supporting Actuarial Certification of Status

Support for the Plan's Critical status can be found in the attached 2022 PPA certification.

Schedule MB, Line 4c – Documentation Regarding Progress under Funding Improvement Plan or Rehabilitation Plan

As of January 1, 2023, the Fund is not making scheduled progress in meeting the requirements of its Rehabilitation Plan as follows:

Rehabilitation Period Began	January 1, 2020
Rehabilitation Period Ends	December 31, 2029

In order to emerge from Critical status at the end of its Rehabilitation Period, the Fund must be projected to avoid an Accumulated Funding Deficiency (including 431(d) extensions, if applicable) for the next nine plan years and also be projected to remain solvent for the next 30 years.

The following projections show that the Fund is not projected to avoid an Accumulated Funding Deficiency at the end of the Rehabilitation Period and for the next nine years.

<u>Plan Year Ending</u>	<u>Projected Credit Balance</u>
December 31, 2029	\$(48,419,340)
December 31, 2030	(68,713,742)
December 31, 2031	(85,928,007)
December 31, 2032	(104,244,343)
December 31, 2033	(125,953,867)
December 31, 2034	(143,589,230)
December 31, 2035	(163,004,876)
December 31, 2036	(183,396,043)
December 31, 2037	(206,627,725)
December 31, 2038	(227,034,190)

Furthermore, the Fund is projected to become insolvent during 2054. Therefore, the Fund is not making scheduled progress.

FOR PLAN YEAR COMMENCING JANUARY 1, 2022

**ANNUAL CERTIFICATION OF PLAN STATUS UNDER SECTION 432(b) OF THE
INTERNAL REVENUE CODE, (SEC. 305(b) OF THE EMPLOYEE RETIREMENT
INCOME SECURITY ACT OF 1974)**

FOR

**UFCW LOCAL 1262 AND EMPLOYERS
PENSION PLAN**

EIN: 22-6074414

PN: 001

Plan Year 1/1/2022

Fund Contact

Frank M. Vaccaro

Fund Administrator

(973) 778-5800

March 31, 2022

Board of Trustees of the
UFCW Local 1262 and Employers Pension Plan
1389 Broad Street
Clifton, NJ 07013-4292

March 31, 2022
EIN: 22-6074414
PN: 001
Tel: (973) 778-5800

***Re: Annual Certification of Plan Status under Internal Revenue Code §432(b) and
Employee Retirement Income Security Act of 1974 §305(b)***

Dear Board of Trustees:

CERTIFICATION

As required by Section 432(b)(3) of the Internal Revenue Code (“Code”) and Section 305(b)(3) of the Employee Retirement Income Security Act of 1974 (“ERISA”), we certify, for the plan year beginning January 1, 2022, that the Fund is classified as being in Critical status as this term is defined in Section 432(b) of the Code and Section 305(b) of ERISA as amended by the Multiemployer Pension Reform Act of 2014.

The Rehabilitation Period began on January 1, 2020 and ends December 31, 2029. As shown in Appendix III, we certify that the Fund is making scheduled progress in meeting the requirements of its Rehabilitation Plan.

This certification is complete and has been prepared in accordance with the requirements of Section 432 of the Code, Section 305 of ERISA, and generally recognized and accepted actuarial principles and practices and our understanding of the Code of Professional Conduct and applicable Actuarial Standards of Practice set out by the Actuarial Standards Board as well as applicable laws and regulations. Furthermore, as credentialed actuaries, we meet the Qualification Standards of the American Academy of Actuaries to render the opinion contained herein. This report does not address any contractual or legal issues. We are not attorneys and our firm does not provide any legal services or advice.

This certification was prepared solely for the UFCW Local 1262 and Employers Pension Plan. It only certifies the condition of the Fund under Code Section 432 as added by the Pension Protection Act of 2006 and should be used only for that purpose. Other users of this report are not intended users as defined in the Actuarial Standards of Practice, and Cheiron assumes no duty or liability to such other users.

In preparing this certification, we have relied on information supplied by Fund Office and the Board of Trustees. This information includes, but is not limited to, Fund provisions, employee data, financial information, and expectations of future industry activity. We performed an informal examination of the obvious characteristics of the data for reasonableness and consistency in accordance with Actuarial Standard of Practice No. 23.

Board of Trustees

March 31, 2022

Page ii

Future analysis may differ significantly from those presented in this certification due to such factors as the following: plan experience differing from that anticipated by the assumptions; changes in assumptions; and changes in plan provisions or applicable law.

The attached appendices show the results for the statutory tests and describe the methodologies and assumptions used to perform the tests. Please contact the undersigned with any questions.

Sincerely,



Christian Benjaminson, FSA, EA (20-07015)



Brett Warren, FSA, EA (20-08320)

Attachments: Appendix I: Tests of Fund Status
Appendix II: Detail for Actuarial Certification
Appendix III: Scheduled Progress
Appendix IV: Methodology and Assumptions

cc: Secretary of the Treasury

APPENDIX I – TESTS OF FUND STATUS

Critical Status – The Fund, which has 431(d) 5-year automatic extensions, was certified as Critical last year and will remain Critical unless it passes the two emergence tests: **Emergence Test Met?**

1 The Fund is not projected to have an accumulated funding deficiency for the current plan year or the next nine plan years.

NO

2 The Fund is not projected to become insolvent within 30 years

YES

Critical and Declining Status – The Fund will be certified as Critical and Declining if it meets test 3. **Condition Met?**

3 The Fund is Critical and projected to become insolvent within the current or the next 14 (19 if the Fund's number of inactive is more than twice the number of active or if the funding level is below 80%) plan years

NO

The Fund is certified to be in Critical status for 2022.

APPENDIX II – DETAIL FOR ACTUARIAL CERTIFICATION

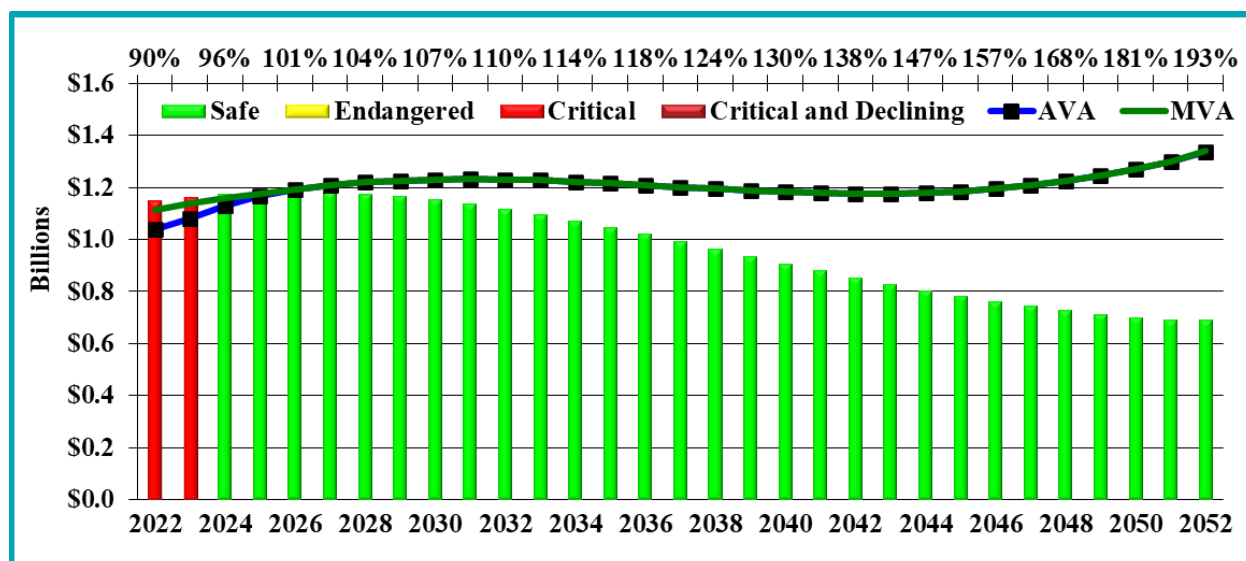
1. PROJECTION OF CREDIT BALANCE (Used for Test 1) (uses 431(d) 5-year automatic extensions, assumes contributions increases through end of current CBAs)

<u>Date</u>	<u>Credit Balance</u>	adjusted with interest to end of year		
		<u>Charges</u>	<u>Credits</u>	<u>Contributions</u>
1/1/2022	\$ (15,215,869)	\$ 60,390,645	\$ 38,119,800	\$ 27,286,199
1/1/2023	(11,265,626)			

The projected funding standard account is based on the methods and assumptions set out in Appendix IV. The projection of future contributions is based on the Trustees' estimate of future industry activity of annual membership declines of 5.0% for full-time and 8.0% for part-time and contribution increases contained in the current collective bargaining agreements under which the Plan is maintained.

2. SOLVENCY PROJECTION (Used for Test 2) (assumes contribution increases through end of current CBAs)

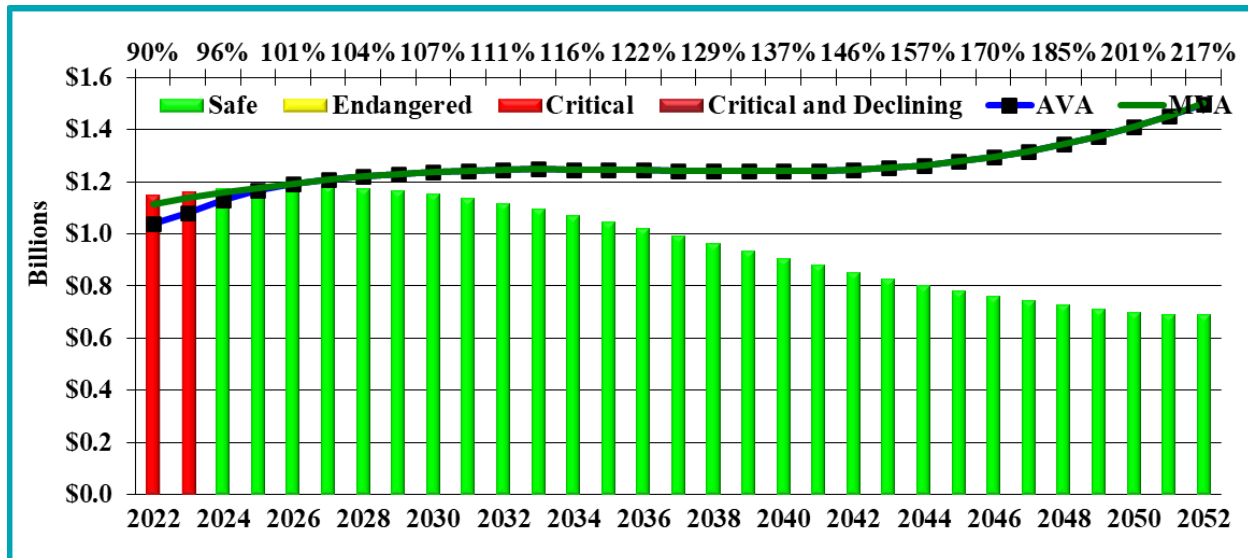
The chart below shows a funding projection over the next 30 years. The projection indicates that the Fund will not run out of assets over the period shown.



APPENDIX II – DETAIL FOR ACTUARIAL CERTIFICATION

3. *SOLVENCY PROJECTION (Used for Test 3 and Scheduled Progress)* *(assumes contribution increases through end of the Rehabilitation Period)*

The chart below shows a funding projection over the next 30 years. The projection indicates that the Fund will not run out of assets over the period shown.



APPENDIX III – SCHEDULED PROGRESS

Scheduled Progress

Scheduled Progress determines if the Fund is projected to emerge from Critical status by the end of the Rehabilitation Period. The test for Scheduled Progress recognizes required contribution increases through the end of the Rehabilitation Period. To demonstrate Scheduled Progress, the Fund must show it is meeting the criteria for emergence from Critical status as of the end of its Rehabilitation Period which is described below.

As of January 1, 2022, the Fund is making scheduled progress in meeting the requirements of its Rehabilitation Plan as follows:

Rehabilitation Period Began	January 1, 2020
Rehabilitation Period Ends	December 31, 2029

In order to emerge from Critical status at the end of its Rehabilitation Period, the Fund must be projected to avoid an Accumulated Funding Deficiency (including 431(d) extensions, if applicable) for the next nine plan years and also be projected to remain solvent for the next 30 years.

The following projections show that the Fund is projected to avoid an Accumulated Funding Deficiency at the end of the Rehabilitation Period and for the next nine years.

<u>Plan Year Ending</u>	<u>Projected Credit Balance</u>
December 31, 2029	\$75,173,692
December 31, 2030	78,810,208
December 31, 2031	85,354,185
December 31, 2032	90,753,935
December 31, 2033	92,826,331
December 31, 2034	99,175,758
December 31, 2035	104,064,862
December 31, 2036	108,435,810
December 31, 2037	110,747,281
December 31, 2038	112,772,474

Furthermore, the Fund is projected to remain solvent for 30 years after the end of the Rehabilitation Period (see Appendix II, A3). Therefore, the Fund is making scheduled progress.

APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

A. Actuarial Assumptions

1. Interest Rates (compounded annually)

Basic Funding 7.00% per year

2. Administrative Expenses

\$3,000,000 for the 2021 plan year, payable beginning of year. It is assumed that administrative assumptions will experience a 2.0% rate of inflation each year.

3. Rate of Mortality (Funding)

Healthy Lives - RP2000 Combined Blue Collar Mortality Table Projected to 2019

Disabled Lives - 1985 SOA Mortality Table for disabled lives

Terminated Vested Participants over age 80 are assumed to be deceased and are not valued.

In accordance with Actuarial Standard of Practice No. 35, we have considered the effect of mortality improvement prior to and subsequent to the measurement date in developing this assumption.

4. Rates of Turnover

Illustrative rates of termination are shown below:

<u>Employment Service</u>					
<u>More than 5 Years</u>			<u>Less than 5 Years</u>		
<u>Age</u>	<u>Full-Time</u>	<u>Part-Time</u>	<u>Attained Service</u>	<u>Full-Time</u>	<u>Part-Time</u>
25	6.5%	15%	< 1 year	20%	30%
30	6.5%	15%	1 year	20%	30%
35	6.5%	12.5%	2 years	15%	20%
40	6.0%	8.0%	3 years	10%	15%
45	4.5%	7.5%	4 years	10%	15%
50	4.5%	7.0%			
55	4.5%	6.5%			
60	3.0%	5.0%			
64	3.0%	5.0%			

APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

5. Rates of Retirement

Rates vary by age and service, annual rates as shown below for illustrative ages.

Age	Service Greater Than 30	Service Equals 30	Service Less Than 30
55	0.05	0.05	0.02
56	0.05	0.05	0.02
57	0.05	0.05	0.02
58	0.05	0.05	0.02
59	0.05	0.05	0.02
60	0.05	0.05	0.02
61	0.15	0.15	0.07
62	0.15	0.15	0.07
63	0.15	0.40	0.07
64	0.15	0.10	0.12
65	0.30	0.10	0.12
66	0.30	0.10	0.12
67	0.30	0.10	0.12
68	0.30	0.10	0.12
69	0.30	0.25	0.15
70	1.00	1.00	0.50
71	1.00	1.00	1.00

6. Rates of Disability

Illustrative rates of disablement are shown below:

Age	Male	Female
25	0.00047	0.00048
30	0.00067	0.00083
35	0.00100	0.00126
40	0.00157	0.00179
45	0.00253	0.00261
50	0.00415	0.00427
55	0.00751	0.00745
60	0.01133	0.00996
64	0.01434	0.01104

7. Form of Payment If married, 50% joint and survivor, otherwise single life annuity

8. Percentage Married 85% of male employees, 65% of female employees

9. Spouse's Age Wives three years younger than husbands

10. Late Retirement Terminated Vested participants commencing benefit after Normal Retirement Date collect an actuarially increased benefit.

APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

11. Disclosures Regarding Models Used

Cheiron utilizes and relies upon ProVal, an actuarial valuation software leased from Winklevoss Technologies for the intended purpose of calculating liabilities, normal costs, and projected benefit payments. As part of the review process for this certification and the January 1, 2021 actuarial valuation, we have performed a number of tests to verify that the results are reasonable and appropriate. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect this certification.

Projections in this certification were developed using P-Scan, our proprietary tool for the intended purpose of developing projections. The projections are based on the January 1, 2021 actuarial valuation results projected to December 31, 2021 using expected liabilities, and preliminary, unaudited December 31, 2021 assets, as well as the Trustees' estimate of future industry activity. These projections also assume the continuation of the plan provisions and actuarial assumptions in effect as of January 1, 2021. While the assumptions individually are reasonable for the underlying certification that supports the projections, specifically for projection purposes, they are also considered reasonable in the aggregate.

12. Justification for Assumptions

In accordance with Actuarial Standard of Practice No. 27, the rationale for our 7.00% discount rate is based on the Trustees' risk preference, the Fund's current asset allocation, and the investment manager's capital market outlook.

In accordance with Actuarial Standard of Practice No. 35, the demographic assumptions for rates of retirement were changed in 2013 based on the results of an experience study. The rates of termination and the mortality table remain appropriate based on recent experience. All demographic assumptions are monitored annually, and we will make adjustments as needed based on Plan experience.

B. Actuarial Methods

1. Actuarial Cost Method

The cost method for determining liabilities for this valuation is the Unit Credit Cost method. This is one of a family of valuation methods known as accrued benefit methods. The chief characteristic of accrued benefit methods is that the funding pattern follows the pattern of benefit accrual. The normal cost is determined as that portion of each participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each participant as of each valuation date, represents the actuarial present value of the portion of each participant's benefit attributable to service earned prior to the valuation date.

2. Asset Valuation Method

The valuation assets are based on a market-related value calculated as follows: (a) for each of the four years preceding the valuation date the difference between the actual

APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

return on the market value of assets and the expected return based on the valuation earnings assumption is determined; (b) the market-related value as of the valuation date is equal to the market value of assets minus the sum of 80% of the above difference for the year preceding the valuation date, 60% of the second preceding year's difference, 40% of the third preceding year's difference and 20% of the fourth preceding year's difference; and (c) the valuation assets may neither exceed 120% nor be less than 80% of the actual market value.

3. Amortization Extensions

The Plan's Board of Trustees elected the automatic five-year amortization extension under §431(d) of the Code effective January 1, 2009 and January 1, 2016.

4. Combined Amortization Credits

The Trustees elected to combine the amortization credits on January 1, 2016. The amortization period was determined under Section §431(b)(5) of the Code.

Plan Name: UFCW Local 1262 & Employers Pension Fund
Plan Sponsor EIN: 22-6074414 / 001
Attachment A to 2022 Form 5500 Schedule MB

Schedule MB, Line 3(d) – Withdrawal Liability

Below is a schedule of withdrawal liability amounts paid for the 2022 plan year.

Payment Date	Periodic Amounts	Lump Sum Amounts	Total
1/1/2022	\$ 0	\$ 0	\$ 0
2/1/2022	4,757	0	4,757
3/1/2022	5,475	0	5,475
4/1/2022	0	0	0
5/1/2022	5,475	0	5,475
6/1/2022	4,757	0	4,757
7/1/2022	0	0	0
8/1/2022	4,757	0	4,757
9/1/2022	0	0	0
10/1/2022	0	0	0
11/1/2022	10,232	0	10,232
12/1/2022	0	0	0
Total	\$ 35,453	\$ 0	\$ 35,453

Plan Name: UFCW Local 1262 & Employers Pension Fund
Plan Sponsor EIN: 22-6074414 / 001
Attachment I to 2022 Form 5500 Schedule MB

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases

SCHEDULE OF AMORTIZATIONS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION AS OF JANUARY 1, 2022						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	With 431(d) Extensions Effective 1/1/2009 and 1/1/2016		
				1/1/2022	Remaining	Beginning of Year
				Outstanding Balance	Amortization Years	Amortization Amount
CHARGES						
1. Plan Amendment	1/1/1978	2,320,833	40	\$ 127,505	1	\$ 127,505
2. Plan Amendment	1/1/1979	10,384,838	40	1,142,232	2	590,429
3. Plan Amendment	1/1/1980	4,894,394	40	804,111	3	286,362
4. Plan Amendment	1/1/1988	11,544,367	30	685,017	1	685,017
5. Plan Amendment	1/1/1989	1,648	30	195	2	101
6. Plan Amendment	1/1/1991	23,635,091	30	5,506,345	4	1,519,278
7. Plan Amendment	1/1/1993	518,637	30	175,965	6	34,502
8. Plan Amendment	1/1/1995	5,390,661	30	2,349,613	8	367,742
9. Plan Amendment	1/1/1996	2,945,261	30	1,414,864	9	202,956
10. Assumption Change	1/1/1998	10,457,391	30	5,870,458	11	731,651
11. Plan Amendment	1/1/2000	1,296,059	30	819,313	13	91,618
12. Plan Amendment	1/1/2001	46,245,252	30	30,716,633	14	3,282,515
13. Amendment Balance	1/1/2002	12,950,656	30	8,990,221	15	922,503
14. Plan Amendment	1/1/2002	20,083,906	30	13,942,056	15	1,430,619
15. Experience Loss	1/1/2003	44,200,450	15	3,467,522	1	3,467,522
16. Plan Amendment	1/1/2003	10,364,675	30	7,485,420	16	740,550
17. Assumption Change	1/1/2003	36,062,331	30	26,044,393	16	2,576,634
18. Experience Loss	1/1/2004	7,121,561	15	1,114,579	2	576,135
19. Experience Loss	1/1/2005	25,235,729	15	5,879,537	3	2,093,839
20. Assumption Change	1/1/2005	11,214,261	30	8,672,662	18	805,768

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases

SCHEDULE OF AMORTIZATIONS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION AS OF JANUARY 1, 2022						
With 431(d) Extensions Effective 1/1/2009 and 1/1/2016						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2022 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES						
21. Experience Loss	1/1/2006	15,856,932	15	\$ 4,873,177	4	\$ 1,344,578
22. Assumption Change	1/1/2006	3,044,605	30	2,425,783	19	219,347
23. Experience Loss	1/1/2007	6,544,711	15	2,479,730	5	565,218
24. Assumption Change	1/1/2007	11,597,128	30	9,493,431	20	837,489
25. Experience Loss	1/1/2009	62,161,705	15	31,892,761	7	5,530,658
26. Assumption Change	1/1/2011	38,168,919	15	21,177,882	9	3,037,868
27. Experience Loss	1/1/2011	25,626,228	15	14,218,616	9	2,039,594
28. Assumption Change	1/1/2012	1,501,644	15	922,717	10	122,780
29. Experience Loss	1/1/2012	17,935,808	15	11,021,040	10	1,466,494
30. Experience Loss	1/1/2013	4,162,687	15	2,793,366	11	348,145
31. Assumption Change	1/1/2014	62,204,477	15	45,070,854	12	5,303,281
32. Experience Loss	1/1/2016	164,851	15	136,086	14	14,543
33. Experience Loss	1/1/2019	7,903,159	15	6,892,064	12	810,958
34. Experience Loss	1/1/2020	2,558,503	15	2,347,746	13	262,533
TOTAL CHARGES				\$ 280,953,894		\$ 42,436,732

SCHEDULE OF AMORTIZATIONS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION AS OF JANUARY 1, 2022						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2022 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CREDITS						
1. Combined Credits	1/1/2016	\$ 223,655,427	10.78	\$ 119,346,154	4.78	\$ 28,259,699
2. Experience Gain	1/1/2017	4,634,641	15	3,574,011	10	475,569
3. Experience Gain	1/1/2018	20,145,915	15	16,586,416	11	2,067,209
4. Experience Gain	1/1/2021	20,619,316	15	19,798,778	14	2,115,785
5. Experience Gain	1/1/2022	28,199,049	15	28,199,049	15	2,893,555
TOTAL CREDITS				\$ 187,504,408		\$ 35,811,817
NET CHARGE				\$ 93,449,486		\$ 6,624,915

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Changes:

1. The RPA '94 current liability interest rate was changed from 2.43% to 2.22% to comply with appropriate guidance.
2. The RPA '94 current liability mortality table changed from the 2021 static mortality table to the 2022 static mortality table to comply with appropriate guidance.
3. The interest rate used to determine the withdrawal liability on a PBGC basis changed from 1.62% for the first 20 years, and 1.40% thereafter to 2.40% for the first 20 years, and 2.11% thereafter under Section 4044.
4. The rates of mortality used to determine the withdrawal liability on a PBGC basis changed from the 2021 to the 2022 Morality Table under Section 4044.
5. For the expense assumption under FASB ASC 960, the ratio of the present value of future administrative expense to Accrued Liability decreased from 3.80% to 3.70%.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

A. Actuarial Assumptions

1. Interest Rates (compounded annually)

Funding & Accounting purposes 7.00% per year
Current Liability under RPA 1994 2.22% per year

Withdrawal Liability purposes: The liabilities use a blended rate of 2.40% for the first 20 years, and 2.11% thereafter as prescribed under ERISA 4044 (PBGC basis) and 6.60% per year (Adjusted Plan Basis)

2. Administrative Expenses

\$3,000,000, payable beginning of year.

For financial disclosure under FASB ASC 960, the present value of future administrative expense, based on projected cash flow and expenses increasing 2% per year, is assumed to be 3.70% of Accrued Liability.

3. Rate of Mortality

Funding & ASC 960:

- Healthy Lives: RP2000 Combined Blue Collar Mortality Table Projected to 2019 for males and females
- Disabled Lives: 1985 SOA Mortality Table for disabled lives

RPA '94 Current Liability:

- 2022 Static Mortality Table as prescribed under IRS regulations

Withdrawal Liability purposes: Mortality Table as prescribed under ERISA Section 4044 for plans terminating during calendar year 2022 (PBGC basis)

Terminated Vested Participants over age 80 are assumed to be deceased and are not valued.

In accordance with Actuarial Standard of Practice No. 35, we have considered the effect of mortality improvement prior to and subsequent to the measurement date in developing this assumption.

4. Rates of Turnover

Illustrative rates of termination are shown below:

	<u>Employment Service</u>				
	<u>More than 5 Years</u>		<u>Less than 5 Years</u>		
<u>Age</u>	<u>Full-Time</u>	<u>Part-Time</u>	<u>Attained Service</u>	<u>Full-Time</u>	<u>Part-Time</u>
25	6.5%	15%	< 1 year	20%	30%
30	6.5%	15%	1 year	20%	30%
35	6.5%	12.5%	2 years	15%	20%
40	6.0%	8.0%	3 years	10%	15%
45	4.5%	7.5%	4 years	10%	15%
50	4.5%	7.0%			
55	4.5%	6.5%			
60	3.0%	5.0%			
64	3.0%	5.0%			

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

5. Rates of Retirement

Rates vary by age and service, annual rates as shown below for illustrative ages. Note that the service greater than 30 rates only apply to participants hired before April 16, 2005.

Age	Service Greater Than 30	Service Equals 30	Service Less Than 30
55	0.05	0.05	0.02
56	0.05	0.05	0.02
57	0.05	0.05	0.02
58	0.05	0.05	0.02
59	0.05	0.05	0.02
60	0.05	0.05	0.02
61	0.15	0.15	0.07
62	0.15	0.15	0.07
63	0.15	0.40	0.07
64	0.15	0.10	0.12
65	0.30	0.10	0.12
66	0.30	0.10	0.12
67	0.30	0.10	0.12
68	0.30	0.10	0.12
69	0.30	0.25	0.15
70	1.00	1.00	0.50
71	1.00	1.00	1.00

6. Rates of Disability

Illustrative rates of disablement are shown below:

Age	Male	Female
25	.00047	.00048
30	.00067	.00083
35	.00100	.00126
40	.00157	.00179
45	.00253	.00261
50	.00415	.00427
55	.00751	.00745
60	.01133	.00996
64	.01434	.01104

7. Form of Payment

If married, 50% joint and survivor, otherwise single life annuity

8. Percentage Married 85% of male employees
65% of female employees

9. Spouse's Age Wives three years younger than husbands

10. Late Retirement Terminated Vested participants commencing benefit after Normal Retirement Date collect an actuarially increased benefit.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

11. Justifications for Assumptions

In accordance with Actuarial Standard of Practice No. 27, the rationale for our 7.00% discount rate is based on the Trustees risk preference, the Fund's current asset allocation, and the investment manager's capital market outlook.

In accordance with Actuarial Standard of Practice No. 35, the demographic assumptions for rates of retirement were changed in 2013 based on the results of an experience study. The rates of termination and the mortality table remain appropriate based on recent experience. All demographic assumptions are monitored annually, and we will make adjustments as needed based on Plan experience.

12. Disclosures Regarding Models Used

Cheiron utilizes and relies upon ProVal, an actuarial valuation software leased from Winklevoss Technologies for the intended purpose of calculating liabilities, normal costs, and projected benefit payments. As part of the review process for this report, we have performed a number of tests to verify that the results are reasonable and appropriate. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect this report.

Projections in this report were developed using P-Scan, our proprietary tool for the intended purpose of developing projections. The model is also used to stress test the impact

of volatile asset returns and membership declines over the projection period. While the assumptions individually are reasonable for the underlying report that supports the projections, specifically for projection purposes, they are also considered reasonable in the aggregate.

13. Changes in Assumptions Since Last Valuation

The RPA '94 current liability interest rate was changed from 2.43% to 2.22% to comply with appropriate guidance.

The mortality table used to determine RPA '94 current liability was changed to the static mortality table as described under Regulation §1.430(h)(3)-1(e).

The interest rate used to determine the withdrawal liability on a PBGC basis changed from 1.62% for the first 20 years, and 1.40% thereafter to 2.40% for the first 20 years, and 2.11% thereafter under Section 4044.

The rates of mortality used to determine the withdrawal liability on a PBGC basis changed from the 2021 to the 2022 Morality Table under Section 4044.

For the expense assumption under FASB ASC 960, the ratio of the present value of future administrative expense to Accrued Liability decreased from 3.80% to 3.70%.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

B. Actuarial Methods

1. Actuarial Cost Method

The cost method for determining liabilities for this valuation is the Unit Credit Cost method. This is one of a family of valuation methods known as accrued benefit methods. The chief characteristic of accrued benefit methods is that the funding pattern follows the pattern of benefit accrual. The normal cost is determined as that portion of each participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each participant as of each valuation date, represents the actuarial present value of the portion of each participant's benefit attributable to service earned prior to the valuation date.

2. Asset Valuation Method

The valuation assets are based on a market-related value calculated as follows: (a) for each of the four years preceding the valuation date the difference between the actual return on the market value of assets and the expected return based on the valuation earnings assumption is determined; (b) the market-related value as of the valuation date is equal to the market value of assets minus the sum of 80% of the above difference for the year preceding the valuation date, 60% of the second preceding year's difference, 40% of the third preceding year's difference and 20% of the fourth preceding year's difference; and (c) the

valuation assets may neither exceed 120% nor be less than 80% of the actual market value.

3. Withdrawal Liability Method

The Plan uses the Presumptive method with the Unfunded Vested Benefits calculated as the difference between the Market Value of Assets and the present value of nonforfeitable benefits valued by averaging the liability on the PBGC Basis (using PBGC prescribed discount rates, mortality, and expense loads) and the liability on the Adjusted Plan Basis (using an interest rate of 6.60%).

4. Amortization Extensions

The Plan's Board of Trustees elected the automatic five-year amortization extension under §431(d) of the Code effective January 1, 2009 and January 1, 2016.

5. Combined Amortization Credits

The Trustees elected to combine the amortization credits on January 1, 2016. The amortization period was determined under Section §431(b)(5) of the Code.

6. Changes in Actuarial Methods Since the Last Valuation

None.

Plan Name: UFCW Local 1262 & Employers Pension Fund

Plan Sponsor EIN: 22-6074414 / 001

Attachment to 2022 Form 5500 Schedule R

Schedule R, Line 14 – Information on Inactive Participants Whose Contributing Employer is No Longer Making Contributions to the Plan

The reasonable approximation method was used to estimate the number of inactive participants whose contributing employer is no longer making contributions to the Plan. We have made a reasonable, good faith effort to count inactive participants to satisfy the requirements of section 103(f)(2)(C) of ERISA. This attachment explains the approximation method used as well as provides a breakdown describing the number of clearly identified inactive participants and the number of estimated inactive participants.

Using the data provided for the annual actuarial valuation:

- 1) The reasonableness of contributions, participant count, and employer count reported in the data is checked;
- 2) The number of inactive participants associated with employers who have not contributed to the Plan during the plan year are counted (7,771 in total);
- 3) Inactive participants with \$0 in contributions during the plan year and were not reported with any particular employer in the valuation data are counted (1,125 in total); and
- 4) 50% of the count found in step 3 ($50\% \times 1,125 = 563$) is added to the count found in step 2 to determine the amount entered for Line 14a ($7,771 + 563 = 8,334$).

NAME OF PLAN: UFCW LOCAL 1262 & EMPLOYERS PENSION FUND

NAME OF PLAN SPONSOR: TRUSTEES UFCS LOCAL 1262 PENSION FUND

EIN: 22-6074414

PLAN NUMBER: 001

ATTACHMENT TO 2022 FORM 5500

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

SHOPRITE SUPERMARKETS, INC.

Contribution Rate (in dollars and cents) \$518.14 Base

unit measure: Other, Full-Time Month Worked

Contribution Rate (in dollars and cents) \$172.73

Base unit measure: Other, Part-Time Month Worked

STOP & SHOP

Contribution Rate (in dollars and cents) \$518.14 Base

unit measure: Other, Full-Time Month Worked

Contribution Rate (in dollars and cents) \$172.73

Base unit measure: Other, Part-Time Month Worked

SAKER SUPERMARKETS, INC.

Contribution Rate (in dollars and cents) \$518.14 Base

unit measure: Other, Full-Time Month Worked

Contribution Rate (in dollars and cents) \$172.73

Base unit measure: Other, Part-Time Month Worked

GLASS GARDENS, INC.

Contribution Rate (in dollars and cents) \$518.14 Base

unit measure: Other, Full-Time Month Worked

Contribution Rate (in dollars and cents) \$172.73

Base unit measure: Other, Part-Time Month Worked

INSERRA SUPERMARKETS, INC.

Contribution Rate (in dollars and cents) \$518.14 Base

unit measure: Other, Full-Time Month Worked

Contribution Rate (in dollars and cents) \$172.73

Base unit measure: Other, Part-Time Month Worked

VILLAGE SUPER MARKET, INC.

Contribution Rate (in dollars and cents) \$518.14 Base

unit measure: Other, Full-Time Month Worked

Contribution Rate (in dollars and cents) \$172.73

Base unit measure: Other, Part-Time Month Worked

RONETCO MARKETS, INC.

Contribution Rate (in dollars and cents) \$518.14 Base
unit measure: Other, Full-Time Month Worked

Contribution Rate (in dollars and cents) \$172.73

Base unit measure: Other, Part-Time Month Worked

S/R HUNTERDON CITY & CLINTON

Contribution Rate (in dollars and cents) \$518.14 Base
unit measure: Other, Full-Time Month Worked

Contribution Rate (in dollars and cents) \$172.73

Base unit measure: Other, Part-Time Month Worked

SUNRISE MARKET, INC.

Contribution Rate (in dollars and cents) \$518.14 Base
unit measure: Other, Full-Time Month Worked

Contribution Rate (in dollars and cents) \$172.73

Base unit measure: Other, Part-Time Month Worked

FOODTOWN

Contribution Rate (in dollars and cents) \$555.00 Base
unit measure: Other, Full-Time Month Worked

Contribution Rate (in dollars and cents) \$184.00

Base unit measure: Other, Part-Time Month Worked

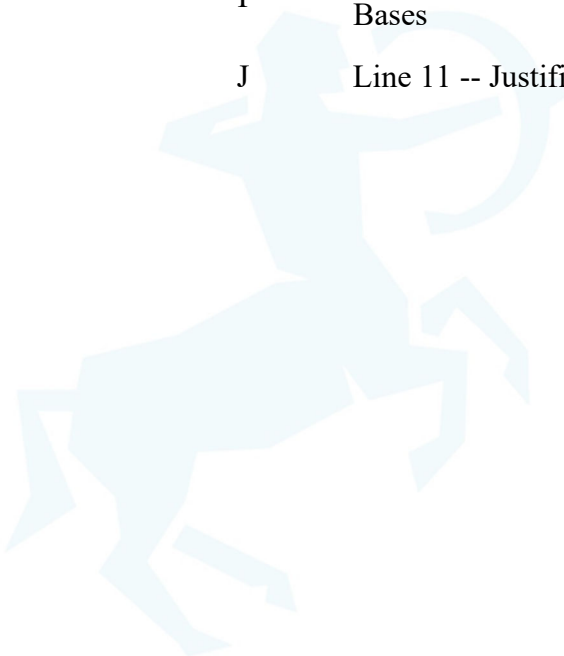
UFCW Local 1262 & Employers Pension Fund

EIN: 22-6074414

Plan Number: 001

Attachments to 2022 Schedule MB of Form 5500

<u>Attachment</u>	<u>Description</u>
A	Line 3(d) – Withdrawal Liability
B	Line 4b – Illustrations Supporting Actuarial Certification of Status
B	Line 4c – Documentation Regarding Progress under Funding Improvement Plan or Rehabilitation Plan
C	Line 6 -- Summary of Plan Provisions
D	Line 6 -- Statement of Actuarial Assumptions and Methods
E	Line 6f(1) – Description of Withdrawal Liability Interest Rate
F	Line 8b(1) -- Schedule of Projection of Expected Benefit Payments
G	Line 8b(2) -- Schedule of Active Participant Data
H	Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
I	Line 9c and 9h -- Schedule of Funding Standard Account Bases
J	Line 11 -- Justification for Change in Actuarial Assumptions



Plan Name: UFCW Local 1262 & Employers Pension Fund
Plan Sponsor EIN: 22-6074414 / 001
Attachment E to 2022 Form 5500 Schedule MB

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

The liabilities use a blended rate of 2.40% for the first 20 years, and 2.11% thereafter as prescribed under ERISA 4044 (PBGC basis) and 6.60% per year (Adjusted Plan Basis)

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	\$ 6,236,763	\$ 6,337,622	\$ 63,861,731	\$ 76,436,116
2023	10,871,596	5,928,588	62,304,016	79,104,200
2024	15,053,752	7,370,803	60,719,350	83,143,905
2025	18,596,738	8,980,406	59,067,959	86,645,103
2026	21,852,339	10,934,023	57,323,017	90,109,379
2027	24,812,488	12,795,020	55,523,800	93,131,308
2028	27,317,171	14,655,194	53,639,144	95,611,509
2029	29,406,393	16,441,442	51,654,765	97,502,600
2030	31,104,678	17,823,576	49,581,897	98,510,151
2031	32,486,212	19,008,899	47,447,181	98,942,292
2032	33,582,505	19,974,323	45,252,144	98,808,972
2033	34,366,266	20,752,740	43,014,399	98,133,405
2034	34,995,372	21,508,098	40,721,758	97,225,228
2035	35,368,897	22,249,924	38,385,623	96,004,444
2036	35,528,218	22,842,698	36,015,258	94,386,174
2037	35,539,529	23,286,304	33,622,944	92,448,777
2038	35,325,588	23,631,246	31,221,804	90,178,638
2039	34,801,965	23,952,593	28,825,944	87,580,502
2040	34,127,021	24,023,039	26,450,277	84,600,337
2041	33,354,296	23,860,256	24,110,722	81,325,274
2042	32,509,719	23,660,478	21,824,251	77,994,448
2043	31,464,869	23,379,917	19,607,657	74,452,443
2044	30,339,737	23,043,107	17,477,546	70,860,390
2045	29,159,423	22,670,214	15,450,786	67,280,423
2046	27,880,310	22,241,825	13,542,447	63,664,582

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2047	\$ 26,593,673	\$ 21,791,899	\$ 11,765,227	\$ 60,150,799
2048	25,174,882	21,344,128	10,129,101	56,648,111
2049	23,889,314	20,871,906	8,640,610	53,401,830
2050	22,548,706	20,427,361	7,302,811	50,278,878
2051	21,161,769	19,871,983	6,115,379	47,149,131
2052	19,766,274	19,341,743	5,074,460	44,182,477
2053	18,376,407	18,749,531	4,173,273	41,299,211
2054	17,051,162	18,119,033	3,402,746	38,572,941
2055	15,755,420	17,249,180	2,751,998	35,756,598
2056	14,407,422	16,160,615	2,208,743	32,776,780
2057	13,091,922	15,035,522	1,760,233	29,887,677
2058	11,862,077	13,943,804	1,393,953	27,199,834
2059	10,718,575	12,896,263	1,097,845	24,712,683
2060	9,660,425	11,896,721	860,653	22,417,799
2061	8,680,218	10,945,872	672,300	20,298,390
2062	7,775,074	10,043,768	523,980	18,342,822
2063	6,945,309	9,189,792	408,098	16,543,199
2064	6,187,541	8,382,831	318,150	14,888,522
2065	5,496,822	7,621,528	248,710	13,367,060
2066	4,868,289	6,904,408	195,381	11,968,078
2067	4,297,047	6,229,834	154,579	10,681,460
2068	3,778,586	5,596,382	123,427	9,498,395
2069	3,308,764	5,002,796	99,705	8,411,265
2070	2,883,803	4,447,877	81,664	7,413,344
2071	2,500,260	3,930,634	67,920	6,498,814

Notes on the Expected Annual Benefit Payments:

- Based on the 2022 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, they do not include additional accruals, new entrants, or expected expenses

Plan Name: UFCW Local 1262 & Employers Pension Fund
Plan Sponsor EIN: 22-6074414 / 001
Attachment H to 2022 Form 5500 Schedule MB

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	\$ 26,387,672	\$ 0	\$ 26,387,672
2023	26,138,506	0	26,138,506
2024	26,545,268	0	26,545,268
2025	26,964,380	0	26,964,380
2026	27,396,074	0	27,396,074
2027	27,840,593	0	27,840,593
2028	28,298,186	0	28,298,186
2029	28,769,109	0	28,769,109
2030	27,186,509	0	27,186,509
2031	25,694,570	0	25,694,570

Contributions used in the certification of the status in line 4(b).

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 1510-0080 2022 This Form Is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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 instr.) ☐ 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 UFCW LOCAL 1262 & EMPLOYERS PENSION FUND	1b Three-digit plan number (PN) 001
	1c Effective date of plan 10/01/1964
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) TRUSTEES UFCW LOCAL 1262 PENSION FUND 1389 BROAD STREET CLIFTON NJ 07013-4221	2b Employer Identification Number (EIN) 22-6074414 2c Plan Sponsor's telephone number 973-778-5800 2d Business code (see instructions) 445110

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		<u>10/4/2023</u>	HARVEY WHILLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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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
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5 Total number of participants at the beginning of the plan year	5	26,512
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)	5,855
a(2) Total number of active participants at the end of the plan year	6a(2)	5,385
b Retired or separated participants receiving benefits	6b	8,100
c Other retired or separated participants entitled to future benefits	6c	11,884
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	25,369
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	912
f Total. Add lines 6d and 6e	6f	26,281
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	21

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022**This Form is Open to Public
Inspection**

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

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

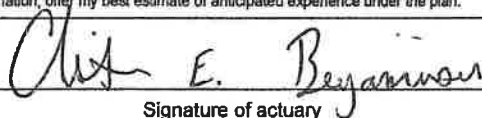
A Name of plan UFCW Local 1262 and Employers Pension Fund	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees UFCW Local 1262 Pension Fund	D Employer Identification Number (EIN) 22-6074414

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 1 Day 1 Year 2022**b** Assets

(1) Current value of assets	1b(1)	1,117,529,720
(2) Actuarial value of assets for funding standard account	1b(2)	1,041,288,958
c (1) Accrued liability for plan using immediate gain methods	1c(1)	1,149,938,076
(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)	1,149,938,076
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)	2,246,416,261
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	27,110,052
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	75,788,946
(3) Expected plan disbursements for the plan year	1d(3)	79,539,340

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

Christian E. Benjaminson, FSA, EA

Type or print name of actuary

Cheiron, Inc.

Firm name

701 East Gate Drive, Suite 330

Mount Laurel

NJ 08054

Address of the firm

9/29/2023

Date

23-07015

Most recent enrollment number
(703) 893-1456

Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2022
v. 220413

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1,117,529,720
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	8,715	924,340,030
(2) For terminated vested participants	12,024	548,010,622
(3) For active participants:		
(a) Non-vested benefits		20,320,526
(b) Vested benefits		753,745,083
(c) Total active	5,855	774,065,609
(4) Total	26,594	2,246,416,261
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.75 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2022	25,599,842				
Totals ▶			3(b)	25,599,842	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 35,453

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	90.6 %
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	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☒ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2024

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	2.22 %
	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
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale.....	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.9 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	3,000,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-28,199,049	-2,893,555

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	-6,717,708

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

a Prior year funding deficiency, if any	9a	15,199,632
b Employer's normal cost for plan year as of valuation date.....	9b	13,755,255

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	280,953,894	42,436,732
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 4,997,413**e** Total charges. Add lines 9a through 9d.....**9e** 76,389,032**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 0**g** Employer contributions. Total from column (b) of line 3.....**9g** 25,599,842**h** Amortization credits as of valuation date**9h** 187,504,408 35,811,817**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 3,402,822**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9j(1)	130,972,679	
9j(2)	990,143,776	
9j(3)		0

k (1) Waived funding deficiency**9k(1)** 0

(2) Other credits

9k(2) 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 64,814,481**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m****n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n** 11,574,551**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year

9o(1) 0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a) 0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b) 0

(3) Total as of valuation date

9o(3) 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 11,574,551**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No