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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                       |

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                                                                         |
| 1a      | Name of plan<br>UFCW UNIONS AND PARTICIPATING EMPLOYERS PENSION PLAN                                                                                                                                                                                                                                                                                                                                                           |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                                                                                                                             |
| 1c      | Effective date of plan<br>01/01/1982                                                                                                                                                                                                                                                                                                                                                                                           |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BOARD OF TRUSTEES THE UFCW UNIONS AND PARTICIPATING EMPLOYERS PENSION<br><br>ASSOCIATED ADMINISTRATORS, LLC<br>8400 CORPORATE DRIVE, STE 430<br>LANDOVER, MD 20785-2361 |
| 2b      | Employer Identification Number (EIN)<br>52-6117495                                                                                                                                                                                                                                                                                                                                                                             |
| 2c      | Plan Sponsor's telephone number<br>301-459-3020                                                                                                                                                                                                                                                                                                                                                                                |
| 2d      | Business code (see instructions)<br>525920                                                                                                                                                                                                                                                                                                                                                                                     |

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. | 09/29/2024 | JASON CHORPENNING                                            |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/29/2024 | WILLIAM SEEHAFFER                                            |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                         |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                        |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 11809                                                                                                                                                                                                                                           |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 1694<br><b>6a(2)</b> 1827<br><b>6b</b> 3324<br><b>6c</b> 6268<br><b>6d</b> 11419<br><b>6e</b> 422<br><b>6f</b> 11841<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b> 6                                                                                                                                                                                                                                               |

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

1B

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

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                 |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                      |                                                      |
| A Name of plan<br>UFCW UNIONS AND PARTICIPATING EMPLOYERS PENSION PLAN                                                          | B Three-digit plan number (PN) ▶ 002                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES THE UFCW UNIONS AND PARTICIPATING EMPLOYERS PENSION | D Employer Identification Number (EIN)<br>52-6117495 |

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

1 Coverage Information:

(a) Name of insurance carrier  
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | 4-53006                               |                                                                             | 01/01/2023              | 12/31/2023 |

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

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

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

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

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

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 1945705 |

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

Specify nature of costs ▶

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

(2) Dividends and credits .....

**7c(2)**

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

**7c(3)**

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

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions .....

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

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

**7e(1)**

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

**7e(2)**

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

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

▶

(5) Total deductions .....

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

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public<br/>Inspection</div> |
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- 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.

|                                                                                                                                                               |                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>UFCW UNIONS AND PARTICIPATING EMPLOYERS PENSION PLAN</div>                                                                     | <div>B Three-digit plan number (PN)</div> <div>002</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>BOARD OF TRUSTEES THE UFCW UNIONS AND PARTICIPATING EMPLOYERS PENSION</div> | <div>D Employer Identification Number (EIN)</div> <div>52-6117495</div> |

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

|                                                                                                         |                    |
|---------------------------------------------------------------------------------------------------------|--------------------|
| 1a Enter the valuation date: Month 01 Day 01 Year 2023                                                  |                    |
| b Assets                                                                                                |                    |
| (1) Current value of assets                                                                             | 1b(1) 103999880    |
| (2) Actuarial value of assets for funding standard account                                              | 1b(2) 113456215    |
| c (1) Accrued liability for plan using immediate gain methods                                           | 1c(1) 253765788    |
| (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) 253765788    |
| 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) 443289702 |
| (b) Expected increase in current liability due to benefits accruing during the plan year                | 1d(2)(b) 2197284   |
| (c) Expected release from "RPA '94" current liability for the plan year                                 | 1d(2)(c) 23234967  |
| (3) Expected plan disbursements for the plan year                                                       | 1d(3) 25205919     |

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.

|                                                                                    |                                                                  |
|------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>SIGN HERE</div>                                                               | <div>09/20/2024</div>                                            |
| <div>Signature of actuary</div> <div>PETER R. HARDCASTLE</div>                     | <div>Date</div> <div>23-05197</div>                              |
| <div>Type or print name of actuary</div> <div>CHEIRON, INC</div>                   | <div>Most recent enrollment number</div> <div>703-893-1456</div> |
| <div>Firm name</div> <div>8300 GREENSBORO DRIVE, SUITE 800, MCLEAN, VA 22102</div> | <div>Telephone number (including area code)</div>                |
| <div>Address of the firm</div>                                                     |                                                                  |

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 ☐

|                                                                                                                                    |                                                                    |                                   |                              |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                          |                                                                    | <b>2a</b>                         | 103999880                    |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                  |                                                                    | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b>                                                                                                                         | For retired participants and beneficiaries receiving payment ..... | 3745                              | 191561481                    |
| <b>(2)</b>                                                                                                                         | For terminated vested participants .....                           | 6438                              | 181920254                    |
| <b>(3)</b>                                                                                                                         | For active participants:                                           |                                   |                              |
| <b>(a)</b>                                                                                                                         | Non-vested benefits .....                                          |                                   | 966310                       |
| <b>(b)</b>                                                                                                                         | Vested benefits .....                                              |                                   | 68841657                     |
| <b>(c)</b>                                                                                                                         | Total active.....                                                  | 1698                              | 69807967                     |
| <b>(4)</b>                                                                                                                         | Total.....                                                         | 11881                             | 443289702                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage..... |                                                                    | <b>2c</b>                         | 23.46 %                      |

| (a) Date<br>(MM/DD/YYYY)                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |       |
|--------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|-------|
| 12/31/2023                                                               | 5331038                           |                                 |                          |                                   |                                 |       |
|                                                                          |                                   |                                 |                          |                                   |                                 |       |
|                                                                          |                                   |                                 |                          |                                   |                                 |       |
|                                                                          |                                   |                                 |                          |                                   |                                 |       |
|                                                                          |                                   |                                 |                          |                                   |                                 |       |
|                                                                          |                                   |                                 | Totals ►                 | 3(b)                              | 5331038                         |       |
| (d) Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | 3(c)                            | 0     |
|                                                                          |                                   |                                 |                          |                                   | 3(d)                            | 51753 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))                                                                                                                                                                                                                                                                                                                                                         | <b>4a</b> | 44.7 % |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5                                                                                                                                                                                                                                                                                   | <b>4b</b> | C      |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                            |           |        |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                           |           |        |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date                                                                                                                                                                                                                                                                                    | <b>4e</b> |        |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:<br>• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;<br>• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here<br>• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999." | <b>4f</b> | 2051   |

|          |                          |                          |          |                          |                          |          |                                     |                               |          |                          |           |
|----------|--------------------------|--------------------------|----------|--------------------------|--------------------------|----------|-------------------------------------|-------------------------------|----------|--------------------------|-----------|
| <b>a</b> | <input type="checkbox"/> | Attained age normal      | <b>b</b> | <input type="checkbox"/> | Entry age normal         | <b>c</b> | <input checked="" type="checkbox"/> | Accrued benefit (unit credit) | <b>d</b> | <input type="checkbox"/> | Aggregate |
| <b>e</b> | <input type="checkbox"/> | Frozen initial liability | <b>f</b> | <input type="checkbox"/> | Individual level premium | <b>g</b> | <input type="checkbox"/>            | Individual aggregate          | <b>h</b> | <input type="checkbox"/> | Shortfall |
| <b>i</b> | <input type="checkbox"/> | Other (specify):         |          |                          |                          |          |                                     |                               |          |                          |           |

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                                                |                                                                                                  |                                                                                                                                                 |                                                                                       |        |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                                   |                                                                                                  |                                                                                                                                                 | <b>6a</b>                                                                             | 2.55 % |
|                                                                                                                                |                                                                                                  |                                                                                                                                                 |                                                                                       |        |
|                                                                                                                                |                                                                                                  |                                                                                                                                                 |                                                                                       |        |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |        |
| <b>c</b> Mortality table code for valuation purposes:                                                                          |                                                                                                  |                                                                                                                                                 |                                                                                       |        |
| <b>(1)</b> Males .....                                                                                                         | <b>6c(1)</b>                                                                                     | A                                                                                                                                               | A                                                                                     |        |
| <b>(2)</b> Females .....                                                                                                       | <b>6c(2)</b>                                                                                     | A                                                                                                                                               | A                                                                                     |        |
| <b>d</b> Valuation liability interest rate .....                                                                               | <b>6d</b>                                                                                        | 7.00 %                                                                                                                                          | 7.00 %                                                                                |        |
| <b>e</b> Salary scale .....                                                                                                    | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |                                                                                       |        |
| <b>f</b> Withdrawal liability interest rate:                                                                                   |                                                                                                  |                                                                                                                                                 |                                                                                       |        |
| <b>(1)</b> Type of interest rate .....                                                                                         | <b>6f(1)</b>                                                                                     | <input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A |                                                                                       |        |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b>                                                                                     |                                                                                                                                                 | %                                                                                     |        |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                  | <b>6g</b>                                                                                        |                                                                                                                                                 | 5.7 %                                                                                 |        |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                    | <b>6h</b>                                                                                        |                                                                                                                                                 | -12.0 %                                                                               |        |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                        | <b>6i</b>                                                                                        |                                                                                                                                                 | <input type="checkbox"/> N/A                                                          |        |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b>                                                                                     |                                                                                                                                                 | %                                                                                     |        |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b>                                                                                     |                                                                                                                                                 | 1600000                                                                               |        |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b>                                                                                     |                                                                                                                                                 | <input type="checkbox"/>                                                              |        |

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

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 989808              | 101566                         |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                             |                                                                     |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------|
| <b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....                                                                                             | <b>8a</b>                                                           |         |
| <b>b</b> Demographic, benefit, and contribution information                                                                                                                                                                                                 |                                                                     |         |
| <b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....                                                                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                  |                                                                     |         |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                               | <b>8d(2)</b>                                                        | 5       |
| <b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |         |
| <b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) .....                                                                                                | <b>8d(4)</b>                                                        |         |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                        | <b>8d(5)</b>                                                        |         |
| <b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |         |
| <b>e</b> If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) ..... | <b>8e</b>                                                           | -738906 |

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

|                                                                          |           |          |
|--------------------------------------------------------------------------|-----------|----------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> | 60870813 |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 2561886  |

**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 |          |
|--------------|---------------------|----------|
| <b>9c(1)</b> | 85676640            | 13734085 |
| <b>9c(2)</b> | 0                   | 0        |
| <b>9c(3)</b> | 0                   | 0        |

**d** Interest as applicable on lines 9a, 9b, and 9c .....**9d** 5401675**e** Total charges. Add lines 9a through 9d .....**9e** 82568459**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** 5331038**h** Amortization credits as of valuation date .....

Outstanding balance

**9h** 6237880 1171320**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 265423**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL) .....**9j(1)** 162990740**(2)** "RPA '94" override (90% current liability FFL) .....**9j(2)** 294372945**(3)** FFL credit .....**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** 6767781**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** 75800678**o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current 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** 75800678**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....☒ Yes ☐ No

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                                                                 |                                                      |     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                      |                                                      |     |
| A Name of plan<br>UFCW UNIONS AND PARTICIPATING EMPLOYERS PENSION PLAN                                                          | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                                                                 |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES THE UFCW UNIONS AND PARTICIPATING EMPLOYERS PENSION | D Employer Identification Number (EIN)<br>52-6117495 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRINCIPAL FINANCIAL GROUP                                                                                  |
| 42-0127290                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| CORBIN CAPITAL PARTNERS, L.P.                                                                              |
| 30-0299433                                                                                                 |

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

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

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

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

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

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

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

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

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

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

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

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

ASSOCIATED ADMINISTRATORS LLC

65-1205077

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50                  | NONE                                                                                              | 665442                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CHEIRON INC

13-4215617

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 156661                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SLEVIN HART PC

52-1708613

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 143839                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

HAMILTON LANE PARTNERS

23-2962336

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51 52 99            | NONE                                                                                              | 98107                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

INTERCONTINENTAL REAL ESTATE CORPOR

04-2895544

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 95773                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

INVESTMENT PERFORMANCE SERVICE

58-2432390

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 90000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

MORGAN LEWIS & BOCKIUS LLP

23-0891050

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 89793                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LOOMIS SAYLES

04-3200030

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 67522                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

JOHNSTON GLOBAL ADVISORS

13-3257590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 63055                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

WEDGE CAPITAL MANAGEMENT LP

56-1557450

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51 52 68            | NONE                                                                                              | 55827                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WITHUMSMITH+BROWN

22-2027092

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 55574                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WESTFIELD CAPITAL MANAGEMENT

80-0175963

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51 52               | NONE                                                                                              | 33719                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

CHARTWELL INVESTMENT PARTNERS LLC

36-4776242

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 27607                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SEGALL BRYANT & HAMILL

41-1788385

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 19021                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PNC

22-1146430

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 50 62               | NONE                                                                                              | 10598                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

LOEFFLER LABOR CONSULTANTS

PO BOX  
78911  
CHARLOTTE, NC 28271

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 20 50                  | NONE                                                                                              | 5250                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                                                      |                                                                    |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>UFCW UNIONS AND PARTICIPATING EMPLOYERS PENSION PLAN</u>                                                                 | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>BOARD OF TRUSTEES THE UFCW UNIONS AND PARTICIPATING EMPLOYERS PENSION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>52-6117495</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                           |                               |                                                                                                                    |
|-------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>HIGH YIELD CONSERVATIVE TRUST</u>       |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>84-6391546-006</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3789157</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES SMALL MIDCAP CORE TRU</u> |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>84-6391546-005</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4207113</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE RUSSELL 1000 GROWTH I</u> |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>                   |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>45-6138589-007</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4651050</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHNSTON INTERNATIONAL EQUITY GROUP</u> |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JOHNSTON ASSET MANAGEMENT CORP.</u>  |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>26-6493485-001</u>                                                     | <b>d</b> Entity code <u>E</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4369868</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>US PROPERTY SEP ACCOUNT</u>             |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>42-0127290-027</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1945705</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> 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, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                                                               |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>                                      |                                                                    |            |
| <b>A</b> Name of plan<br><b>UFCW UNIONS AND PARTICIPATING EMPLOYERS PENSION PLAN</b>                                                          | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>002</b> |
|                                                                                                                                               |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES THE UFCW UNIONS AND PARTICIPATING EMPLOYERS PENSION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>52-6117495</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | 1567723               | 1683276         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 386975                | 476067          |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 521978                | 600492          |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    | 1703130               | 9712833         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> | 8349989               | 17422187        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> | 18047214              | 13505221        |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> | 34425193              | 29744075        |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 17939814              | 12647320        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 2186104               | 1945705         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 11876280              | 4369868         |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 1453169               | 2445097         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   | 6623972               | 6575132         |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 105081541             | 101127273       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 196533                | 193788          |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 514148                | 658248          |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 710681                | 852036          |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 104370860             | 100275237       |

**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.

|                                                                                               |                 |            |           |
|-----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                 |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                       |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | <b>2a(1)(A)</b> | 5279285    |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 5279285   |
| <b>b Earnings on investments:</b>                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 124652     |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 355369     |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 295674     |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 775695    |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> | 511067     |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 39004      |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            | 550071    |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> | 49993584   |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> | 57332357   |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            | -7338773  |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> | 9616507    |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....          | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 3582507   |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            | 106551    |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            | 819176    |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 13391019  |

**Expenses**

|                                                                                      |        |          |          |
|--------------------------------------------------------------------------------------|--------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |        |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 15315805 |          |
| (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)  |          | 15315805 |
| f Corrective distributions (see instructions) .....                                  | 2f     |          |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |          |          |
| h Interest expense .....                                                             | 2h     |          |          |
| i Administrative expenses:                                                           |        |          |          |
| (1) Salaries and allowances .....                                                    | 2i(1)  |          |          |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 665442   |          |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |          |          |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 55574    |          |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 562596   |          |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |          |          |
| (7) Actuarial fees .....                                                             | 2i(7)  | 156661   |          |
| (8) Legal fees .....                                                                 | 2i(8)  | 238882   |          |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |          |          |
| (10) Other trustee fees and expenses .....                                           | 2i(10) | 5250     |          |
| (11) Other expenses .....                                                            | 2i(11) | 486432   |          |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |          | 2170837  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |          | 17486642 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -4095623 |
| 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: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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

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

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

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

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 529215.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>UFCW UNIONS AND PARTICIPATING EMPLOYERS PENSION PLAN                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES THE UFCW UNIONS AND PARTICIPATING EMPLOYERS PENSION                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>52-6117495                                            |
| 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 0                                                                                             |
| 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):<br><br>EIN(s): _____<br><br>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)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. .... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2023 v. 230707                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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 **SHOPPERS FOOD WAREHOUSE**

**b** EIN **52-0231809**

**c** Dollar amount contributed by employer **3543348**

**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 **07** Day **13** Year **2024**

**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) **1.77**

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

**a** Name of contributing employer **METRO FOOD MARKET**

**b** EIN **52-1375916**

**c** Dollar amount contributed by employer **909918**

**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 **07** Day **13** Year **2024**

**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) **1.77**

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

**a** Name of contributing employer **ASSOCIATED ADMINISTRATORS**

**b** EIN **65-1205077**

**c** Dollar amount contributed by employer **373542**

**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 **29** Year **2024**

**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) **1.51**

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

**a** Name of contributing employer **UNITED FOOD AND COMMERCIAL WORKERS LOCAL 400**

**b** EIN **52-0604428**

**c** Dollar amount contributed by employer **214013**

**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 **07** Day **11** Year **2026**

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

(1) Contribution rate (in dollars and cents) **2.56**

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

**a** Name of contributing employer **UNITED FOOD AND COMMERCIAL WORKERS LOCAL 27**

**b** EIN **52-0604428**

**c** Dollar amount contributed by employer **157440**

**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 **07** Day **11** Year **2026**

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

(1) Contribution rate (in dollars and cents) **2.61**

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

**a** Name of contributing employer **ALLEGHANY COUNTY 27**

**b** EIN **52-0604428**

**c** Dollar amount contributed by employer **81024**

**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 **09** Day **30** 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) **0.63**

(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**

987

**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**

987

**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**

987

- 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**

1.00

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

**15b**

1.00

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

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

**16a**

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

**16b**

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

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

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

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

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

Public Equity: 31.00 % Private Equity: 29.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 9.00 %

High-Yield Debt: 17.00 % Real Assets: 9.00 % Cash or Cash Equivalents: 2.00 % Other: 3.00 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

## Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

**UNITED FOOD AND COMMERCIAL WORKERS UNIONS  
AND PARTICIPATING EMPLOYERS PENSION FUND**  
**Financial Statements**  
**December 31, 2023 and 2022**  
**With Independent Auditor's Reports**

**United Food and Commercial Workers Unions and Participating Employers Pension  
Fund  
Table of Contents  
December 31, 2023 and 2022**

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of  
United Food and Commercial Workers Unions and Participating Employers Pension Fund:

### Opinion

We have audited the financial statements of the United Food and Commercial Workers Unions and Contributing Employers Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, 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 United Food and Commercial Workers Unions and Contributing Employers Pension Fund as of December 31, 2023 and 2022, 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 United Food and Commercial Workers Unions and Contributing 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 United Food and Commercial Workers Unions and Contributing Employers Pension Fund's ability to continue as a going concern for one year after the date that 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 United Food and Commercial Workers Unions and Contributing Employers Pension Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the United Food and Commercial Workers Unions and Contributing Employers Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

*WithumSmith+Brown, PC*

October 9, 2024

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2023 and 2022**

|                                             | <u>2023</u>           | <u>2022</u>           |
|---------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                               |                       |                       |
| Investments - at fair value                 |                       |                       |
| Collective investment funds                 | \$ 17,017,188         | \$ 29,816,094         |
| Common stocks                               | 13,505,221            | 18,047,214            |
| Corporate and municipal bonds               | 17,422,187            | 8,349,989             |
| Government and government agency securities | 9,712,833             | 1,703,130             |
| Hedge funds                                 | 6,575,132             | 6,623,973             |
| Pooled separate account                     | 1,945,705             | 2,186,103             |
| Limited partnerships                        | 29,744,075            | 34,425,193            |
| Short-term investment funds                 | <u>2,445,097</u>      | <u>1,453,169</u>      |
| Total investments - at fair value           | <u>98,367,438</u>     | <u>102,604,865</u>    |
| Receivables                                 |                       |                       |
| Employer contributions                      | 476,067               | 386,975               |
| Employer withdrawal contributions           | 319,227               | 370,980               |
| Accrued interest and dividends              | 250,842               | 128,448               |
| Other                                       | <u>30,423</u>         | <u>22,550</u>         |
| Total receivables                           | <u>1,076,559</u>      | <u>908,953</u>        |
| Cash                                        | <u>1,683,276</u>      | <u>1,567,723</u>      |
| Total assets                                | <u>101,127,273</u>    | <u>105,081,541</u>    |
| <b>Liabilities</b>                          |                       |                       |
| Accounts payable                            | 193,788               | 196,533               |
| Due to broker for securities sold           | <u>658,248</u>        | <u>514,148</u>        |
| Total liabilities                           | <u>852,036</u>        | <u>710,681</u>        |
| Net assets available for benefits           | <u>\$ 100,275,237</u> | <u>\$ 104,370,860</u> |

The Notes to Financial Statements are an integral part of these statements.

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2023 and 2022**

|                                                              | <u>2023</u>           | <u>2022</u>           |
|--------------------------------------------------------------|-----------------------|-----------------------|
| <b>Additions (reductions)</b>                                |                       |                       |
| Investment income (loss)                                     |                       |                       |
| Net appreciation (depreciation) in fair value of investments | \$ 6,785,968          | \$ (16,003,857)       |
| Interest                                                     | 775,695               | 451,278               |
| Dividends                                                    | 550,071               | 1,184,707             |
| Total investment income (loss)                               | 8,111,734             | (14,367,872)          |
| Investment expenses                                          | (562,596)             | (660,748)             |
| Net investment income (loss)                                 | 7,549,138             | (15,028,620)          |
| Employer contributions                                       | 5,279,285             | 4,048,914             |
| Total additions (reductions)                                 | 12,828,423            | (10,979,706)          |
| <b>Deductions</b>                                            |                       |                       |
| Benefits                                                     | 15,315,805            | 15,099,221            |
| Administrative expenses                                      |                       |                       |
| Actuarial fees                                               | 156,661               | 163,169               |
| Audit fees                                                   | 55,574                | 56,325                |
| Contract administrator fees                                  | 665,442               | 640,467               |
| Insurance and bonding                                        | 63,565                | 57,518                |
| Legal fees                                                   | 238,882               | 276,724               |
| Pension Benefit Guaranty Corporation premiums                | 398,983               | 382,144               |
| Printing, postage, and miscellaneous                         | 29,134                | 24,812                |
| Total administrative expenses                                | 1,608,241             | 1,601,159             |
| Total deductions                                             | 16,924,046            | 16,700,380            |
| <b>Change in net assets available for benefits</b>           | (4,095,623)           | (27,680,086)          |
| <b>Net assets available for benefits</b>                     |                       |                       |
| Beginning of year                                            | 104,370,860           | 132,050,946           |
| End of year                                                  | <u>\$ 100,275,237</u> | <u>\$ 104,370,860</u> |

The Notes to Financial Statements are an integral part of these statements.

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
**Notes to Financial Statements**  
**December 31, 2023 and 2022**

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**1. PLAN DESCRIPTION**

The following brief description of the United Food and Commercial Workers Unions and Participating Employers Pension Fund (the "Plan") is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

**General**

The Plan is a multiemployer defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan became effective as of January 1, 1982 as a result of a merger between the United Food and Commercial Workers Union Local 692 and Department Stores Pension Fund and the United Food and Commercial Workers Union Local 400 and Contributing Employers Pension Fund.

The purpose of the Plan is to provide retirement, disability, and death benefits for eligible participants and their beneficiaries. All employees within bargaining units represented by the United Food and Commercial Workers Union Local 27 (formerly Local 692) or by United Food and Commercial Workers Union Local 400, where the collective bargaining agreement calls for contributions to this Plan on behalf of such employees, are eligible for benefits under this Plan.

On March 31, 2010, the Plan was certified by its actuary as being in "critical status" as defined by the Pension Protection Act of 2006. Based on this critical status certification, the Plan's Board of Trustees adopted a rehabilitation plan in accordance with applicable law. The Plan's actuary certified that for the Plan Years beginning January 1, 2020 and 2021, the Plan is in critical and declining status. The Plan's actuary certified that for the Plan years beginning January 1, 2022 and 2023, the Plan is in critical status. The Board of Trustees will update the rehabilitation plan in accordance with applicable law.

**Benefits**

Four types of pensions are provided: normal, early, vested, and disability, as well as a death benefit. The participant's age, years of service, and contribution rates determine the amount of pension benefit.

Effective January 1, 2016, the Plan provides for the payment of a supplemental benefit to certain participants who retire before age 65, and their surviving spouses, until the participant reaches, or would have reached, age 65. The amount of the supplemental benefit is \$450 per month for eligible participants and \$300 per month for their surviving spouses.

**Funding**

The Plan's primary sources of income are earnings from investments and employer contributions. The participating employers contribute such amounts as are specified in the collective bargaining agreements. The required hourly contribution rate ranges from \$0.63 to \$2.61 for 2023 and \$0.63 to \$2.46 for 2022. The Plan's actuary advised that for the years ended December 31, 2023 and 2022, contributions made by the employers met the minimum funding requirements of ERISA.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
**Notes to Financial Statements**  
**December 31, 2023 and 2022**

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**Accounting Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions which affect the reported amounts of assets, liabilities and the actuarial present value of accumulated plan benefits, and the disclosures of contingencies, if any, at the date of the financial statements and additions to and deductions from plan assets and accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

**Recognition of Benefits**

Benefits are recognized when paid.

**Valuation of Investments and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See the note on fair value measurements.

Purchases and sales of securities are reflected on a trade-date basis. Dividend income is recognized as of the ex-dividend date. Interest income from investments is recognized as earned.

In accordance with the policy of stating investments at fair value, net appreciation or depreciation (realized and unrealized gains and losses) in value is reported for investments bought and sold, as well as held on the statement of changes in net assets available for benefits for the period in which it occurs.

**Employer Contributions Receivable**

The Plan reports as employers' contributions receivable contributions due which relate to hours worked on or before December 31, but not received by year end. Estimates may be used if remittance reports are not received timely. No allowance for uncollectible accounts has been established, as management believes that all receivables are collectible.

**Accounting Pronouncements Currently Adopted**

In June 2016, the FASB issued an Accounting Standards Update ("ASU") amending the accounting for credit losses on financial statements. This methodology replaced the incurred loss methodology with the expected credit losses using a wide range of reasonable and supportable information. The amendment affects loans, debt securities, trade receivables, net investment in leases, off-balance-sheet credit exposure and other financial instruments recorded at amortized cost. The Plan adopted the new standard effective January 1, 2023, using the modified retrospective approach. Upon adoption, there was no cumulative-effect adjustment to the opening balance of net assets available for benefits.

**Subsequent Events**

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2023 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 9, 2024, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
**Notes to Financial Statements**  
**December 31, 2023 and 2022**

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**3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated participants or their beneficiaries, beneficiaries of participants who have died, and present participants or their beneficiaries. Benefits payable under all circumstances retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits as of December 31, 2022, was determined by the Plan's actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawals, or retirement) between the valuation dates and the expected date of payment. Had the valuation been performed as of January 1, 2023, there would be no material differences. The significant assumptions used in the determination of the actuarial present value of accumulated plan benefits are detailed in Note 3.

Following is the actuarial present value of accumulated plan benefits as of December 31, 2022.

Actuarial present value of accumulated plan benefits

Vested benefits

|                            |                   |
|----------------------------|-------------------|
| Active participants        | \$ 34,919,962     |
| Retirees and beneficiaries | 126,815,273       |
| Terminated vested          | <u>91,659,684</u> |

Total vested benefits 253,394,919

Non-vested benefits 370,869

Accumulated benefits 253,765,788

Expected administrative expenses 24,615,281

Total actuarial present value of accumulated  
plan benefits

\$ 278,381,069

The changes in the present value of accumulated plan benefits during the year ended December 31, 2022 were as follows:

Actuarial present value of accumulated plan

benefits at beginning of year \$ 274,661,323

Increase (decrease) during year attributable to

|                                            |                  |
|--------------------------------------------|------------------|
| Benefit accruals                           | 1,083,185        |
| Benefit payments                           | (15,099,221)     |
| Increase for interest                      | 17,130,596       |
| Experience (gains) losses                  | (410,310)        |
| Change in expected administrative expenses | <u>1,015,496</u> |

Net (decrease) 3,719,746

Actuarial present value of accumulated plan

benefits at end of year \$ 278,381,069

# United Food and Commercial Workers Unions and Participating Employers Pension Fund

## Notes to Financial Statements

### December 31, 2023 and 2022

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The actuarial valuation was made using the unit credit actuarial cost method. Significant assumptions underlying the actuarial computation are as follows:

**Discount Rate:** 7.00% compounded annually.

**Rates of Mortality:**

- Actives - RP-2000 Healthy Annuitant mortality table with generational mortality improvement using Scale AA with a 2014 base year
- Healthy Inactives - RP-2000 Healthy Annuitant mortality table with generational mortality improvement using Scale AA with a 2014 base year
- Disableds - RP-2000 Disabled Retiree mortality table until age 65. RP-2000 Healthy Annuitant mortality table after age 65 with generational mortality improvement using Scale AA with a 2014 base year
- Current Liability - 2023 Static Mortality as prescribed by Internal Revenue Service ("IRS") regulations.

**Rates of Retirement:**

- Former Meat and Poultry Participants - 100% at the later of age 60 and five years of service.
- All Other Participants: are assumed to retire at age 65 unless they have at least 15 years of service in which they are assumed to retire at age 60.

**Percentage Expected to Retire Annually Per 1,000:**

| <u>Ages</u> | <u>Percentage</u> |
|-------------|-------------------|
| 55-59       | 25%               |
| 60-64       | 50%               |
| 65-66       | 100%              |
| 67 and over | 100%              |

Employees who terminate employment with entitlement to deferred vested pensions are assumed to commence receiving benefits when first eligible for unreduced benefits.

**Other**

The RPA '94 current liability interest rate was changed from 2.22% to 2.55% to comply with appropriate guidance. The mortality table for current liability was also updated to the 2023 Static Mortality tables for annuitants and non-annuitants.

The Pension Benefit Guarantee Corporation ("PBGC") interest rates used to determine the funded portion of the vested liabilities was changed from 2.40% for 20 years and 2.11% thereafter to 3.9% for 20 years and 3.65% thereafter.

The per participant cash flows used to estimate the present value of future administrative expense for financial disclosure under FASB Topic 960 changed from \$125.18 to \$134.67 per participant.

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.

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
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Computation of the actuarial present value of accumulated plan benefits was made by the plan actuary as of January 1, 2023. Had the valuation been performed as of December 31, 2022, there would be no material differences.

**4. 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:

*Level 1* - Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

*Level 2* - Inputs to the valuation methodology are quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

- Common stocks and certain government and government agency securities are valued based on quoted market prices in active markets.
- Corporate bonds, municipal bonds certain government and government agency securities are valued using quoted prices of like assets, corroborated market data, indices and/or yield curves.
- Hedge funds, limited partnerships, pooled separate accounts, and collective investment funds are valued at net asset value ("NAV") per share, which is based on the underlying assets which include a combination of quoted market prices and mathematical models and is being used as a practical expedient to estimate fair value.
- Short-term investment funds are valued at the daily closing price as reported by the funds. The money market funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The money market funds held by the Plan are deemed to be actively traded.

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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 end of the reporting period. For the years ended December 31, 2023 and 2022, there were no transfers in or out of level 3.

As of December 31, 2023 and 2022, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

|                                                  | <b>2023</b>          |                      |                |                         |
|--------------------------------------------------|----------------------|----------------------|----------------|-------------------------|
|                                                  | <b>Level 1</b>       | <b>Level 2</b>       | <b>Level 3</b> | <b>Total Fair Value</b> |
| Common stocks                                    | \$ 13,505,221        | \$ -                 | \$ -           | \$ 13,505,221           |
| Corporate and municipal bonds                    | -                    | 17,422,187           | -              | 17,422,187              |
| U.S. Government and government agency securities | 8,822,598            | 890,235              | -              | 9,712,833               |
| Short term investment funds                      | -                    | 2,445,097            | -              | 2,445,097               |
| Total investments at fair value hierarchy        | <u>\$ 22,327,819</u> | <u>\$ 20,757,519</u> | <u>\$ -</u>    | 43,085,338              |
| Investments measured at NAV                      |                      |                      |                | 55,282,100              |
| Total investments at fair value                  |                      |                      |                | <u>\$ 98,367,438</u>    |

|                                                  | <b>2022</b>          |                      |                |                         |
|--------------------------------------------------|----------------------|----------------------|----------------|-------------------------|
|                                                  | <b>Level 1</b>       | <b>Level 2</b>       | <b>Level 3</b> | <b>Total Fair Value</b> |
| Common stocks                                    | \$ 18,047,214        | \$ -                 | \$ -           | \$ 18,047,214           |
| Corporate and municipal bonds                    | -                    | 8,349,989            | -              | 8,349,989               |
| U.S. Government and government agency securities | 1,119,581            | 583,549              | -              | 1,703,130               |
| Short term investment funds                      | -                    | 1,453,169            | -              | 1,453,169               |
| Total investments at fair value hierarchy        | <u>\$ 19,166,795</u> | <u>\$ 10,386,707</u> | <u>\$ -</u>    | 29,553,502              |
| Investments measured at NAV                      |                      |                      |                | 73,051,363              |
| Total investments at fair value                  |                      |                      |                | <u>\$ 102,604,865</u>   |

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The fair values of the following investments as of December 31, 2023 and 2022 have been determined using the NAV per unit of the investment:

|                              | <b>2023</b>          |                             | <b>2022</b>          |                             |
|------------------------------|----------------------|-----------------------------|----------------------|-----------------------------|
|                              | <b>Fair Value</b>    | <b>Unfunded Commitments</b> | <b>Fair Value</b>    | <b>Unfunded Commitments</b> |
| Collective investment fund - |                      |                             |                      |                             |
| Equity & fixed (a)           | \$ 7,996,270         | \$ -                        | \$ 12,676,748        | \$ -                        |
| Collective investment fund - |                      |                             |                      |                             |
| International equity (b)     | 4,369,868            | -                           | 11,876,280           | -                           |
| Collective investment fund - |                      |                             |                      |                             |
| Equity (c)                   | 4,651,050            | -                           | 5,263,066            | -                           |
| Pooled separate account (d)  | 1,945,705            | -                           | 2,186,103            | -                           |
| Limited partnerships (e)     | 29,744,075           | 6,392,110                   | 34,425,193           | 5,873,457                   |
| Hedge funds (f)              | 6,575,132            | -                           | 6,623,973            | -                           |
|                              | <u>\$ 55,282,100</u> | <u>\$ 6,392,110</u>         | <u>\$ 73,051,363</u> | <u>\$ 5,873,457</u>         |

- (a) There are two funds in this category that can be redeemed daily, as of the close of business on any business day with three days' advance written notice signed by an authorized signer. One fund had a total fair value of \$3.8 million and \$3.4 million at December 31, 2023 and 2022, respectively. The other fund had a total fair value of \$4.2 million and \$9.2 million at December 31, 2023 and 2022, respectively.
- (b) Withdrawals are permitted with written notice of ten business days before the valuation date.
- (c) The fund in this category can be redeemed on a daily basis using the unit value as determined on the valuation date.
- (d) The fund in this category can be processed any business day when the withdrawal limitation is not in effect. Principal Life has the ability to apply a contractual limitation that delays the payment of withdrawal requests (a "Withdrawal Limitation") and provides for payment on a pro rata basis as cash becomes available for distribution, as determined by Principal Life. On July 1, 2022, Principal Life applied the Withdrawal Limitation, and the outstanding requests totaled \$815.7 million at December 31, 2023 and December 31, 2022.
- (e) This category includes three commingled real estate funds, two feeder funds and one opportunistic fund that invests primarily in credit instruments.
- (1) The first fund (total fair value of \$2.9 million and \$3.2 million at December 31, 2023 and 2022, respectively) invests primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration or other federal government agencies. Each limited partner may request that the Partnership redeem some or all of its units by providing the General Partner with at least sixty days' written notice prior to a calendar quarter end.
- (2) The second fund (total fair value of \$9 million and \$11 million at December 31, 2023 and 2022) invests in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investments and, to a lesser extent, value-added investments. Requests for redemptions may be made by providing the Manager with at least ninety days' written notice prior to a calendar quarter end.

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
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- (3) The third fund (total fair value of \$2.8 and \$3.8 million at December 31, 2023 and 2022, respectively) primarily through its interest in the main fund, is to acquire and hold a diversified portfolio of private equity investment funds, which include venture capital, buyout, mezzanine, industry-focused and other private equity investment funds, acquired through secondary market transactions. Redemption is not allowed for this investment.
  - (4) The fourth fund (total fair value of \$4.6 and \$5 million at December 31, 2023 and 2022, respectively) invests through its interest in the Main Fund, is to acquire and hold a diversified portfolio of private equity investment funds, which include venture capital, buyout, mezzanine, industry-focused and other private equity investment funds, acquired through secondary market transactions. Redemption is not allowed for this investment.
  - (5) The fifth fund (total fair value of \$6.6 and \$7.3 million at December 31, 2023 and 2022, respectively) invests 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, though at times, the Fund may have exposure to other assets, instruments and markets. Redemptions are permitted upon providing the Fund with at least sixty-five days' written notice prior to a calendar quarter end. Withdrawals may amount up to, but not exceeding, 25% of the balance of any capital account as of such withdrawal date.
  - (6) The last fund (total fair value of \$3.8 million and \$3.9 million at December 31, 2023 and 2022, respectively) was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to the state government agencies. Redemptions are permitted by delivering written notice to the fund.
- (f) This category consists of funds which seek above average rates of return and long-term capital growth by investing in a diversified portfolio of private investment entities and/or separately managed accounts and in a select group of funds and investment vehicles that are generally expected to be illiquid.
- (1) For the first fund (total fair value of approximately \$200K at December 31, 2023 and 2022, respectively), shareholders have the right to redeem a portion of shares having a value of up to a maximum of 50% of the NAV of their shares as of the last day of any calendar quarter, or any other date determined by the Board of Directors in its sole discretion. A shareholder is required to provide not less than 90 days' prior written notice.
  - (2) For the second two funds (total fair value of approximately \$6.4 million at December 31, 2023 and 2022, respectively), shareholders have the right to redeem all or a portion of the applicable shares to the maximum extent permitted by the terms relating to the investments in underlying investment vehicles. Redemptions shall take place as of close of business on the last day of any calendar quarter, or any other date determined by the Board of Directors in its sole discretion. In order to effect a redemption, a shareholder is required to provide not less than 95 days' prior written notice of any such redemption request.

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
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**5. RISKS AND UNCERTAINTIES**

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

Actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

**6. TAX STATUS**

The Plan obtained its latest determination letter dated July 9, 2015, in which the IRS stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the determination letter; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore believes that the Plan is qualified and the related trust that holds the assets of the Plan is exempt from income tax.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and recognize a tax liability if the entity has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2023 and 2022 there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there have been no tax related interest or penalties for the periods presented in these financial statements.

**7. 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 by the Trustees. Termination shall not permit any part of the Plan's assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC. The PBGC provides financial assistance to plans to help them avoid insolvency.

Should a plan become insolvent, the PBGC guarantees certain benefits to participants; however, the benefits guaranteed are generally only a portion of the normal pension benefit. In addition, no benefit increases as a result of plan amendments in effect less than 5 years are guaranteed.

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
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**8. MAJOR EMPLOYERS**

The Plan has two employers with common ownership that accounted for approximately 84% and 79% of employer contributions for the years ended December 31, 2023 and 2022, respectively.

**9. EMPLOYER WITHDRAWAL LIABILITY**

The Plan complies with provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of "Withdrawal Liability" on a contributing employer that partially or totally withdraws from the Plan.

As of December 31, 2023 and 2022, the Plan recognized a withdrawal liability receivable of \$319,227 and \$370,980, respectively.

**10. PARTY-IN-INTEREST TRANSACTIONS**

The Plan invests certain assets in investment funds operated by PNC Financial Services Group, the Plan's custodian, who is considered a party-in-interest under ERISA. These transactions qualify for an exemption under ERISA and therefore, are not prohibited transactions under ERISA.

## **SUPPLEMENTARY INFORMATION**

**REPORT ON SUPPLEMENTARY INFORMATION REQUIRED BY THE DEPARTMENT OF  
LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE  
EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974**

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Trustees of  
United Food and Commercial Workers Unions and Participating Employers Pension Fund:

We have audited the financial statements of United Food and Commercial Workers Unions and Participating Employers Pension Fund as of and for the years ended December 31, 2023 and 2022, and our report thereon dated October 9, 2024, which expressed an unmodified opinion on those financial statements, appears on page 1. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2023 and schedule H, line 4j – schedule of reportable transactions for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*WithumSmith+Brown, PC*

October 9, 2024

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #52-6117495, Plan #002**  
**December 31, 2023**

|                            |                                                                            | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value |            |                  |               |                    |           |    |                   |  |
|----------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------|------------------|---------------|--------------------|-----------|----|-------------------|--|
| (a)                        | (b) Identity of issue, borrower, or similar party                          | Description                                                                                                 | Collateral | Rate of Interest | Maturity Date | Par/Maturity Value | (d) Cost  |    | (e) Current Value |  |
| U.S. Government Securities |                                                                            |                                                                                                             |            |                  |               |                    |           |    |                   |  |
|                            | FEDERAL HOME LOAN MTG CORP GOLD POOL G15144 02.500% DUE 07/01/2029         | Mortgage Backed Security                                                                                    | N/A        | 2.500            | 07/01/2029    | \$ 8,586           | \$ 8,586  | \$ | 8,137             |  |
|                            | FEDERAL HOME LOAN MTG CORP GOLD POOL G15922 03.000% DUE 08/01/2031         | Mortgage Backed Security                                                                                    | N/A        | 3.000            | 08/01/2031    | 9,582              | 9,582     |    | 8,712             |  |
|                            | FEDERAL HOME LOAN MTG CORP GOLD POOL G18527 03.000% DUE 10/01/2029         | Mortgage Backed Security                                                                                    | N/A        | 3.000            | 10/01/2029    | 8,466              | 8,466     |    | 7,855             |  |
|                            | FEDERAL HOME LOAN MTG CORP GOLD POOL G18578 03.000% DUE 12/01/2030         | Mortgage Backed Security                                                                                    | N/A        | 3.000            | 12/01/2030    | 8,226              | 8,226     |    | 7,595             |  |
|                            | FEDERAL HOME LOAN MTG CORP POOL S80661 02.500% DUE 04/01/2037              | Mortgage Backed Security                                                                                    | N/A        | 2.500            | 04/01/2037    | 26,297             | 26,297    |    | 26,220            |  |
|                            | FEDERAL HOME LOAN MTG CORP POOL S88184 04.000% DUE 09/01/2037              | Mortgage Backed Security                                                                                    | N/A        | 4.000            | 09/01/2037    | 28,570             | 28,570    |    | 28,046            |  |
|                            | FEDERAL HOME LOAN MTG CORP POOL S88186 04.500% DUE 09/01/2037              | Mortgage Backed Security                                                                                    | N/A        | 4.500            | 09/01/2037    | 28,178             | 28,178    |    | 27,598            |  |
|                            | FEDERAL HOME LOAN MTG CORP POOL S88191 04.500% DUE 09/01/2037              | Mortgage Backed Security                                                                                    | N/A        | 4.500            | 09/01/2037    | 56,167             | 56,167    |    | 56,004            |  |
|                            | FEDERAL HOME LOAN MTG CORP POOL S88216 04.500% DUE 03/01/2038              | Mortgage Backed Security                                                                                    | N/A        | 4.500            | 03/01/2038    | 4,241              | 4,241     |    | 4,294             |  |
|                            | FEDERAL HOME LOAN MTG CORP POOL S88217 05.000% DUE 03/01/2038              | Mortgage Backed Security                                                                                    | N/A        | 5.000            | 03/01/2038    | 29,628             | 29,628    |    | 29,805            |  |
|                            | FEDERAL HOME LOAN MTG CORP POOL S88220 05.500% DUE 02/01/2038              | Mortgage Backed Security                                                                                    | N/A        | 5.500            | 02/01/2038    | 33,103             | 33,103    |    | 33,870            |  |
|                            | FEDERAL HOME LOAN MTG CORP NTS 06.250% DUE 07/15/2032                      | Mortgage Backed Security                                                                                    | N/A        | 6.250            | 07/15/2032    | 23,181             | 23,181    |    | 23,187            |  |
|                            | FEDERAL NATL MTG ASSN NTS 00.875% DUE 08/05/2030                           | Mortgage Backed Security                                                                                    | N/A        | 0.875            | 08/05/2030    | 14,221             | 14,221    |    | 12,224            |  |
|                            | FEDERAL NATL MTG ASSN BONDS 06.625% DUE 11/15/2030                         | Mortgage Backed Security                                                                                    | N/A        | 6.625            | 11/15/2030    | 37,109             | 37,109    |    | 34,530            |  |
|                            | FEDERAL NATL MTG ASSN POOL AK8309 03.000% DUE 11/01/2029                   | Mortgage Backed Security                                                                                    | N/A        | 3.000            | 11/01/2029    | 7,037              | 7,037     |    | 6,526             |  |
|                            | FEDERAL NATL MTG ASSN POOL 890790 03.000% DUE 08/01/2032                   | Mortgage Backed Security                                                                                    | N/A        | 3.000            | 08/01/2032    | 8,640              | 8,640     |    | 7,972             |  |
|                            | FEDERAL NATL MTG ASSN POOL MA4667 03.500% DUE 06/01/2037                   | Mortgage Backed Security                                                                                    | N/A        | 3.500            | 06/01/2037    | 20,669             | 20,669    |    | 19,757            |  |
|                            | FEDERAL NATL MTG ASSN POOL MA4713 04.000% DUE 07/01/2037                   | Mortgage Backed Security                                                                                    | N/A        | 4.000            | 07/01/2037    | 32,429             | 32,429    |    | 31,573            |  |
|                            | FEDERAL NATL MTG ASSN POOL MA4797 04.000% DUE 11/01/2037                   | Mortgage Backed Security                                                                                    | N/A        | 4.000            | 11/01/2037    | 21,004             | 21,004    |    | 20,902            |  |
|                            | FEDERAL NATL MTG ASSN POOL MA4825 05.000% DUE 10/01/2037                   | Mortgage Backed Security                                                                                    | N/A        | 5.000            | 10/01/2037    | 19,943             | 19,943    |    | 19,926            |  |
|                            | FEDERAL NATL MTG ASSN POOL MA4991 05.500% DUE 04/01/2038                   | Mortgage Backed Security                                                                                    | N/A        | 5.500            | 04/01/2038    | 22,548             | 22,548    |    | 22,777            |  |
|                            | FEDERAL NATL MTG ASSN POOL MA5014 05.000% DUE 05/01/2038                   | Mortgage Backed Security                                                                                    | N/A        | 5.000            | 05/01/2038    | 17,537             | 17,537    |    | 17,527            |  |
|                            | FEDERAL NATL MTG ASSN POOL MA5145 06.000% DUE 09/01/2038                   | Mortgage Backed Security                                                                                    | N/A        | 6.000            | 09/01/2038    | 32,334             | 32,334    |    | 32,918            |  |
|                            | FHLMC MULTIFAMILY STRUCTURED P SERIES K039 CLASS A2 03.303% DUE 07/25/2024 | Mortgage Backed Security                                                                                    | N/A        | 3.303            | 07/25/2024    | 8,893              | 8,893     |    | 9,014             |  |
|                            | FHLMC MULTIFAMILY STRUCTURED P SERIES K728 CLASS A2 VAR% DUE 08/25/2024    | Mortgage Backed Security                                                                                    | N/A        | VAR%             | 08/25/2024    | 13,316             | 13,316    |    | 12,529            |  |
|                            | FHLMC MULTIFAMILY STRUCTURED P SERIES K733 CLASS A2 03.750% DUE 08/25/2025 | Mortgage Backed Security                                                                                    | N/A        | 3.750            | 08/25/2025    | 32,302             | 32,302    |    | 29,281            |  |
|                            | FHLMC MULTIFAMILY STRUCTURED P SERIES K146 CLASS A2 02.920% DUE 06/25/2032 | Mortgage Backed Security                                                                                    | N/A        | 2.920            | 06/25/2032    | 22,526             | 22,526    |    | 22,349            |  |
|                            | FHLMC MULTIFAMILY STRUCTURED P SERIES K726 CLASS A2 02.905% DUE 04/25/2024 | Mortgage Backed Security                                                                                    | N/A        | 2.905            | 04/25/2024    | 121,019            | 121,019   |    | 122,265           |  |
|                            | FHLMC MULTIFAMILY STRUCTURED P SERIES K733 CLASS A2 03.750% DUE 08/25/2025 | Mortgage Backed Security                                                                                    | N/A        | 3.750            | 08/25/2025    | 202,474            | 202,474   |    | 204,967           |  |
|                            | USA TREASURY NOTES 00.625% DUE 08/15/2030                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 0.625            | 08/15/2030    | 117,580            | 117,580   |    | 97,336            |  |
|                            | USA TREASURY NOTES 01.125% DUE 02/15/2031                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 1.125            | 02/15/2031    | 48,151             | 48,151    |    | 41,737            |  |
|                            | USA TREASURY NOTES 01.250% DUE 08/15/2031                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 1.250            | 08/15/2031    | 96,156             | 96,156    |    | 82,746            |  |
|                            | USA TREASURY NOTES 02.750% DUE 08/15/2032                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 2.750            | 08/15/2032    | 62,874             | 62,874    |    | 64,105            |  |
|                            | USA TREASURY NOTES 04.125% DUE 11/15/2032                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 4.125            | 11/15/2032    | 62,183             | 62,183    |    | 60,989            |  |
|                            | USA TREASURY NOTES 03.375% DUE 05/15/2033                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 3.375            | 05/15/2033    | 72,878             | 72,878    |    | 71,977            |  |
|                            | USA TREASURY NOTES 02.000% DUE 02/15/2025                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 2.000            | 02/15/2025    | 10,111             | 10,111    |    | 9,706             |  |
|                            | USA TREASURY NOTES 02.250% DUE 11/15/2025                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 2.250            | 11/15/2025    | 26,158             | 26,158    |    | 24,078            |  |
|                            | USA TREASURY NOTES 02.000% DUE 11/15/2026                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 2.000            | 11/15/2026    | 85,329             | 85,329    |    | 80,358            |  |
|                            | USA TREASURY NOTES 01.625% DUE 09/30/2026                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 1.625            | 09/30/2026    | 20,641             | 20,641    |    | 18,752            |  |
|                            | USA TREASURY NOTES 01.500% DUE 02/15/2030                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 1.500            | 02/15/2030    | 56,043             | 56,043    |    | 47,917            |  |
|                            | USA TREASURY NOTES 02.750% DUE 02/15/2028                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 2.750            | 02/15/2028    | 96,398             | 96,398    |    | 86,031            |  |
|                            | USA TREASURY NOTES 03.125% DUE 11/15/2028                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 3.125            | 11/15/2028    | 39,807             | 39,807    |    | 38,641            |  |
|                            | USA TREASURY NTS 02.375% DUE 05/15/2029                                    | U.S. TREASURY NOTES                                                                                         | N/A        | 2.375            | 05/15/2029    | 80,700             | 80,700    |    | 69,516            |  |
|                            | USA TREASURY NOTES 00.250% DUE 09/30/2025                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 0.250            | 09/30/2025    | 367,000            | 367,000   |    | 377,156           |  |
|                            | USA TREASURY NOTES 01.125% DUE 10/31/2026                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 1.125            | 10/31/2026    | 186,758            | 186,758   |    | 189,168           |  |
|                            | USA TREASURY NOTES 01.000% DUE 12/15/2024                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 1.000            | 12/15/2024    | 399,998            | 399,998   |    | 409,845           |  |
|                            | USA TREASURY NOTES 01.125% DUE 01/15/2025                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 1.125            | 01/15/2025    | 423,053            | 423,053   |    | 433,485           |  |
|                            | USA TREASURY NOTES 04.250% DUE 10/15/2025                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 4.250            | 10/15/2025    | 198,344            | 198,344   |    | 199,626           |  |
|                            | USA TREASURY NOTES 04.125% DUE 06/15/2026                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 4.125            | 06/15/2026    | 598,542            | 598,542   |    | 604,113           |  |
|                            | USA TREASURY NOTES 02.000% DUE 02/15/2025                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 2.000            | 02/15/2025    | 404,862            | 404,862   |    | 412,501           |  |
|                            | USA TREASURY NOTES 02.000% DUE 08/15/2025                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 2.000            | 08/15/2025    | 593,775            | 593,775   |    | 606,255           |  |
|                            | USA TREASURY NOTES 02.125% DUE 02/29/2024                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 2.125            | 02/29/2024    | 176,330            | 176,330   |    | 179,077           |  |
|                            | USA TREASURY NOTES 02.000% DUE 05/31/2024                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 2.000            | 05/31/2024    | 208,500            | 208,500   |    | 212,136           |  |
|                            | USA TREASURY NOTES 02.000% DUE 04/30/2024                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 2.000            | 04/30/2024    | 175,219            | 175,219   |    | 178,115           |  |
|                            | USA TREASURY NOTES 01.500% DUE 09/30/2024                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 1.500            | 09/30/2024    | 596,436            | 596,436   |    | 609,300           |  |
|                            | USA TREASURY NOTES 01.500% DUE 11/30/2024                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 1.500            | 11/30/2024    | 365,494            | 365,494   |    | 373,419           |  |
|                            | USA TREASURY NOTES 02.875% DUE 07/31/2025                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 2.875            | 07/31/2025    | 527,678            | 527,678   |    | 536,872           |  |
|                            | USA TREASURY NOTE 01.750% DUE 07/31/2024                                   | U.S. TREASURY NOTES                                                                                         | N/A        | 1.750            | 07/31/2024    | 481,270            | 481,270   |    | 490,565           |  |
|                            | USA TREASURY NOTES 00.375% DUE 04/30/2025                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 0.375            | 04/30/2025    | 409,296            | 409,296   |    | 421,117           |  |
|                            | USA TREASURY NOTES 02.875% DUE 11/30/2025                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 2.875            | 11/30/2025    | 574,217            | 574,217   |    | 584,484           |  |
|                            | USA TREASURY NOTES 02.625% DUE 01/31/2026                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 2.625            | 01/31/2026    | 594,238            | 594,238   |    | 605,350           |  |
|                            | USA TREASURY NOTES 02.500% DUE 02/28/2026                                  | U.S. TREASURY NOTES                                                                                         | N/A        | 2.500            | 02/28/2026    | 594,809            | 594,809   |    | 608,000           |  |
|                            |                                                                            |                                                                                                             |            |                  |               |                    | 9,649,054 |    | 9,712,833         |  |

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #52-6117495, Plan #002**  
**December 31, 2023**

| (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value |                                                                                |                 |            |                  |               |                    |          |                   |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------|------------|------------------|---------------|--------------------|----------|-------------------|
| (a)                                                                                                         | (b) Identity of issue, borrower, or similar party                              | Description     | Collateral | Rate of Interest | Maturity Date | Par/Maturity Value | (d) Cost | (e) Current Value |
| Corporate Debt Instruments                                                                                  |                                                                                |                 |            |                  |               |                    |          |                   |
|                                                                                                             | AT&T INC SER * CALL 04/01/2027 02.300% DUE 06/01/2027                          | CORPORATE BONDS | N/A        | 2.300            | 06/01/2027    | 29,820             | 29,820   | 27,903            |
|                                                                                                             | ABBOTT LABORATORIES CALL 08/30/2026 @ 100.000 UNSC 03.750% DUE 11/30/2026      | CORPORATE BONDS | N/A        | 3.750            | 11/30/2026    | 34,511             | 34,511   | 29,654            |
|                                                                                                             | ADOBE INC CALL 12/01/2026 UNSC 02.150% DUE 02/01/2027                          | CORPORATE BONDS | N/A        | 2.150            | 02/01/2027    | 10,596             | 10,596   | 9,473             |
|                                                                                                             | AIR PRODUCTS & CHEMICALS CALL 03/15/2027 UNSC 01.850% DUE 05/15/2027           | CORPORATE BONDS | N/A        | 1.850            | 05/15/2027    | 15,013             | 15,013   | 13,862            |
|                                                                                                             | AIR PRODUCTS & CHEMICALS CALL 12/03/2032 UNSC 04.800% DUE 03/03/2033           | CORPORATE BONDS | N/A        | 4.800            | 03/03/2033    | 15,191             | 15,191   | 15,714            |
|                                                                                                             | ALLSTATE CORP CALL 11/15/2025 UNSC 00.750% DUE 12/15/2025                      | CORPORATE BONDS | N/A        | 0.750            | 12/15/2025    | 19,921             | 19,921   | 18,446            |
|                                                                                                             | AMAZON.COM INC CALL 05/22/2027 UNSC 03.150% DUE 08/22/2027                     | CORPORATE BONDS | N/A        | 3.150            | 08/22/2027    | 26,494             | 26,494   | 24,276            |
|                                                                                                             | AMERICAN EXPRESS CO UNSC 03.375% DUE 05/03/2024                                | CORPORATE BONDS | N/A        | 3.375            | 05/03/2024    | 30,013             | 30,013   | 29,933            |
|                                                                                                             | AMERICAN WATER CAPITAL C CALL 12/01/2024 @ 100.000 UNSC 03.400% DUE 03/01/2025 | CORPORATE BONDS | N/A        | 3.400            | 03/01/2025    | 10,855             | 10,855   | 9,903             |
|                                                                                                             | AMPHENOL CORP UNSC 04.750% DUE 03/30/2026                                      | CORPORATE BONDS | N/A        | 4.750            | 03/30/2026    | 29,965             | 29,965   | 30,400            |
|                                                                                                             | ANALOG DEVICES INC CALL 03/01/2025 UNSC 02.950% DUE 04/01/2025                 | CORPORATE BONDS | N/A        | 2.950            | 04/01/2025    | 21,808             | 21,808   | 19,719            |
|                                                                                                             | ANHEUSER BUSCH INBEV WORLDWIDE CALL 10/23/2028 @ 100.04.750% DUE 01/23/2029    | CORPORATE BONDS | N/A        | 4.750            | 01/23/2029    | 27,679             | 27,679   | 25,910            |
|                                                                                                             | ARIZONA PUBLIC SERVICE CALL 03/15/2024 @ 100.000 UNSC 03.350% DUE 06/15/2024   | CORPORATE BONDS | N/A        | 3.350            | 06/15/2024    | 36,636             | 36,636   | 34,651            |
|                                                                                                             | AUTOMATIC DATA PROCESSNG CALL 03/15/2028 UNSC 01.700% DUE 05/15/2028           | CORPORATE BONDS | N/A        | 1.700            | 05/15/2028    | 24,531             | 24,531   | 22,604            |
|                                                                                                             | AVERY DENNISON CORP CALL 09/06/2028 UNSC 04.875% DUE 12/06/2028                | CORPORATE BONDS | N/A        | 4.875            | 12/06/2028    | 39,332             | 39,332   | 35,590            |
|                                                                                                             | BANK OF AMERICA CORP SERIES MTN CALL 1/20/27 @ 100 VAR% DUE 01/20/2028         | CORPORATE BONDS | N/A        | VAR%             | 01/20/2028    | 17,159             | 17,159   | 14,668            |
|                                                                                                             | BRISTOL-MYERS SQUIBB CO CALL 12/01/2030 UNSC 05.750% DUE 02/01/2031            | CORPORATE BONDS | N/A        | 5.750            | 02/01/2031    | 25,211             | 25,211   | 26,963            |
|                                                                                                             | BROWN-FORMAN CORP CALL 01/15/2033 UNSC 04.750% DUE 04/15/2033                  | CORPORATE BONDS | N/A        | 4.750            | 04/15/2033    | 15,045             | 15,045   | 15,444            |
|                                                                                                             | CBOE GLOBAL MARKETS INC CALL 09/15/2030 UNSC 01.625% DUE 12/15/2030            | CORPORATE BONDS | N/A        | 1.625            | 12/15/2030    | 34,788             | 34,788   | 28,784            |
|                                                                                                             | CMS ENERGY CORP CALL 12/01/2023 UNSC 03.875% DUE 03/01/2024                    | CORPORATE BONDS | N/A        | 3.875            | 03/01/2024    | 31,525             | 31,525   | 30,287            |
|                                                                                                             | CNH INDUSTRIAL CAP LLC CALL 12/12/2028 COGT 05.500% DUE 01/12/2029             | CORPORATE BONDS | N/A        | 5.500            | 01/12/2029    | 14,910             | 14,910   | 15,706            |
|                                                                                                             | CANADIAN NATL RY CO SEDOL 2263566 ISIN US136375BD37 06.900% DUE 07/15/2028     | CORPORATE BONDS | N/A        | 6.900            | 07/15/2028    | 40,255             | 40,255   | 33,907            |
|                                                                                                             | CATERPILLAR FINL SERVICE UNSC 04.350% DUE 05/15/2026                           | CORPORATE BONDS | N/A        | 4.350            | 05/15/2026    | 29,759             | 29,759   | 30,103            |
|                                                                                                             | DUKE ENERGY OHIO INC SR UNSECURED 06.900% DUE 06/01/2025                       | CORPORATE BONDS | N/A        | 6.900            | 06/01/2025    | 37,675             | 37,675   | 30,852            |
|                                                                                                             | CINTAS CORPORATION NO. 2 CALL 01/01/2027 COGT 03.700% DUE 04/01/2027           | CORPORATE BONDS | N/A        | 3.700            | 04/01/2027    | 31,974             | 31,974   | 29,642            |
|                                                                                                             | CITIGROUP INC CALL 07/21/2026 @ 100.000 UNSC 03.200% DUE 10/21/2026            | CORPORATE BONDS | N/A        | 3.200            | 10/21/2026    | 14,245             | 14,245   | 14,396            |
|                                                                                                             | COMCAST CORP CALL 07/15/2030 COGT 04.250% DUE 10/15/2030                       | CORPORATE BONDS | N/A        | 4.250            | 10/15/2030    | 34,183             | 34,183   | 34,809            |
|                                                                                                             | CONNECTICUT LIGHT & PWR SER A CALL 11/01/2025 00.750% DUE 12/01/2025           | CORPORATE BONDS | N/A        | 0.750            | 12/01/2025    | 30,045             | 30,045   | 27,821            |
|                                                                                                             | CONOCO INC SR NTS 06.950% DUE 04/15/2029                                       | CORPORATE BONDS | N/A        | 6.950            | 04/15/2029    | 27,325             | 27,325   | 28,217            |
|                                                                                                             | CUMMINS INC CALL 08/01/2025 UNSC 00.750% DUE 09/01/2025                        | CORPORATE BONDS | N/A        | 0.750            | 09/01/2025    | 40,098             | 40,098   | 37,600            |
|                                                                                                             | JOHN DEERE CAPITAL CORP SER MTN UNSC 02.050% DUE 01/09/2025                    | CORPORATE BONDS | N/A        | 2.050            | 01/09/2025    | 20,362             | 20,362   | 19,652            |
|                                                                                                             | DELTA AIR LINES 2019-1AA SER AA PASS 03.204% DUE 10/25/2025                    | CORPORATE BONDS | N/A        | 3.204            | 10/25/2025    | 30,307             | 30,307   | 29,934            |
|                                                                                                             | DICKS SPORTING GOODS CALL 10/15/2031 UNSC 03.150% DUE 01/15/2032               | CORPORATE BONDS | N/A        | 3.150            | 01/15/2032    | 15,013             | 15,013   | 12,996            |
|                                                                                                             | DOMINION ENERGY INC SER C CALL 05/15/2031 02.250% DUE 08/15/2031               | CORPORATE BONDS | N/A        | 2.250            | 08/15/2031    | 10,027             | 10,027   | 8,367             |
|                                                                                                             | EATON CORP CALL 12/15/2032 COGT 04.150% DUE 03/15/2033                         | CORPORATE BONDS | N/A        | 4.150            | 03/15/2033    | 19,136             | 19,136   | 19,812            |
|                                                                                                             | EMERSON ELECTRIC CO CALL 08/15/2027 UNSC 01.800% DUE 10/15/2027                | CORPORATE BONDS | N/A        | 1.800            | 10/15/2027    | 20,565             | 20,565   | 18,332            |
|                                                                                                             | ESTEE LAUDER CO INC CALL 02/15/2033 UNSC 04.650% DUE 05/15/2033                | CORPORATE BONDS | N/A        | 4.650            | 05/15/2033    | 9,831              | 9,831    | 10,104            |
|                                                                                                             | EVERGY INC CALL 08/15/2024 UNSC 02.450% DUE 09/15/2024                         | CORPORATE BONDS | N/A        | 2.450            | 09/15/2024    | 36,360             | 36,360   | 34,457            |
|                                                                                                             | EXXON MOBIL CORPORATION CALL 05/16/2029 UNSC 02.440% DUE 08/16/2029            | CORPORATE BONDS | N/A        | 2.440            | 08/16/2029    | 30,487             | 30,487   | 27,563            |
|                                                                                                             | FLORIDA POWER & LIGHT CO CALL 03/01/2028 MORT 05.050% DUE 04/01/2028           | CORPORATE BONDS | N/A        | 5.050            | 04/01/2028    | 24,671             | 24,671   | 25,870            |
|                                                                                                             | GENERAL MOTORS FINL CO CALL 12/08/2025 UNSC 01.250% DUE 01/08/2026             | CORPORATE BONDS | N/A        | 1.250            | 01/08/2026    | 39,854             | 39,854   | 37,249            |
|                                                                                                             | GEORGIA PAC CORP DEBS 07.375% DUE 12/01/2025                                   | CORPORATE BONDS | N/A        | 7.375            | 12/01/2025    | 37,023             | 37,023   | 31,370            |
|                                                                                                             | GEORGIA POWER CO CALL 03/16/2028 UNSC 04.650% DUE 05/16/2028                   | CORPORATE BONDS | N/A        | 4.650            | 05/16/2028    | 25,014             | 25,014   | 25,336            |
|                                                                                                             | WW GRAINGER INC CALL 01/15/2025 UNSC 01.850% DUE 02/15/2025                    | CORPORATE BONDS | N/A        | 1.850            | 02/15/2025    | 35,472             | 35,472   | 34,026            |
|                                                                                                             | HCA INC CALL 08/15/2025 @ 100.000 COGT 05.875% DUE 02/15/2026                  | CORPORATE BONDS | N/A        | 5.875            | 02/15/2026    | 15,023             | 15,023   | 15,461            |
|                                                                                                             | HERSHEY COMPANY CALL 05/21/2025 UNSC 03.200% DUE 08/21/2025                    | CORPORATE BONDS | N/A        | 3.200            | 08/21/2025    | 43,939             | 43,939   | 39,581            |
|                                                                                                             | HOME DEPOT INC CALL 08/30/2026 UNSC 04.950% DUE 09/30/2026                     | CORPORATE BONDS | N/A        | 4.950            | 09/30/2026    | 15,003             | 15,003   | 15,270            |
|                                                                                                             | HORMEL FOODS CORP CALL 06/03/2022 UNSC 00.650% DUE 06/03/2024                  | CORPORATE BONDS | N/A        | 0.650            | 06/03/2024    | 25,008             | 25,008   | 24,513            |
|                                                                                                             | ILLINOIS TOOL WORKS INC CALL 08/15/2026 @ 100.000 UNSC 02.650% DUE 11/15/2026  | CORPORATE BONDS | N/A        | 2.650            | 11/15/2026    | 35,294             | 35,294   | 33,543            |
|                                                                                                             | INTEL CORP CALL 07/05/2027 UNSC 03.750% DUE 08/05/2027                         | CORPORATE BONDS | N/A        | 3.750            | 08/05/2027    | 29,988             | 29,988   | 29,857            |
|                                                                                                             | JACOBS ENGINEERING GROUP CALL 07/18/2028 COGT 06.350% DUE 08/18/2028           | CORPORATE BONDS | N/A        | 6.350            | 08/18/2028    | 10,021             | 10,021   | 10,679            |
|                                                                                                             | KLA-TENCOR CORP CALL 08/01/2024 @ 100.000 UNSC 04.650% DUE 11/01/2024          | CORPORATE BONDS | N/A        | 4.650            | 11/01/2024    | 21,220             | 21,220   | 20,036            |
|                                                                                                             | KENVUE INC CALL 02/22/2026 COGT 05.350% DUE 03/22/2026                         | CORPORATE BONDS | N/A        | 5.350            | 03/22/2026    | 24,986             | 24,986   | 25,784            |
|                                                                                                             | KIMBERLY-CLARK CORP CALL 08/01/2028 UNSC 03.950% DUE 11/01/2028                | CORPORATE BONDS | N/A        | 3.950            | 11/01/2028    | 32,436             | 32,436   | 29,758            |
|                                                                                                             | LOWE'S COS INC CALL 06/15/2024 @ 100.000 UNSC 03.125% DUE 09/15/2024           | CORPORATE BONDS | N/A        | 3.125            | 09/15/2024    | 32,152             | 32,152   | 29,814            |
|                                                                                                             | MARTIN MARIETTA MATERIAL UNSC 04.250% DUE 12/02/2024                           | CORPORATE BONDS | N/A        | 4.250            | 12/02/2024    | 31,807             | 31,807   | 30,407            |
|                                                                                                             | NATIONAL RURAL UTIL COOP CALL 12/15/2029 CLTL 02.400% DUE 03/15/2030           | CORPORATE BONDS | N/A        | 2.400            | 03/15/2030    | 25,197             | 25,197   | 21,871            |
|                                                                                                             | NORFOLK SOUTHERN CORP CALL 12/01/2032 UNSC 04.450% DUE 03/01/2033              | CORPORATE BONDS | N/A        | 4.450            | 03/01/2033    | 9,946              | 9,946    | 10,018            |
|                                                                                                             | NVENT FINANCE SARL SEDOL ISIN US67078AAD54 04.550% DUE 04/15/2028              | CORPORATE BONDS | N/A        | 4.550            | 04/15/2028    | 11,235             | 11,235   | 9,810             |
|                                                                                                             | O'REILLY AUTOMOTIVE INC CALL 03/01/2029 UNSC 03.900% DUE 06/01/2029            | CORPORATE BONDS | N/A        | 3.900            | 06/01/2029    | 28,327             | 28,327   | 29,054            |
|                                                                                                             | ORACLE CORP CALL 09/09/2029 UNSC 06.150% DUE 11/09/2029                        | CORPORATE BONDS | N/A        | 6.150            | 11/09/2029    | 20,646             | 20,646   | 21,693            |

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**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #52-6117495, Plan #002**  
**December 31, 2023**

| (a) | (b) Identity of issue, borrower, or similar party                               | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value |            |                  |               |                    | (d) Cost | (e) Current Value |
|-----|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------|------------------|---------------|--------------------|----------|-------------------|
|     |                                                                                 | Description                                                                                                 | Collateral | Rate of Interest | Maturity Date | Par/Maturity Value |          |                   |
|     | PACCAR FINANCIAL CORP UNSC 05.200% DUE 11/09/2026                               | CORPORATE BONDS                                                                                             | N/A        | 5.200            | 11/09/2026    | 14,977             | 14,977   | 15,433            |
|     | PACIFIC GAS & ELECTRIC CALL 03/15/2032 MORT 05.900% DUE 06/15/2032              | CORPORATE BONDS                                                                                             | N/A        | 5.900            | 06/15/2032    | 10,163             | 10,163   | 10,194            |
|     | PEPSICO INC CALL 12/19/2029 UNSC 02.750% DUE 03/19/2030                         | CORPORATE BONDS                                                                                             | N/A        | 2.750            | 03/19/2030    | 31,674             | 31,674   | 27,792            |
|     | PHILLIPS 66 CALL 12/15/2027 COGT 03.900% DUE 03/15/2028                         | CORPORATE BONDS                                                                                             | N/A        | 3.900            | 03/15/2028    | 16,137             | 16,137   | 14,754            |
|     | PROGRESSIVE CORP CALL 12/01/2028 UNSC 04.000% DUE 03/01/2029                    | CORPORATE BONDS                                                                                             | N/A        | 4.000            | 03/01/2029    | 16,539             | 16,539   | 14,998            |
|     | PUBLIC SERVICE COLORADO SER 38 CALL 03/01/2032 04.100% DUE 06/01/2032           | CORPORATE BONDS                                                                                             | N/A        | 4.100            | 06/01/2032    | 15,105             | 15,105   | 14,420            |
|     | PUBLIC SERVICE ELECTRIC SER MTN CALL 08/15/24 @ 100 SCRD 03.050% DUE 11/15/2024 | CORPORATE BONDS                                                                                             | N/A        | 3.050            | 11/15/2024    | 26,204             | 26,204   | 24,560            |
|     | QUANTA SERVICES INC CALL 10/01/2022 UNSC 00.950% DUE 10/01/2024                 | CORPORATE BONDS                                                                                             | N/A        | 0.950            | 10/01/2024    | 14,007             | 14,007   | 14,490            |
|     | REPUBLIC SERVICES INC CALL 02/15/2028 UNSC 03.950% DUE 05/15/2028               | CORPORATE BONDS                                                                                             | N/A        | 3.950            | 05/15/2028    | 19,090             | 19,090   | 19,705            |
|     | T-MOBILE USA INC CALL 03/15/2025 SECR 03.500% DUE 04/15/2025                    | CORPORATE BONDS                                                                                             | N/A        | 3.500            | 04/15/2025    | 27,235             | 27,235   | 24,656            |
|     | TRANSCONT GAS PIPE LINE SER WI CALL 12/15/2027 04.000% DUE 03/15/2028           | CORPORATE BONDS                                                                                             | N/A        | 4.000            | 03/15/2028    | 27,752             | 27,752   | 24,512            |
|     | UNITED PARCEL SERVICE CALL 12/03/2032 UNSC 04.875% DUE 03/03/2033               | CORPORATE BONDS                                                                                             | N/A        | 4.875            | 03/03/2033    | 25,243             | 25,243   | 26,349            |
|     | VISA INC CALL 09/14/2025 @ 100.000 UNSC 03.150% DUE 12/14/2025                  | CORPORATE BONDS                                                                                             | N/A        | 3.150            | 12/14/2025    | 27,331             | 27,331   | 24,429            |
|     | WASTE MANAGEMENT INC CALL 02/15/2024 @ 100.000 UNSC 03.500% DUE 05/15/2024      | CORPORATE BONDS                                                                                             | N/A        | 3.500            | 05/15/2024    | 26,071             | 26,071   | 24,903            |
|     | WELLS FARGO & COMPANY UNSC 03.000% DUE 04/22/2026                               | CORPORATE BONDS                                                                                             | N/A        | 3.000            | 04/22/2026    | 13,821             | 13,821   | 14,455            |
|     | WISCONSIN ELECTRIC POWER CALL 03/01/2025 @ 100.000 UNSC 03.100% DUE 06/01/2025  | CORPORATE BONDS                                                                                             | N/A        | 3.100            | 06/01/2025    | 30,802             | 30,802   | 29,308            |
|     | AIR PRODUCTS & CHEMICALS CALL 09/15/2025 UNSC 01.500% DUE 10/15/2025            | CORPORATE BONDS                                                                                             | N/A        | 1.500            | 10/15/2025    | 189,502            | 189,502  | 194,565           |
|     | ALLSTATE CORP CALL 11/15/2025 UNSC 00.750% DUE 12/15/2025                       | CORPORATE BONDS                                                                                             | N/A        | 0.750            | 12/15/2025    | 202,138            | 202,138  | 207,514           |
|     | AMEREN ILLINOIS CO CALL 12/01/2024 SECR 03.250% DUE 03/01/2025                  | CORPORATE BONDS                                                                                             | N/A        | 3.250            | 03/01/2025    | 154,578            | 154,578  | 158,745           |
|     | AMERICAN EXPRESS CO CALL 07/01/2025 UNSC 03.950% DUE 08/01/2025                 | CORPORATE BONDS                                                                                             | N/A        | 3.950            | 08/01/2025    | 193,820            | 193,820  | 200,058           |
|     | AMERICAN WATER CAPITAL C CALL 12/01/2024 @ 100.000 UNSC 03.400% DUE 03/01/2025  | CORPORATE BONDS                                                                                             | N/A        | 3.400            | 03/01/2025    | 164,591            | 164,591  | 168,345           |
|     | AMPHENOL CORP CALL 02/01/2025 UNSC 02.050% DUE 03/01/2025                       | CORPORATE BONDS                                                                                             | N/A        | 2.050            | 03/01/2025    | 198,503            | 198,503  | 204,125           |
|     | ANHEUSER-BUSCH CO/INBEV SER * CALL 11/01/2025 03.650% DUE 02/01/2026            | CORPORATE BONDS                                                                                             | N/A        | 3.650            | 02/01/2026    | 178,695            | 178,695  | 184,448           |
|     | ARIZONA PUBLIC SERVICE CALL 03/15/2024 @ 100.000 UNSC 03.350% DUE 06/15/2024    | CORPORATE BONDS                                                                                             | N/A        | 3.350            | 06/15/2024    | 200,183            | 200,183  | 202,954           |
|     | AVERY DENNISON CORP CALL 01/06/2023 UNSC 00.850% DUE 08/15/2024                 | CORPORATE BONDS                                                                                             | N/A        | 0.850            | 08/15/2024    | 198,910            | 198,910  | 204,437           |
|     | BANK OF AMERICA CORP CALL 04/27/2024 UNSC VAR% DUE 04/25/2025                   | CORPORATE BONDS                                                                                             | N/A        | VAR%             | 04/25/2025    | 186,363            | 186,363  | 190,105           |
|     | BROWN-FORMAN CORP CALL 02/15/2025 UNSC 03.500% DUE 04/15/2025                   | CORPORATE BONDS                                                                                             | N/A        | 3.500            | 04/15/2025    | 199,565            | 199,565  | 202,573           |
|     | CNH INDUSTRIAL CAP LLC CALL 12/15/2025 COGT 01.875% DUE 01/15/2026              | CORPORATE BONDS                                                                                             | N/A        | 1.875            | 01/15/2026    | 191,822            | 191,822  | 198,596           |
|     | CSX CORP CALL 08/01/2026 @ 100.000 UNSC 02.600% DUE 11/01/2026                  | CORPORATE BONDS                                                                                             | N/A        | 2.600            | 11/01/2026    | 164,442            | 164,442  | 171,953           |
|     | CINTAS CORPORATION NO. 2 CALL 04/01/2025 COGT 03.450% DUE 05/01/2025            | CORPORATE BONDS                                                                                             | N/A        | 3.450            | 05/01/2025    | 198,124            | 198,124  | 202,499           |
|     | COMMONWEALTH EDISON CO CALL 08/01/2024 MORT 03.100% DUE 11/01/2024              | CORPORATE BONDS                                                                                             | N/A        | 3.100            | 11/01/2024    | 194,010            | 194,010  | 197,409           |
|     | CONOCOPHILLIPS COMPANY CALL 02/15/2025 @ 100.000 COGT 03.350% DUE 05/15/2025    | CORPORATE BONDS                                                                                             | N/A        | 3.350            | 05/15/2025    | 201,596            | 201,596  | 205,641           |
|     | DTE ELECTRIC CO CALL 12/15/2023 @ 100.000 MORT 03.650% DUE 03/15/2024           | CORPORATE BONDS                                                                                             | N/A        | 3.650            | 03/15/2024    | 48,339             | 48,339   | 49,305            |
|     | JOHN DEERE CAPITAL CORP SER MTN UNSC 05.150% DUE 09/08/2026                     | CORPORATE BONDS                                                                                             | N/A        | 5.150            | 09/08/2026    | 179,872            | 179,872  | 186,152           |
|     | DUKE ENERGY CAROLINAS CALL 09/01/2026 @ 100.000 MORT 02.950% DUE 12/01/2026     | CORPORATE BONDS                                                                                             | N/A        | 2.950            | 12/01/2026    | 182,481            | 182,481  | 188,711           |
|     | EOG RESOURCES INC CALL 10/14/2025 @ 100.000 UNSC 04.150% DUE 01/15/2026         | CORPORATE BONDS                                                                                             | N/A        | 4.150            | 01/15/2026    | 195,674            | 195,674  | 201,953           |
|     | FISERV INC CALL 06/01/2024 UNSC 02.750% DUE 07/01/2024                          | CORPORATE BONDS                                                                                             | N/A        | 2.750            | 07/01/2024    | 199,043            | 199,043  | 204,752           |
|     | GENERAL MOTORS FINL CO UNSC 05.400% DUE 04/06/2026                              | CORPORATE BONDS                                                                                             | N/A        | 5.400            | 04/06/2026    | 191,917            | 191,917  | 198,723           |
|     | GEORGIA PAC CORP DEBS 07.375% DUE 12/01/2025                                    | CORPORATE BONDS                                                                                             | N/A        | 7.375            | 12/01/2025    | 198,227            | 198,227  | 198,675           |
|     | GEORGIA POWER CO CALL 01/01/2026 @ 100.000 UNSC 03.250% DUE 04/01/2026          | CORPORATE BONDS                                                                                             | N/A        | 3.250            | 04/01/2026    | 134,261            | 134,261  | 135,708           |
|     | WW GRAINGER INC CALL 01/15/2025 UNSC 01.850% DUE 02/15/2025                     | CORPORATE BONDS                                                                                             | N/A        | 1.850            | 02/15/2025    | 189,828            | 189,828  | 194,434           |
|     | HOME DEPOT INC CALL 06/15/2026 @ 100.000 UNSC 02.125% DUE 09/15/2026            | CORPORATE BONDS                                                                                             | N/A        | 2.125            | 09/15/2026    | 183,460            | 183,460  | 189,289           |
|     | HORMEL FOODS CORP CALL 06/03/2022 UNSC 00.650% DUE 06/03/2024                   | CORPORATE BONDS                                                                                             | N/A        | 0.650            | 06/03/2024    | 200,859            | 200,859  | 205,906           |
|     | JPMORGAN CHASE & CO CALL 12/15/2024 UNSC VAR% DUE 12/15/2025                    | CORPORATE BONDS                                                                                             | N/A        | VAR%             | 12/15/2025    | 184,082            | 184,082  | 185,574           |
|     | MARTIN MARIETTA MATERIAL UNSC 04.250% DUE 12/02/2024                            | CORPORATE BONDS                                                                                             | N/A        | 4.250            | 12/02/2024    | 202,315            | 202,315  | 207,780           |
|     | MONDELEZ INTERNATIONAL CALL 04/04/2025 UNSC 01.500% DUE 05/04/2025              | CORPORATE BONDS                                                                                             | N/A        | 1.500            | 05/04/2025    | 200,333            | 200,333  | 205,453           |
|     | NATIONAL RURAL UTIL COOP CALL 12/07/2023 UNSC 02.950% DUE 02/07/2024            | CORPORATE BONDS                                                                                             | N/A        | 2.950            | 02/07/2024    | 196,816            | 196,816  | 201,758           |
|     | NEXTERA ENERGY CAPITAL COGT 05.749% DUE 09/01/2025                              | CORPORATE BONDS                                                                                             | N/A        | 5.749            | 09/01/2025    | 190,128            | 190,128  | 196,076           |
|     | NSTAR ELECTRIC CO CALL 08/15/2025 @ 100.000 UNSC 03.250% DUE 11/15/2025         | CORPORATE BONDS                                                                                             | N/A        | 3.250            | 11/15/2025    | 198,496            | 198,496  | 204,095           |
|     | OREILLY AUTOMOTIVE INC UNSC 05.750% DUE 11/20/2026                              | CORPORATE BONDS                                                                                             | N/A        | 5.750            | 11/20/2026    | 54,975             | 54,975   | 56,678            |
|     | OLD REPUBLIC INTL CORP CALL 09/01/2024 @ 100.000 UNSC 04.875% DUE 10/01/2024    | CORPORATE BONDS                                                                                             | N/A        | 4.875            | 10/01/2024    | 192,559            | 192,559  | 195,850           |
|     | ONCOR ELECTRIC DELIVERY CALL 01/01/2025 SECR 02.950% DUE 04/01/2025             | CORPORATE BONDS                                                                                             | N/A        | 2.950            | 04/01/2025    | 182,531            | 182,531  | 186,657           |
|     | PACCAR FINANCIAL CORP SER MTN UNSC 05.050% DUE 08/10/2026                       | CORPORATE BONDS                                                                                             | N/A        | 5.050            | 08/10/2026    | 184,908            | 184,908  | 191,257           |
|     | PACKAGING CORP OF AMERIC CALL 06/15/2024 @ 100.000 UNSC 03.650% DUE 09/15/2024  | CORPORATE BONDS                                                                                             | N/A        | 3.650            | 09/15/2024    | 195,266            | 195,266  | 199,277           |
|     | PEPSICO INC CALL 10/10/2026 UNSC 05.125% DUE 11/10/2026                         | CORPORATE BONDS                                                                                             | N/A        | 5.125            | 11/10/2026    | 154,958            | 154,958  | 159,402           |
|     | PFIZER INVESTMENT ENTER SEDOL 2K03FCA ISIN US716973AB84 04.450% DUE 05/19/2026  | CORPORATE BONDS                                                                                             | N/A        | 4.450            | 05/19/2026    | 197,382            | 197,382  | 200,472           |
|     | PRAXAIR INC CALL 11/05/2024 @ 100.000 UNSC 02.650% DUE 02/05/2025               | CORPORATE BONDS                                                                                             | N/A        | 2.650            | 02/05/2025    | 196,720            | 196,720  | 202,213           |
|     | QUANTA SERVICES INC CALL 10/01/2022 UNSC 00.950% DUE 10/01/2024                 | CORPORATE BONDS                                                                                             | N/A        | 0.950            | 10/01/2024    | 188,724            | 188,724  | 193,203           |
|     | REPUBLIC SERVICES INC CALL 07/15/2024 UNSC 02.500% DUE 08/15/2024               | CORPORATE BONDS                                                                                             | N/A        | 2.500            | 08/15/2024    | 198,055            | 198,055  | 203,039           |
|     | SONOCO PRODUCTS CO CALL 02/01/2023 UNSC 01.800% DUE 02/01/2025                  | CORPORATE BONDS                                                                                             | N/A        | 1.800            | 02/01/2025    | 182,992            | 182,992  | 189,019           |
|     | TYCO ELECTRONICS GROUP S SEDOL 2KRAJUS ISIN US902133AZ06 04.500% DUE 02/13/2026 | CORPORATE BONDS                                                                                             | N/A        | 4.500            | 02/13/2026    | 196,588            | 196,588  | 202,764           |
|     | VULCAN MATERIALS CO CALL 01/01/2025 @ 100.000 UNSC 04.500% DUE 04/01/2025       | CORPORATE BONDS                                                                                             | N/A        | 4.500            | 04/01/2025    | 196,230            | 196,230  | 199,940           |

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #52-6117495, Plan #002**  
**December 31, 2023**

| (a) | (b) Identity of issue, borrower, or similar party                                   | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value |            |                  |               |                    | (d) Cost   | (e) Current Value |
|-----|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------|------------------|---------------|--------------------|------------|-------------------|
|     |                                                                                     | Description                                                                                                 | Collateral | Rate of Interest | Maturity Date | Par/Maturity Value |            |                   |
|     | WESTAR ENERGY INC CALL 09/01/2025 @ 100.000 MORT 03.250% DUE 12/01/2025             | CORPORATE BONDS                                                                                             | N/A        | 3.250            | 12/01/2025    | 166,588            | 166,588    | 169,771           |
|     | WISCONSIN PUBLIC SERVICE CALL 10/10/2025 UNSC 05.350% DUE 11/10/2025                | CORPORATE BONDS                                                                                             | N/A        | 5.350            | 11/10/2025    | 190,441            | 190,441    | 192,913           |
|     | XILINX INC CALL 04/01/2024 UNSC 02.950% DUE 06/01/2024                              | CORPORATE BONDS                                                                                             | N/A        | 2.950            | 06/01/2024    | 205,132            | 205,132    | 208,210           |
|     | AECOM SER WI CALL 12/15/2026 05.125% DUE 03/15/2027                                 | CORPORATE BONDS                                                                                             | N/A        | 5.125            | 03/15/2027    | 24,406             | 24,406     | 24,820            |
|     | ALBERTSONS COS/SAFEWAY SER 144A CALL 09/15/2022 03.250% DUE 03/15/2026              | CORPORATE BONDS                                                                                             | N/A        | 3.250            | 03/15/2026    | 142,431            | 142,431    | 146,244           |
|     | ALCOA INC CALL 07/01/2024 @ 100.000 UNSC 05.125% DUE 10/01/2024                     | CORPORATE BONDS                                                                                             | N/A        | 5.125            | 10/01/2024    | 17,936             | 17,936     | 16,915            |
|     | BALL CORP COGT 05.250% DUE 07/01/2025                                               | CORPORATE BONDS                                                                                             | N/A        | 5.250            | 07/01/2025    | 194,513            | 194,513    | 174,781           |
|     | BOYD GAMING CORP CALL 12/01/2022 COGT 04.750% DUE 12/01/2027                        | CORPORATE BONDS                                                                                             | N/A        | 4.750            | 12/01/2027    | 166,260            | 166,260    | 168,367           |
|     | CDW LLC/CDW FINANCE CALL 05/01/2022 COGT 04.125% DUE 05/01/2025                     | CORPORATE BONDS                                                                                             | N/A        | 4.125            | 05/01/2025    | 29,036             | 29,036     | 29,411            |
|     | CARE CAPITAL PROPERTIES SER WI CALL 05/15/2026 05.125% DUE 08/15/2026               | CORPORATE BONDS                                                                                             | N/A        | 5.125            | 08/15/2026    | 163,030            | 163,030    | 166,952           |
|     | CARPENTER TECHNOLOGY CALL 07/15/2023 UNSC 06.375% DUE 07/15/2028                    | CORPORATE BONDS                                                                                             | N/A        | 6.375            | 07/15/2028    | 24,844             | 24,844     | 24,906            |
|     | CENTENE CORP SER WI CALL 12/15/2022 04.250% DUE 12/15/2027                          | CORPORATE BONDS                                                                                             | N/A        | 4.250            | 12/15/2027    | 157,194            | 157,194    | 158,986           |
|     | CHARTER COMM OPT LLC/CAP SER WI CALL 04/23/2025 04.908% DUE 07/23/2025              | CORPORATE BONDS                                                                                             | N/A        | 4.908            | 07/23/2025    | 166,061            | 166,061    | 163,431           |
|     | CRESTWOOD MID PARTNER LP CALL 04/01/2020 COGT 05.750% DUE 04/01/2025                | CORPORATE BONDS                                                                                             | N/A        | 5.750            | 04/01/2025    | 127,989            | 127,989    | 130,052           |
|     | CROWN AMER/CAP CORP VI CALL 02/01/2021 COGT 04.750% DUE 02/01/2026                  | CORPORATE BONDS                                                                                             | N/A        | 4.750            | 02/01/2026    | 178,710            | 178,710    | 173,337           |
|     | DCP MIDSTREAM OPE                                                                   | CORPORATE BONDS                                                                                             | N/A        | 5.375            | 07/15/2025    | 82,756             | 82,756     | 75,042            |
|     | ENLINK MIDSTREAM PARTNER CALL 03/01/2025 @ 100.000 UNSC 04.150% DUE 06/01/2025      | CORPORATE BONDS                                                                                             | N/A        | 4.150            | 06/01/2025    | 150,389            | 150,389    | 151,513           |
|     | FORD MOTOR CREDIT CO LLC CALL 10/01/2024 UNSC 04.063% DUE 11/01/2024                | CORPORATE BONDS                                                                                             | N/A        | 4.063            | 11/01/2024    | 181,166            | 181,166    | 176,837           |
|     | GFL ENVIRONMENTAL INC SEDOL ZHIBR33 ISIN US361680QA31 04.250% DUE 06/01/2025        | CORPORATE BONDS                                                                                             | N/A        | 4.250            | 06/01/2025    | 19,488             | 19,488     | 19,704            |
|     | GGAM FINANCE LTD SERIES 144A SEDOL BP2DV75 ISIN US361701AC09 08.000% DUE 02/15/2027 | CORPORATE BONDS                                                                                             | N/A        | 8.000            | 02/15/2027    | 49,775             | 49,775     | 51,252            |
|     | GLP CAPITAL LP / FIN I COGT 05.375% DUE 04/15/2026                                  | CORPORATE BONDS                                                                                             | N/A        | 5.375            | 04/15/2026    | 74,716             | 74,716     | 74,536            |
|     | GLP CAPITAL LP / FIN II COGT 05.250% DUE 06/01/2025                                 | CORPORATE BONDS                                                                                             | N/A        | 5.250            | 06/01/2025    | 106,022            | 106,022    | 99,649            |
|     | HCA INC UNSC 05.375% DUE 02/01/2025                                                 | CORPORATE BONDS                                                                                             | N/A        | 5.375            | 02/01/2025    | 81,020             | 81,020     | 74,889            |
|     | HILLENBRAND INC CALL 07/15/2026 COGT 04.500% DUE 09/15/2026                         | CORPORATE BONDS                                                                                             | N/A        | 4.500            | 09/15/2026    | 185,781            | 185,781    | 168,051           |
|     | HILTON WORLDWIDE FIN LLC SER WI CALL 04/01/2022 04.875% DUE 04/01/2027              | CORPORATE BONDS                                                                                             | N/A        | 4.875            | 04/01/2027    | 181,193            | 181,193    | 172,387           |
|     | HOWMET AEROSPACE INC CALL 04/01/2025 UNSC 06.875% DUE 05/01/2025                    | CORPORATE BONDS                                                                                             | N/A        | 6.875            | 05/01/2025    | 107,726            | 107,726    | 98,257            |
|     | ICAHN ENTERPRISES/FIN SER WI CALL 06/15/2024 04.750% DUE 09/15/2024                 | CORPORATE BONDS                                                                                             | N/A        | 4.750            | 09/15/2024    | 182,685            | 182,685    | 173,934           |
|     | INTERNATIONAL GAME TECH SEDOL BWV0NJ2 ISIN US460599AC74 06.500% DUE 02/15/2025      | CORPORATE BONDS                                                                                             | N/A        | 6.500            | 02/15/2025    | 30,126             | 30,126     | 30,031            |
|     | LAMAR MEDIA CORP SER WI CALL 02/15/2023 03.750% DUE 02/15/2028                      | CORPORATE BONDS                                                                                             | N/A        | 3.750            | 02/15/2028    | 63,296             | 63,296     | 65,661            |
|     | MGM GROWTH/MGM FINANCE CALL 02/01/2024 COGT 05.625% DUE 05/01/2024                  | CORPORATE BONDS                                                                                             | N/A        | 5.625            | 05/01/2024    | 190,215            | 190,215    | 174,562           |
|     | NEW FORTRESS ENERGY INC SER 144A CALL 09/15/2022 06.750% DUE 09/15/2025             | CORPORATE BONDS                                                                                             | N/A        | 6.750            | 09/15/2025    | 57,638             | 57,638     | 59,521            |
|     | PENSKE AUTOMOTIVE GROUP CALL 09/01/2022 COGT 03.500% DUE 09/01/2025                 | CORPORATE BONDS                                                                                             | N/A        | 3.500            | 09/01/2025    | 179,168            | 179,168    | 169,778           |
|     | SBA COMMUNICATIONS CORP CALL 02/15/2023 UNSC 03.875% DUE 02/15/2027                 | CORPORATE BONDS                                                                                             | N/A        | 3.875            | 02/15/2027    | 181,498            | 181,498    | 168,054           |
|     | SLM CORP CALL 09/29/2025 UNSC 04.200% DUE 10/29/2025                                | CORPORATE BONDS                                                                                             | N/A        | 4.200            | 10/29/2025    | 83,220             | 83,220     | 77,600            |
|     | SLM CORP CALL 10/02/2026 UNSC 03.125% DUE 11/02/2026                                | CORPORATE BONDS                                                                                             | N/A        | 3.125            | 11/02/2026    | 84,610             | 84,610     | 83,919            |
|     | SENSATA TECHNOLOGIES BV SEDOL BWFV670 ISIN US81725WJ27 05.000% DUE 10/01/2025       | CORPORATE BONDS                                                                                             | N/A        | 5.000            | 10/01/2025    | 148,359            | 148,359    | 150,181           |
|     | SERVICE CORP INTL CALL 12/15/2022 UNSC 04.625% DUE 12/15/2027                       | CORPORATE BONDS                                                                                             | N/A        | 4.625            | 12/15/2027    | 47,625             | 47,625     | 48,375            |
|     | SILGAN HOLDINGS INC CALL 10/01/2022 UNSC 04.125% DUE 02/01/2028                     | CORPORATE BONDS                                                                                             | N/A        | 4.125            | 02/01/2028    | 162,734            | 162,734    | 171,907           |
|     | SIRIUS XM RADIO INC SER 144A CALL 09/01/2023 03.125% DUE 09/01/2026                 | CORPORATE BONDS                                                                                             | N/A        | 3.125            | 09/01/2026    | 31,588             | 31,588     | 32,888            |
|     | SPRINGLEAF FINANCE CORP COGT 06.875% DUE 03/15/2025                                 | CORPORATE BONDS                                                                                             | N/A        | 6.875            | 03/15/2025    | 113,801            | 113,801    | 116,412           |
|     | STARWOOD PROPERTY TRUST CALL 09/15/2024 UNSC 04.750% DUE 03/15/2025                 | CORPORATE BONDS                                                                                             | N/A        | 4.750            | 03/15/2025    | 184,294            | 184,294    | 172,672           |
|     | SUNOCO LP/FINANCE CORP SER WI CALL 04/15/2022 06.000% DUE 04/15/2027                | CORPORATE BONDS                                                                                             | N/A        | 6.000            | 04/15/2027    | 181,317            | 181,317    | 173,148           |
|     | TEGNA INC CALL 03/15/2023 COGT 04.625% DUE 03/15/2028                               | CORPORATE BONDS                                                                                             | N/A        | 4.625            | 03/15/2028    | 158,379            | 158,379    | 163,462           |
|     | TELEFLEX INC CALL 11/15/2022 COGT 04.625% DUE 11/15/2027                            | CORPORATE BONDS                                                                                             | N/A        | 4.625            | 11/15/2027    | 164,354            | 164,354    | 165,250           |
|     | TENET HEALTHCARE CORP SR SEC GLBL NT26 04.875% DUE 01/01/2026                       | CORPORATE BONDS                                                                                             | N/A        | 4.875            | 01/01/2026    | 170,572            | 170,572    | 173,027           |
|     | TEVA PHARMACEUTICALS NE SEDOL ISIN US88167AAE10 03.150% DUE 10/01/2026              | CORPORATE BONDS                                                                                             | N/A        | 3.150            | 10/01/2026    | 103,239            | 103,239    | 108,213           |
|     | TEVA PHARMACEUTICALS NE SEDOL BFNC450 ISIN US88167AAL52 06.000% DUE 04/15/2024      | CORPORATE BONDS                                                                                             | N/A        | 6.000            | 04/15/2024    | 59,961             | 59,961     | 60,557            |
|     | TRANSDIGM INC SER 144A CALL 03/15/2022 06.250% DUE 03/15/2026                       | CORPORATE BONDS                                                                                             | N/A        | 6.250            | 03/15/2026    | 93,020             | 93,020     | 96,584            |
|     | UNDER ARMOUR INC CALL 03/15/2026 @ 100.000 UNSC 03.250% DUE 06/15/2026              | CORPORATE BONDS                                                                                             | N/A        | 3.250            | 06/15/2026    | 181,100            | 181,100    | 165,378           |
|     | UNITED RENTALS NORTH AM CALL 05/15/2022 COGT 05.500% DUE 05/15/2027                 | CORPORATE BONDS                                                                                             | N/A        | 5.500            | 05/15/2027    | 152,037            | 152,037    | 153,448           |
|     | WESCO DISTRIBUTION INC SER 144A CALL 06/15/2022 07.125% DUE 06/15/2025              | CORPORATE BONDS                                                                                             | N/A        | 7.125            | 06/15/2025    | 30,263             | 30,263     | 30,314            |
|     | WESTERN DIGITAL CORP CALL 11/15/2025 COGT 04.750% DUE 02/15/2026                    | CORPORATE BONDS                                                                                             | N/A        | 4.750            | 02/15/2026    | 191,021            | 191,021    | 174,819           |
|     | WESTERN MIDSTREAM OPERAT CALL 01/01/2025 UNSC 03.100% DUE 02/01/2025                | CORPORATE BONDS                                                                                             | N/A        | 3.100            | 02/01/2025    | 175,215            | 175,215    | 172,563           |
|     | WYNDHAM WORLDWIDE CORP CALL 07/01/2025 @ 100.000 UNSC 05.100% DUE 10/01/2025        | CORPORATE BONDS                                                                                             | N/A        | 5.100            | 10/01/2025    | 85,799             | 85,799     | 81,100            |
|     | WYNDHAM WORLDWIDE CORP CALL 01/01/2027 UNSC 04.500% DUE 04/01/2027                  | CORPORATE BONDS                                                                                             | N/A        | 4.500            | 04/01/2027    | 67,900             | 67,900     | 70,398            |
|     | TRAVEL + LEISURE CO SER 144A CALL 04/30/2026 06.625% DUE 07/31/2026                 | CORPORATE BONDS                                                                                             | N/A        | 6.625            | 07/31/2026    | 4,985              | 4,985      | 5,183             |
|     | BANK OF AMERICA CREDIT CARD TR SERIES 2023 A2 CLASS A2 04.980% DUE 11/15/2028       | CORPORATE BONDS                                                                                             | N/A        | 4.980            | 11/15/2028    | 9,999              | 9,999      | 10,116            |
|     | CAPITAL ONE MULTI TR SER 2022-1 CLASS A 02.800% DUE 03/15/2027                      | CORPORATE BONDS                                                                                             | N/A        | 2.800            | 03/15/2027    | 34,997             | 34,997     | 34,112            |
|     | DAIMLER TRUCKS RETAIL TRUST SERIES 2023 1 CLASS A3 05.900% DUE 03/15/2027           | CORPORATE BONDS                                                                                             | N/A        | 5.900            | 03/15/2027    | 25,000             | 25,000     | 25,351            |
|     | DAIMLER TRUCKS RETAIL TRUST SERIES 2022 1 CLASS A2 05.070% DUE 09/16/2024           | CORPORATE BONDS                                                                                             | N/A        | 5.070            | 09/16/2024    | 3,399              | 3,399      | 3,397             |
|     | JOHN DEERE OWNER TRUST SERIES 2022 B CLASS A2 03.730% DUE 06/16/2025                | CORPORATE BONDS                                                                                             | N/A        | 3.730            | 06/16/2025    | 6,073              | 6,073      | 6,054             |
|     | VERIZON MASTER TRUST SERIES 2021 2 CLASS A 00.990% DUE 04/20/2028                   | CORPORATE BONDS                                                                                             | N/A        | 0.990            | 04/20/2028    | 34,995             | 34,995     | 33,807            |
|     | JOHN DEERE OWNER TRUST SERIES 2021 A CLASS A3 00.360% DUE 09/15/2025                | CORPORATE BONDS                                                                                             | N/A        | 0.360            | 09/15/2025    | 57,466             | 57,466     | 58,205            |
|     |                                                                                     |                                                                                                             |            |                  |               |                    | 17,226,475 | 17,203,688        |

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #52-6117495, Plan #002**  
**December 31, 2023**

| (a)              | (b) Identity of issue, borrower, or similar party           | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value |            |                  |               |                    | (d) Cost | (e) Current Value |
|------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------|------------------|---------------|--------------------|----------|-------------------|
|                  |                                                             | Description                                                                                                 | Collateral | Rate of Interest | Maturity Date | Par/Maturity Value |          |                   |
| Corporate Stocks |                                                             |                                                                                                             |            |                  |               |                    |          |                   |
|                  | AMAZON COM INC                                              | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 112,803            | 112,803  | 228,670           |
|                  | HOME DEPOT INC                                              | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 93,450             | 93,450   | 100,500           |
|                  | MGM RESORTS INTERNATIONAL                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 73,049             | 73,049   | 81,541            |
|                  | MCDONALD'S CORP                                             | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 64,060             | 64,060   | 74,128            |
|                  | TESLA INC                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 31,849             | 31,849   | 64,605            |
|                  | COSTCO WHOLESALE CORP                                       | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 45,588             | 45,588   | 87,791            |
|                  | WALMART INC                                                 | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 63,485             | 63,485   | 65,425            |
|                  | APOLLO GLOBAL MANAGEMENT INC                                | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 57,275             | 57,275   | 64,767            |
|                  | PROGRESSIVE CORP OHIO                                       | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 65,762             | 65,762   | 83,622            |
|                  | S&P GLOBAL INC                                              | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 68,932             | 68,932   | 70,483            |
|                  | SCHWAB CHARLES CORP NEW                                     | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 51,810             | 51,810   | 57,792            |
|                  | VISA INC CLASS A SHARES                                     | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 97,615             | 97,615   | 195,263           |
|                  | ICON PLC SEDOL B94G471 ISIN IE0005711209                    | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 44,433             | 44,433   | 67,937            |
|                  | ABBVIE INC                                                  | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 97,565             | 97,565   | 106,154           |
|                  | ASCENDIS PHARMA A/S - ADR SEDOL BV9G6B8 ISIN US04351P1012   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 114,773            | 114,773  | 100,760           |
|                  | DEXCOM INC                                                  | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 71,885             | 71,885   | 80,038            |
|                  | ELI LILLY & CO                                              | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 26,008             | 26,008   | 46,634            |
|                  | UNITEDHEALTH GROUP INC                                      | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 153,253            | 153,253  | 155,309           |
|                  | AMETEK INC NEW                                              | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 27,249             | 27,249   | 68,429            |
|                  | COSTAR GROUP INC                                            | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 48,536             | 48,536   | 53,745            |
|                  | TRANSIGM GROUP INC                                          | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 75,901             | 75,901   | 137,578           |
|                  | UBER TECHNOLOGIES INC                                       | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 54,366             | 54,366   | 83,120            |
|                  | UNION PACIFIC CORP                                          | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 49,047             | 49,047   | 78,598            |
|                  | ADVANCED MICRO DEVICES INC                                  | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 44,060             | 44,060   | 67,072            |
|                  | APPLE INC                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 110,723            | 110,723  | 294,571           |
|                  | CADENCE DESIGN SYSTEMS INC                                  | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 72,276             | 72,276   | 88,520            |
|                  | MARVELL TECHNOLOGY GROUP LTD                                | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 44,732             | 44,732   | 59,405            |
|                  | MICROSOFT CORP                                              | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 146,259            | 146,259  | 377,920           |
|                  | NVIDIA CORP                                                 | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 97,325             | 97,325   | 193,631           |
|                  | SALESFORCE INC                                              | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 36,385             | 36,385   | 115,782           |
|                  | SERVICE NOW INC                                             | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 27,381             | 27,381   | 141,298           |
|                  | WORKDAY INC CL A                                            | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 51,511             | 51,511   | 77,297            |
|                  | PPG INDUSTRIES INC                                          | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 59,189             | 59,189   | 68,045            |
|                  | EQUINIX INC                                                 | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 46,440             | 46,440   | 49,934            |
|                  | ALPHABET INC/CA-CL A                                        | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 154,901            | 154,901  | 324,081           |
|                  | META PLATFORMS INC                                          | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 124,433            | 124,433  | 189,369           |
|                  | ROYAL CARIBBEAN CRUISES LTD SEDOL 2754907 ISIN LR0008862868 | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 72,329             | 72,329   | 105,664           |
|                  | AUTOLIV INC                                                 | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 17,255             | 17,255   | 26,776            |
|                  | AUTONATION INC                                              | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 112,000            | 112,000  | 118,342           |
|                  | AUTOZONE INC                                                | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 66,845             | 66,845   | 98,253            |
|                  | BORG WARNER INC.                                            | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 27,613             | 27,613   | 28,572            |
|                  | D R HORTON INC                                              | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 78,997             | 78,997   | 109,122           |
|                  | DECKERS OUTDOOR CORP                                        | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 66,827             | 66,827   | 92,912            |
|                  | DICK'S SPORTING GOODS, INC.                                 | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 102,190            | 102,190  | 104,775           |
|                  | DILLARDS INC                                                | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 75,139             | 75,139   | 104,949           |
|                  | GENTEX CORP                                                 | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 18,233             | 18,233   | 27,696            |
|                  | GENUINE PARTS CO                                            | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 22,202             | 22,202   | 24,515            |
|                  | LEAR CORP- W/I                                              | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 23,746             | 23,746   | 26,971            |
|                  | LENNAR CORP CLASS A                                         | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 76,856             | 76,856   | 104,179           |
|                  | MARRIOTT INTERNATIONAL INC CL A                             | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 76,318             | 76,318   | 103,058           |
|                  | MURPHY USA INC-W/I                                          | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 83,034             | 83,034   | 104,116           |
|                  | O REILLY AUTOMOTIVE INC                                     | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 90,317             | 90,317   | 97,858            |
|                  | PVH CORP                                                    | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 99,126             | 99,126   | 101,970           |
|                  | PULTE GROUP INC                                             | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 71,966             | 71,966   | 106,420           |
|                  | TOLL BROTHERS INC                                           | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 80,493             | 80,493   | 113,480           |
|                  | ARCHER DANIELS MIDLAND CO                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 9,047              | 9,047    | 13,722            |
|                  | CASEYS GENERAL STORES INC                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 88,056             | 88,056   | 106,050           |

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #52-6117495, Plan #002**  
**December 31, 2023**

| (a)                                                      | (b) Identity of issue, borrower, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value |            |                  |               |                    | (d) Cost | (e) Current Value |
|----------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------|------------------|---------------|--------------------|----------|-------------------|
|                                                          |                                                   | Description                                                                                                 | Collateral | Rate of Interest | Maturity Date | Par/Maturity Value |          |                   |
| GENERAL MILLS INC                                        |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 53,717             | 53,717   | 63,772            |
| INGREDION INC                                            |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 14,007             | 14,007   | 15,737            |
| KROGER CO                                                |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 59,939             | 59,939   | 65,365            |
| MOLSON COORS BEVERAGE COMPANY                            |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 61,077             | 61,077   | 60,292            |
| POST HOLDINGS INC-W CLASS I                              |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 65,327             | 65,327   | 65,517            |
| BP PLC SPONSORED ADR                                     |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 37,148             | 37,148   | 39,259            |
| BAKER HUGHES COMPANY                                     |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 30,390             | 30,390   | 39,717            |
| CHESAPEAKE ENERGY CORP                                   |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 40,833             | 40,833   | 36,623            |
| EQT CORPORATION                                          |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 31,678             | 31,678   | 37,307            |
| HALLIBURTON CO                                           |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 40,873             | 40,873   | 37,451            |
| MARATHON OIL CORP                                        |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 25,763             | 25,763   | 37,231            |
| OVINTIV INC SEDOL BJ01KB6 ISIN US69047Q1022              |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 42,082             | 42,082   | 37,859            |
| RANGE RES CORP                                           |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 34,067             | 34,067   | 40,303            |
| SHELL PLC-W/I-ADR SEDOL BPK3CG3 ISIN US7802593050        |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 29,429             | 29,429   | 37,045            |
| SM ENERGY COMPANY                                        |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 38,677             | 38,677   | 40,540            |
| TOTALENERGIES SE                                         |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 28,090             | 28,090   | 37,059            |
| ALLY FINANCIAL INC                                       |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 77,385             | 77,385   | 94,703            |
| AMERIPRISE FINANCIAL INC                                 |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 44,575             | 44,575   | 91,539            |
| BANK OZK                                                 |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 87,314             | 87,314   | 100,108           |
| CITIGROUP INC                                            |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 94,699             | 94,699   | 97,736            |
| DISCOVER FINANCIAL W/I                                   |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 70,475             | 70,475   | 98,800            |
| FNF GROUP-W/I                                            |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 72,327             | 72,327   | 93,775            |
| FLEETCOR TECHNOLOGIES INC                                |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 145,610            | 145,610  | 180,023           |
| FRANKLIN RESOURCES INC                                   |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 87,293             | 87,293   | 96,430            |
| GOLDMAN SACHS GROUP INC                                  |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 90,694             | 90,694   | 94,514            |
| HARTFORD FINL SVCS GROUP INC                             |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 73,111             | 73,111   | 87,936            |
| METLIFE INC.                                             |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 72,807             | 72,807   | 84,646            |
| REGIONS FINANCIAL CORP                                   |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 82,946             | 82,946   | 90,679            |
| STATE STR CORP                                           |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 86,346             | 86,346   | 92,332            |
| SYNCHRONY FINANCIAL                                      |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 77,474             | 77,474   | 94,597            |
| UNUM GROUP                                               |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 74,119             | 74,119   | 85,556            |
| WELLS FARGO & COMPANY                                    |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 72,639             | 72,639   | 94,306            |
| WESTERN UNION CO - W/I                                   |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 65,626             | 65,626   | 64,165            |
| JAZZ PHARMACEUTICALS PLC SEDOL B4Q5ZN4 ISIN IE00B4Q5ZN47 |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 79,687             | 79,687   | 68,019            |
| ABBVIE INC                                               |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 51,041             | 51,041   | 65,087            |
| CENCORA INC                                              |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 38,415             | 38,415   | 69,829            |
| AMGEN INC                                                |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 54,813             | 54,813   | 67,397            |
| ELEVANCE HEALTH INC                                      |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 56,924             | 56,924   | 68,376            |
| BIOGEN INC                                               |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 78,376             | 78,376   | 74,267            |
| THE CIGNA GROUP                                          |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 55,252             | 55,252   | 68,275            |
| CVS HEALTH CORPORATION                                   |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 88,832             | 88,832   | 72,090            |
| CARDINAL HEALTH INC                                      |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 48,225             | 48,225   | 61,690            |
| CENTENE CORP                                             |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 75,331             | 75,331   | 69,609            |
| DAVITA INC                                               |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 58,962             | 58,962   | 65,370            |
| HCA HEALTHCARE INC                                       |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 73,523             | 73,523   | 73,354            |
| HOLOGIC INC                                              |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 64,041             | 64,041   | 62,519            |
| HUMANA INC                                               |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 45,168             | 45,168   | 58,600            |
| LABORATORY CORP OF AMERICA HLDG                          |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 58,272             | 58,272   | 70,914            |
| MCKESSON CORPORATION                                     |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 28,528             | 28,528   | 64,817            |
| MOLINA HEALTHCARE INC                                    |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 58,233             | 58,233   | 68,288            |
| QUEST DIAGNOSTICS INC                                    |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 63,459             | 63,459   | 70,043            |
| HENRY SCHEIN INC                                         |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 71,180             | 71,180   | 75,861            |
| AGCO CORP                                                |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 14,649             | 14,649   | 25,982            |
| ACUVITY BRANDS INC                                       |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 16,479             | 16,479   | 29,700            |
| ALLISON TRANSMISSION HOLDING                             |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 18,900             | 18,900   | 26,749            |
| ATKORE INC                                               |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 21,894             | 21,894   | 28,480            |
| BOISE CASCADE CO                                         |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 23,580             | 23,580   | 29,494            |
| BOOZ ALLEN HAMILTON HOLDING                              |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 141,034            | 141,034  | 179,745           |

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**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #52-6117495, Plan #002**  
**December 31, 2023**

| (a)                                                            | (b) Identity of issue, borrower, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value |            |                  |               |                    | (d) Cost   | (e) Current Value |
|----------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------|------------------|---------------|--------------------|------------|-------------------|
|                                                                |                                                   | Description                                                                                                 | Collateral | Rate of Interest | Maturity Date | Par/Maturity Value |            |                   |
| BUILDERS FIRSTSOURCE INC                                       |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 9,354              | 9,354      | 16,861            |
| CARLISLE COMPANIES INC                                         |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 14,311             | 14,311     | 29,681            |
| CUMMINS INC                                                    |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 15,974             | 15,974     | 27,551            |
| DOVER CORP                                                     |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 14,955             | 14,955     | 29,685            |
| EMCOR GROUP INC                                                |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 5,651              | 5,651      | 24,344            |
| EMERSON ELECTRIC CO                                            |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 17,540             | 17,540     | 27,447            |
| KNIGHT SWIFT TRANSPORTATION HOLDINGS INC                       |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 26,445             | 26,445     | 26,980            |
| MASCO CORP                                                     |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 17,170             | 17,170     | 28,734            |
| MUELLER INDUSTRIES INC                                         |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 23,851             | 23,851     | 28,809            |
| OSHKOSH CORPORATION CLASS B                                    |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 27,708             | 27,708     | 30,030            |
| OWENS CORNING INC                                              |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 9,021              | 9,021      | 16,750            |
| PARKER HANNIFIN CORP                                           |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 6,718              | 6,718      | 26,721            |
| PAYCHEX INC                                                    |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 151,568            | 151,568    | 158,774           |
| RYDER SYSTEM INC                                               |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 22,586             | 22,586     | 29,570            |
| SNAP ON INC                                                    |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 17,300             | 17,300     | 25,707            |
| 3M COMPANY                                                     |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 38,315             | 38,315     | 27,767            |
| TIMKEN CO                                                      |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 29,422             | 29,422     | 28,854            |
| TRANSIGM GROUP INC                                             |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 166,945            | 166,945    | 169,949           |
| TRINET GROUP INC                                               |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 23,990             | 23,990     | 26,521            |
| UFP INDUSTRIES INC                                             |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 11,437             | 11,437     | 16,698            |
| UNITED RENTALS INC                                             |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 10,623             | 10,623     | 30,965            |
| AMDOCS LIMITED ISIN BG0022569080 SEDOL 2256908                 |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 164,002            | 164,002    | 170,507           |
| APPLE INC                                                      |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 85,571             | 85,571     | 164,036           |
| APPLIED MATERIALS INC                                          |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 141,820            | 141,820    | 169,687           |
| ARISTA NETWORKS INC                                            |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 89,379             | 89,379     | 168,625           |
| CADENCE DESIGN SYSTEMS INC                                     |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 54,528             | 54,528     | 163,422           |
| DROPBOX INC-CLASS A                                            |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 159,951            | 159,951    | 170,630           |
| FORTINET INC                                                   |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 165,886            | 165,886    | 175,005           |
| GARTNER INC                                                    |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 103,244            | 103,244    | 179,542           |
| INTUIT SOFTWARE                                                |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 121,247            | 121,247    | 173,133           |
| KLA CORP                                                       |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 126,487            | 126,487    | 180,784           |
| LAM RESEARCH CORP                                              |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 161,353            | 161,353    | 184,066           |
| NETAPP INC                                                     |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 166,385            | 166,385    | 164,507           |
| SUPER MICRO COMPUTER INC                                       |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 117,898            | 117,898    | 162,312           |
| VONTIER CORP-W/I                                               |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 22,797             | 22,797     | 25,291            |
| AMCOR PLC SEDOL BJ1F307 ISIN JE00BJ1F3079                      |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 18,132             | 18,132     | 14,624            |
| LYONDELLBASELL INDUSTRIES N.V. ISIN NL0009434992 SEDOL B3SPX23 |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 14,198             | 14,198     | 16,449            |
| BERRY GLOBAL GROUP INC                                         |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 12,232             | 12,232     | 16,106            |
| COMMERCIAL METALS CO                                           |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 14,596             | 14,596     | 16,863            |
| EASTMAN CHEM CO                                                |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 13,567             | 13,567     | 16,257            |
| INTERNATIONAL PAPER CO                                         |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 16,082             | 16,082     | 14,641            |
| NUCOR CORP                                                     |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 7,836              | 7,836      | 15,838            |
| PACKAGING CORP PKG                                             |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 10,720             | 10,720     | 15,965            |
| RELIANCE STL & ALUM CO                                         |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 7,206              | 7,206      | 16,501            |
| SONOCO PRODUCTS CO                                             |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 16,426             | 16,426     | 16,426            |
| STEEL DYNAMICS INC                                             |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 5,726              | 5,726      | 15,235            |
| WESTLAKE CORPORATION                                           |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 8,808              | 8,808      | 15,955            |
| T-MOBILE US INC                                                |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 13,670             | 13,670     | 24,851            |
| VERIZON COMMUNICATIONS INC                                     |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 32,627             | 32,627     | 26,880            |
| DUKE ENERGY HOLDING CORP                                       |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 24,799             | 24,799     | 25,716            |
| EDISON INTL                                                    |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 24,526             | 24,526     | 26,237            |
| EVERGY INC                                                     |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 33,289             | 33,289     | 27,666            |
| FIRSTENERGY CORP                                               |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 26,292             | 26,292     | 24,196            |
| NRG ENERGY, INC.                                               |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 25,612             | 25,612     | 29,159            |
| OGE ENERGY CORP                                                |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 24,810             | 24,810     | 24,241            |
| PPL CORPORATION                                                |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 28,284             | 28,284     | 26,802            |
| PINNACLE WEST CAPITAL CORP                                     |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 24,627             | 24,627     | 23,492            |
| PUBLIC SERVICE ENTERPRISE GROUP INC                            |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 20,674             | 20,674     | 23,910            |
| UGI HOLDING CORP NEW                                           |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 33,934             | 33,934     | 29,668            |
| VISTRA CORP                                                    |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 15,300             | 15,300     | 28,428            |
| JACOBS SOLUTIONS INC                                           |                                                   | COMMON STOCKS                                                                                               | N/A        | N/A              | N/A           | 14,908             | 14,908     | 26,479            |
|                                                                |                                                   |                                                                                                             |            |                  |               |                    | 10,186,546 | 13,505,221        |

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #52-6117495, Plan #002**  
**December 31, 2023**

| (a)                             | (b) Identity of issue, borrower, or similar party     | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value |            |                  |               | (d) Cost  | (e) Current Value |                    |
|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------|------------------|---------------|-----------|-------------------|--------------------|
|                                 |                                                       | Description                                                                                                 | Collateral | Rate of Interest | Maturity Date |           |                   | Par/Maturity Value |
| Common Collective Trusts        |                                                       |                                                                                                             |            |                  |               |           |                   |                    |
|                                 | LOOMIS SAYLES HIGH YIELD CONSERVATIVE TRUST           | CCT                                                                                                         | N/A        | N/A              | N/A           | 1,187,606 | 1,187,606         | 3,789,157          |
|                                 | LOOMIS SAYLES SMALL MIDCAP CORE TR B                  | CCT                                                                                                         | N/A        | N/A              | N/A           | 1,163,334 | 1,163,334         | 4,207,113          |
|                                 | MFB NT COLLECTIVE RUSSELL 1000 GROWTH INDEX FUND      | CCT                                                                                                         | N/A        | N/A              | N/A           | 1,899,430 | 1,899,430         | 4,651,050          |
|                                 |                                                       |                                                                                                             |            |                  |               |           | 4,250,370         | 12,647,320         |
| 103-12 Investment Entities      |                                                       |                                                                                                             |            |                  |               |           |                   |                    |
|                                 | JOHNSTON INTERNATIONAL EQUITY GROUP                   | 103-12                                                                                                      | N/A        | N/A              | N/A           | 2,110,412 | 2,110,412         | 4,369,868          |
|                                 |                                                       |                                                                                                             |            |                  |               |           | 2,110,412         | 4,369,868          |
| Pooled Separate Accounts        |                                                       |                                                                                                             |            |                  |               |           |                   |                    |
|                                 | PRINCIPAL FINANCIAL GLOBAL                            | PSA                                                                                                         | N/A        | N/A              | N/A           | 711,043   | 711,043           | 1,945,705          |
|                                 |                                                       |                                                                                                             |            |                  |               |           | 711,043           | 1,945,705          |
| Partnerships                    |                                                       |                                                                                                             |            |                  |               |           |                   |                    |
|                                 | BOYD WATTERSON GSA                                    | Private Equity Fund                                                                                         | N/A        | N/A              | N/A           | 3,234,495 | 3,234,495         | 2,935,301          |
|                                 | BOYD WATTERSON SGA                                    | Private Equity Fund                                                                                         | N/A        | N/A              | N/A           | 4,024,346 | 4,024,346         | 3,759,862          |
|                                 | HAMILTON LANE SECONDARY FEEDER FUND IV-A LP           | Private Equity Fund                                                                                         | N/A        | N/A              | N/A           | 6,496,551 | 6,496,551         | 2,779,876          |
|                                 | CORBIN ERISA OPPORTUNITY FUND, L.P.                   | Real Estate Fund                                                                                            | N/A        | N/A              | N/A           | 5,310,477 | 5,310,477         | 6,595,584          |
|                                 | HAMILTON LANE SECONDARY FEEDER FUND V-A LP            | Real Estate Fund                                                                                            | N/A        | N/A              | N/A           | 4,137,223 | 4,137,223         | 4,646,165          |
|                                 | U.S. REAL ESTATE INVESTMENT FUND, LLC                 | Real Estate Fund                                                                                            | N/A        | N/A              | N/A           | 9,743,540 | 9,743,540         | 9,027,287          |
|                                 |                                                       |                                                                                                             |            |                  |               |           | 32,946,632        | 29,744,075         |
| Registered Investment Companies |                                                       |                                                                                                             |            |                  |               |           |                   |                    |
|                                 | Federated Government OBL-SEL ERISA & Disc IRA FD # 07 | MMMF                                                                                                        | N/A        | N/A              | N/A           | 2,445,097 | 2,445,097         | 2,445,097          |
|                                 |                                                       |                                                                                                             |            |                  |               |           | 2,445,097         | 2,445,097          |

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

**United Food and Commercial Workers Unions and Participating Employers Pension Fund**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN #52-6117495, Plan #002**  
**December 31, 2023**

| (a)             | (b) Identity of issue, borrower, or similar party                                  | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value |            |                  |               |                    | (d) Cost  | (e) Current Value |
|-----------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------|------------------|---------------|--------------------|-----------|-------------------|
|                 |                                                                                    | Description                                                                                                 | Collateral | Rate of Interest | Maturity Date | Par/Maturity Value |           |                   |
| Hedge Funds     |                                                                                    |                                                                                                             |            |                  |               |                    |           |                   |
|                 | ENTRUST CAPITAL DIVERSIFIED FUND                                                   | Hedge Fund                                                                                                  | N/A        | N/A              | N/A           | 1,117,392          | 1,117,392 | 179,992           |
|                 | ENTRUST SPECIAL OPP FUND IV LTD                                                    | Hedge Fund                                                                                                  | N/A        | N/A              | N/A           | 4,217,486          | 4,217,486 | 4,442,643         |
|                 | ENTRUST SPECIAL OPP FUND III LTD                                                   | Hedge Fund                                                                                                  | N/A        | N/A              | N/A           | 1,092,751          | 1,092,751 | 1,952,497         |
|                 |                                                                                    |                                                                                                             |            |                  |               |                    | 6,427,629 | 6,575,132         |
| Municipal Bonds |                                                                                    |                                                                                                             |            |                  |               |                    |           |                   |
|                 | COLORADO ST HSG & FIN AUTH CLASS I-SE REV 04.381% DUE 11/01/2026                   | MUNICIPAL BONDS                                                                                             | N/A        | 4.381            | 11/01/2026    | 20,000             | 20,000    | 19,788            |
|                 | DALLAS-FORT WORTH TX INTERNATI REF-SER A REV 02.256% DUE 11/01/2026                | MUNICIPAL BONDS                                                                                             | N/A        | 2.256            | 11/01/2026    | 25,000             | 25,000    | 23,493            |
|                 | HONOLULU CITY & CNTY HI WS REF-SECOND REV 02.316% DUE 07/01/2025                   | MUNICIPAL BONDS                                                                                             | N/A        | 2.316            | 07/01/2025    | 25,000             | 25,000    | 24,112            |
|                 | METRO WSTWTR RECLAMATION DISTC REF-SER B REV 02.363% DUE 04/01/2027                | MUNICIPAL BONDS                                                                                             | N/A        | 2.363            | 04/01/2027    | 25,000             | 25,000    | 23,499            |
|                 | NEBRASKA ST PUBLIC PWR DIST RE REF-SER B1 REV 02.493% DUE 01/01/2027               | MUNICIPAL BONDS                                                                                             | N/A        | 2.493            | 01/01/2027    | 25,000             | 25,000    | 23,459            |
|                 | NEW YORK ST URBAN DEV CORP REV REF-SER D- REV CALL 09/15/27 03.270% DUE 03/15/2028 | MUNICIPAL BONDS                                                                                             | N/A        | 3.270            | 03/15/2028    | 29,357             | 29,357    | 28,406            |
|                 | N TX TOLLWAY AUTH REVENUE REF-FIRST REV 00.920% DUE 01/01/2024                     | MUNICIPAL BONDS                                                                                             | N/A        | 0.920            | 01/01/2024    | 20,000             | 20,000    | 20,000            |
|                 | OREGON ST DEPT OF TRANSPRTN HI SENIOR LIE REV 01.330% DUE 11/15/2028               | MUNICIPAL BONDS                                                                                             | N/A        | 1.330            | 11/15/2028    | 12,750             | 12,750    | 13,096            |
|                 | PRINCE GEORGES CNTY MD REF-SER C 00.844% DUE 09/15/2024                            | MUNICIPAL BONDS                                                                                             | N/A        | 0.844            | 09/15/2024    | 10,000             | 10,000    | 9,707             |
|                 | UNIV OF CALIFORNIA CA REVENUES REF-SER BF REV 00.833% DUE 05/15/2024               | MUNICIPAL BONDS                                                                                             | N/A        | 0.833            | 05/15/2024    | 10,000             | 10,000    | 9,843             |
|                 | VIRGINIA ST RESOURCES AUTH INF REF-POOLED REV 02.530% DUE 11/01/2028               | MUNICIPAL BONDS                                                                                             | N/A        | 2.530            | 11/01/2028    | 25,000             | 25,000    | 23,096            |
|                 |                                                                                    |                                                                                                             |            |                  |               |                    | 227,107   | 218,499           |
|                 |                                                                                    |                                                                                                             |            |                  |               |                    |           | \$ 98,367,438     |

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

| Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments |                     |                                              |                       |               |  |
|-------------------------------------------------------------------------------|---------------------|----------------------------------------------|-----------------------|---------------|--|
|                                                                               |                     | Retired<br>Participants and<br>Beneficiaries |                       |               |  |
| Plan Year                                                                     | Active Participants | Terminated Vested<br>Participants            | Receiving<br>Payments | Total         |  |
| 2023                                                                          | \$ 979,063          | \$ 8,071,617                                 | \$ 14,500,187         | \$ 23,550,867 |  |
| 2024                                                                          | 1,352,182           | 3,224,949                                    | 13,862,763            | 18,439,894    |  |
| 2025                                                                          | 1,724,970           | 3,797,363                                    | 13,458,083            | 18,980,416    |  |
| 2026                                                                          | 2,068,811           | 4,372,848                                    | 13,031,023            | 19,472,682    |  |
| 2027                                                                          | 2,377,342           | 4,951,306                                    | 12,582,446            | 19,911,094    |  |
| 2028                                                                          | 2,587,780           | 5,468,434                                    | 12,128,160            | 20,184,374    |  |
| 2029                                                                          | 2,773,322           | 6,015,384                                    | 11,668,027            | 20,456,733    |  |
| 2030                                                                          | 2,933,288           | 6,549,495                                    | 11,194,951            | 20,677,734    |  |
| 2031                                                                          | 3,082,553           | 6,992,332                                    | 10,710,643            | 20,785,528    |  |
| 2032                                                                          | 3,194,404           | 7,384,048                                    | 10,216,364            | 20,794,816    |  |
| 2033                                                                          | 3,280,730           | 7,677,169                                    | 9,713,811             | 20,671,710    |  |
| 2034                                                                          | 3,334,223           | 7,902,175                                    | 9,204,759             | 20,441,157    |  |
| 2035                                                                          | 3,376,255           | 8,089,151                                    | 8,690,834             | 20,156,240    |  |
| 2036                                                                          | 3,419,204           | 8,254,104                                    | 8,173,900             | 19,847,208    |  |
| 2037                                                                          | 3,435,197           | 8,418,257                                    | 7,655,879             | 19,509,333    |  |
| 2038                                                                          | 3,429,094           | 8,535,531                                    | 7,139,059             | 19,103,684    |  |
| 2039                                                                          | 3,410,025           | 8,603,697                                    | 6,625,927             | 18,639,649    |  |
| 2040                                                                          | 3,375,869           | 8,621,511                                    | 6,118,753             | 18,116,133    |  |
| 2041                                                                          | 3,324,551           | 8,606,449                                    | 5,620,093             | 17,551,093    |  |
| 2042                                                                          | 3,264,649           | 8,565,194                                    | 5,132,573             | 16,962,416    |  |
| 2043                                                                          | 3,189,625           | 8,481,272                                    | 4,659,036             | 16,329,933    |  |
| 2044                                                                          | 3,100,779           | 8,343,552                                    | 4,202,275             | 15,646,606    |  |
| 2045                                                                          | 3,005,392           | 8,208,199                                    | 3,764,511             | 14,978,102    |  |
| 2046                                                                          | 2,907,643           | 8,044,948                                    | 3,348,351             | 14,300,942    |  |
| 2047                                                                          | 2,796,506           | 7,843,819                                    | 2,955,971             | 13,596,296    |  |

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

| Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments |                     |                   |              |                                                                       |       |
|-------------------------------------------------------------------------------|---------------------|-------------------|--------------|-----------------------------------------------------------------------|-------|
| Plan Year                                                                     | Active Participants | Terminated Vested |              | Retired<br>Participants and<br>Beneficiaries<br>Receiving<br>Payments | Total |
|                                                                               |                     | Participants      | Participants |                                                                       |       |
| 2048                                                                          | \$ 2,676,124        | \$ 7,623,456      | \$ 2,589,404 | \$ 12,888,984                                                         |       |
| 2049                                                                          | 2,548,606           | 7,375,919         | 2,250,035    | 12,174,560                                                            |       |
| 2050                                                                          | 2,420,619           | 7,088,797         | 1,938,914    | 11,448,330                                                            |       |
| 2051                                                                          | 2,286,618           | 6,788,480         | 1,656,707    | 10,731,805                                                            |       |
| 2052                                                                          | 2,148,920           | 6,495,039         | 1,403,709    | 10,047,668                                                            |       |
| 2053                                                                          | 2,011,587           | 6,188,024         | 1,179,132    | 9,378,743                                                             |       |
| 2054                                                                          | 1,872,737           | 5,859,747         | 982,107      | 8,714,591                                                             |       |
| 2055                                                                          | 1,738,157           | 5,507,682         | 811,352      | 8,057,191                                                             |       |
| 2056                                                                          | 1,610,760           | 5,151,614         | 664,993      | 7,427,367                                                             |       |
| 2057                                                                          | 1,484,866           | 4,786,630         | 540,937      | 6,812,433                                                             |       |
| 2058                                                                          | 1,360,466           | 4,426,822         | 436,980      | 6,224,268                                                             |       |
| 2059                                                                          | 1,243,520           | 4,079,150         | 350,773      | 5,673,443                                                             |       |
| 2060                                                                          | 1,133,355           | 3,740,159         | 280,031      | 5,153,545                                                             |       |
| 2061                                                                          | 1,030,648           | 3,412,773         | 222,522      | 4,665,943                                                             |       |
| 2062                                                                          | 934,974             | 3,101,370         | 176,130      | 4,212,474                                                             |       |
| 2063                                                                          | 844,827             | 2,805,890         | 139,052      | 3,789,769                                                             |       |
| 2064                                                                          | 761,430             | 2,528,559         | 109,585      | 3,399,574                                                             |       |
| 2065                                                                          | 684,667             | 2,268,908         | 86,295       | 3,039,870                                                             |       |
| 2066                                                                          | 614,393             | 2,028,084         | 67,997       | 2,710,474                                                             |       |
| 2067                                                                          | 550,290             | 1,805,831         | 53,707       | 2,409,828                                                             |       |
| 2068                                                                          | 492,457             | 1,601,651         | 42,555       | 2,136,663                                                             |       |
| 2069                                                                          | 439,730             | 1,414,843         | 33,869       | 1,888,442                                                             |       |
| 2070                                                                          | 391,986             | 1,244,684         | 27,076       | 1,663,746                                                             |       |
| 2071                                                                          | 348,806             | 1,090,252         | 21,774       | 1,460,832                                                             |       |
| 2072                                                                          | 309,861             | 950,621           | 17,615       | 1,278,097                                                             |       |

Notes on the Expected Annual Benefit Payments:

- Based on the 2023 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, they do not include additional accruals, new entrants or expected expenses.

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

| Schedule MB, line 8b(2) - Schedule of Active Participant Data |                           |                    |        |                    |        |                    |          |                    |          |                    |          |                    |          |                    |          |                    |          |                    |         |                    |
|---------------------------------------------------------------|---------------------------|--------------------|--------|--------------------|--------|--------------------|----------|--------------------|----------|--------------------|----------|--------------------|----------|--------------------|----------|--------------------|----------|--------------------|---------|--------------------|
| 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 |                    |
|                                                               |                           | Average<br>Accrued |        | Average<br>Accrued |        | Average<br>Accrued |          | Average<br>Accrued |          | Average<br>Accrued |          | Average<br>Accrued |          | Average<br>Accrued |          | Average<br>Accrued |          | Average<br>Accrued |         | Average<br>Accrued |
|                                                               | No.                       | Mon. Ben           | No.    | Mon. Ben           | No.    | Mon. Ben           | No.      | Mon. Ben           | No.      | Mon. Ben           | No.      | Mon. Ben           | No.      | Mon. Ben           | No.      | Mon. Ben           | No.      | Mon. Ben           | No.     | Mon. Ben           |
| Under 25                                                      | 68                        | 4                  | 75     | 13                 | 3      | 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                                                      | 25                        | 6                  | 47     | 22                 | 32     | 55                 | 1        | N/A                | 0        | N/A                | 0        | N/A                | 0        | N/A                | 0        | N/A                | 0        | N/A                | 0       | N/A                |
| 30 to 34                                                      | 24                        | 3                  | 30     | 21                 | 25     | 89                 | 26       | 132                | 11       | N/A                | 0        | N/A                | 0        | N/A                | 0        | N/A                | 0        | N/A                | 0       | N/A                |
| 35 to 39                                                      | 21                        | 4                  | 34     | 22                 | 25     | 126                | 18       | N/A                | 31       | 236                | 8        | N/A                | 0        | N/A                | 0        | N/A                | 0        | N/A                | 0       | N/A                |
| 40 to 44                                                      | 15                        | N/A                | 27     | 19                 | 17     | N/A                | 17       | N/A                | 21       | 292                | 28       | 335                | 2        | N/A                | 0        | N/A                | 0        | N/A                | 0       | N/A                |
| 45 to 49                                                      | 56                        | 4                  | 33     | 32                 | 21     | 101                | 10       | N/A                | 26       | 284                | 17       | N/A                | 27       | 528                | 3        | N/A                | 0        | N/A                | 0       | N/A                |
| 50 to 54                                                      | 10                        | N/A                | 35     | 30                 | 19     | N/A                | 15       | N/A                | 22       | 273                | 29       | 330                | 37       | 555                | 30       | 730                | 2        | N/A                | 0       | N/A                |
| 55 to 59                                                      | 11                        | N/A                | 32     | 22                 | 25     | 98                 | 14       | N/A                | 29       | 419                | 34       | 327                | 32       | 526                | 37       | 778                | 23       | 1,000              | 1       | N/A                |
| 60 to 64                                                      | 10                        | N/A                | 26     | 19                 | 15     | N/A                | 24       | 293                | 23       | 250                | 28       | 370                | 34       | 525                | 40       | 762                | 25       | 1,116              | 7       | N/A                |
| 65 to 69                                                      | 7                         | N/A                | 8      | N/A                | 16     | N/A                | 13       | N/A                | 17       | N/A                | 25       | 324                | 14       | N/A                | 11       | N/A                | 13       | N/A                | 7       | N/A                |
| 70 & up                                                       | 5                         | N/A                | 10     | N/A                | 8      | N/A                | 6        | N/A                | 9        | N/A                | 9        | N/A                | 6        | N/A                | 11       | N/A                | 5        | N/A                | 5       | N/A                |
| Total                                                         | 252                       | 4                  | 357    | 21                 | 206    | 82                 | 144      | 202                | 189      | 280                | 178      | 335                | 152      | 526                | 132      | 732                | 68       | 1,017              | 20      | 1,346              |

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

| Schedule MB, line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments |                        |           |                               |        |              |
|--------------------------------------------------------------------------------------------------------------|------------------------|-----------|-------------------------------|--------|--------------|
| Plan Year                                                                                                    | Employer Contributions |           | Withdrawal Liability Payments |        | Total        |
| 2023                                                                                                         | \$                     | 4,524,489 | \$                            | 69,004 | \$ 4,593,493 |
| 2024                                                                                                         |                        | 4,798,467 |                               | 69,004 | 4,867,471    |
| 2025                                                                                                         |                        | 4,798,467 |                               | 69,004 | 4,867,471    |
| 2026                                                                                                         |                        | 4,680,689 |                               | 69,004 | 4,749,693    |
| 2027                                                                                                         |                        | 4,566,444 |                               | 0      | 4,566,444    |
| 2028                                                                                                         |                        | 4,455,627 |                               | 0      | 4,455,627    |
| 2029                                                                                                         |                        | 4,348,134 |                               | 0      | 4,348,134    |
| 2030                                                                                                         |                        | 4,243,866 |                               | 0      | 4,243,866    |
| 2031                                                                                                         |                        | 4,142,726 |                               | 0      | 4,142,726    |
| 2032                                                                                                         |                        | 4,044,620 |                               | 0      | 4,044,620    |

Notes on the Expected Employer Contributions:

- Based on the 2023 PPA Zone Status Certification assumptions
- Amounts are assumed payable mid-year

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

1. The RPA '94 current liability interest rate was changed from 2.22% to 2.55% to comply with appropriate guidance. The mortality table for current liability was also updated to the 2023 Static Mortality tables for annuitants and non-annuitants.

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

| Schedule of Amortizations Required for Minimum Required Contribution |                  |                |                            |                               |                              |                                       |
|----------------------------------------------------------------------|------------------|----------------|----------------------------|-------------------------------|------------------------------|---------------------------------------|
| Type of Base                                                         | Date Established | Initial Amount | Initial Amortization Years | 1/1/2023 Outstanding Balance* | Remaining Amortization Years | Beginning of Year Amortization Amount |
| <b>Charges</b>                                                       |                  |                |                            |                               |                              |                                       |
| 1. Plan Amendment                                                    | 1/1/1989         | \$ 2,557,800   | 30                         | \$ 150,038                    | 1                            | \$ 150,038                            |
| 2. Plan Change                                                       | 1/1/1989         | 248,266        | 30                         | 14,475                        | 1                            | 14,475                                |
| 3. Plan Change, AVA Change, & Assumption Change                      | 1/1/1989         | 697,792        | 30                         | 40,685                        | 1                            | 40,685                                |
| 4. Plan Amendment                                                    | 1/1/1990         | 892,000        | 30                         | 104,197                       | 2                            | 53,860                                |
| 5. Plan Change                                                       | 1/1/1990         | 167,457        | 30                         | 19,408                        | 2                            | 10,032                                |
| 6. Plan Amendment                                                    | 1/1/1991         | 688,000        | 30                         | 119,550                       | 3                            | 42,575                                |
| 7. Plan Change                                                       | 1/1/1991         | 143,740        | 30                         | 24,738                        | 3                            | 8,810                                 |
| 8. Plan Amendment                                                    | 7/1/1991         | 1,130,000      | 30                         | 227,589                       | 3.5                          | 70,612                                |
| 9. Plan Amendment                                                    | 1/1/1992         | 4,000          | 30                         | 916                           | 4                            | 253                                   |
| 10. Plan Amendment                                                   | 7/1/1992         | 1,361,000      | 30                         | 347,256                       | 4.5                          | 86,550                                |
| 11. Plan Amendment                                                   | 1/1/1993         | 211,550        | 30                         | 59,489                        | 5                            | 13,560                                |
| 12. Plan Amendment                                                   | 7/1/1993         | 98,000         | 30                         | 30,045                        | 5.5                          | 6,326                                 |
| 13. Plan Change                                                      | 1/1/1993         | 411,140        | 30                         | 114,585                       | 5                            | 26,118                                |
| 14. Plan Amendment                                                   | 1/1/1994         | 53,197         | 30                         | 17,630                        | 6                            | 3,457                                 |
| 15. Plan Change                                                      | 1/1/1994         | 338,908        | 30                         | 111,377                       | 6                            | 21,838                                |
| 16. Plan Amendment                                                   | 1/1/1995         | 430,616        | 30                         | 163,329                       | 7                            | 28,324                                |
| 17. Plan Amendment                                                   | 1/1/1996         | 837,866        | 30                         | 355,796                       | 8                            | 55,686                                |
| 18. Plan Amendment                                                   | 1/1/1997         | 2,234,865      | 30                         | 1,044,880                     | 9                            | 149,883                               |
| 19. Plan Change                                                      | 1/1/1997         | 618,819        | 30                         | 286,859                       | 9                            | 41,149                                |
| 20. Plan Amendment                                                   | 1/1/1998         | 1,191,987      | 30                         | 605,544                       | 10                           | 80,576                                |
| 21. Plan Change                                                      | 1/1/1998         | 234,877        | 30                         | 118,239                       | 10                           | 15,733                                |
| 22. Plan Amendment                                                   | 1/1/1999         | 685,993        | 30                         | 374,012                       | 11                           | 46,614                                |
| 23. Plan Amendment                                                   | 1/1/2000         | 985,433        | 30                         | 571,612                       | 12                           | 67,259                                |
| 24. Plan Change                                                      | 1/1/2000         | 164,070        | 30                         | 94,529                        | 12                           | 11,123                                |
| 25. Plan Amendment                                                   | 1/1/2001         | 2,224,285      | 30                         | 1,362,764                     | 13                           | 152,389                               |

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

| Schedule of Amortizations Required for Minimum Required Contribution |                  |                |                            |                               |                              |                                       |
|----------------------------------------------------------------------|------------------|----------------|----------------------------|-------------------------------|------------------------------|---------------------------------------|
| Type of Base                                                         | Date Established | Initial Amount | Initial Amortization Years | 1/1/2023 Outstanding Balance* | Remaining Amortization Years | Beginning of Year Amortization Amount |
| <b>Charges</b>                                                       |                  |                |                            |                               |                              |                                       |
| 26. Plan Change                                                      | 1/1/2002         | \$ 2,873,064   | 30                         | \$ 1,847,844                  | 14                           | \$ 197,469                            |
| 27. Plan Change                                                      | 1/1/2003         | 2,278,455      | 30                         | 1,530,285                     | 15                           | 157,025                               |
| 28. Experience Loss                                                  | 1/1/2004         | 3,571,616      | 15                         | 281,977                       | 1                            | 281,977                               |
| 29. Plan Change                                                      | 1/1/2004         | 335,951        | 30                         | 234,565                       | 16                           | 23,206                                |
| 30. Experience Loss                                                  | 1/1/2004         | 331,260        | 15                         | 26,029                        | 1                            | 26,029                                |
| 31. Experience Loss                                                  | 1/1/2005         | 1,343,748      | 15                         | 210,296                       | 2                            | 108,704                               |
| 32. Experience Loss                                                  | 1/1/2005         | 208,941        | 15                         | 32,599                        | 2                            | 16,851                                |
| 33. Plan Change                                                      | 1/1/2005         | 409,909        | 30                         | 296,358                       | 17                           | 28,369                                |
| 34. Experience Loss                                                  | 1/1/2006         | 1,269,068      | 15                         | 294,136                       | 3                            | 104,749                               |
| 35. Experience Loss                                                  | 1/1/2007         | 1,473,846      | 15                         | 448,337                       | 4                            | 123,703                               |
| 36. Experience Loss                                                  | 1/1/2007         | 3,114,762      | 30                         | 2,390,878                     | 19                           | 216,191                               |
| 37. Experience Loss                                                  | 1/1/2007         | 81,286         | 15                         | 24,726                        | 4                            | 6,822                                 |
| 38. Experience Loss                                                  | 1/1/2009         | 27,801,544     | 15                         | 12,212,302                    | 6                            | 2,394,476                             |
| 39. Experience Loss                                                  | 1/1/2011         | 2,333,087      | 15                         | 654,515                       | 3                            | 233,088                               |
| 40. Experience Loss                                                  | 1/1/2012         | 17,209,195     | 15                         | 6,207,361                     | 4                            | 1,712,699                             |
| 41. Experience Loss                                                  | 1/1/2014         | 1,069,525      | 15                         | 538,892                       | 6                            | 105,661                               |
| 42. Experience Loss                                                  | 1/1/2015         | 3,705,749      | 15                         | 2,103,712                     | 7                            | 364,814                               |
| 43. Change Assumptions                                               | 1/1/2016         | 10,874,036     | 15                         | 6,816,408                     | 8                            | 1,066,849                             |
| 44. Experience Loss                                                  | 1/1/2016         | 8,617,416      | 15                         | 5,401,843                     | 8                            | 845,453                               |
| 45. Experience Loss                                                  | 1/1/2017         | 3,583,448      | 15                         | 2,584,195                     | 9                            | 370,691                               |
| 46. Consolidated Fund Transfer (Combined)                            | 1/1/2017         | 812,079        | 13                         | 528,178                       | 7                            | 91,594                                |
| 47. Experience Loss                                                  | 1/1/2018         | 5,276,178      | 15                         | 4,091,502                     | 10                           | 544,428                               |
| 48. Experience Loss                                                  | 1/1/2019         | 4,734,838      | 15                         | 3,910,550                     | 11                           | 487,382                               |
| 49. Assumption Change                                                | 1/1/2020         | 10,882,748     | 15                         | 9,497,967                     | 12                           | 1,117,582                             |
| 50. Experience Loss                                                  | 1/1/2020         | 296,828        | 15                         | 259,059                       | 12                           | 30,482                                |

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

| Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases |                  |                |                            |                               |                              |                                       |
|---------------------------------------------------------------------------|------------------|----------------|----------------------------|-------------------------------|------------------------------|---------------------------------------|
| Type of Base                                                              | Date Established | Initial Amount | Initial Amortization Years | 1/1/2023 Outstanding Balance* | Remaining Amortization Years | Beginning of Year Amortization Amount |
| <b>Charges</b>                                                            |                  |                |                            |                               |                              |                                       |
| 51. Assumption Change                                                     | 1/1/2021         | \$ 6,014,433   | 15                         | \$ 5,518,995                  | 13                           | \$ 617,152                            |
| 52. Experience Loss                                                       | 1/1/2021         | 11,315,929     | 15                         | 10,383,781                    | 13                           | 1,161,148                             |
| 53. Experience Loss                                                       | 1/1/2023         | 989,808        | 15                         | 989,808                       | 15                           | 101,566                               |
| TOTAL CHARGES                                                             |                  |                |                            | \$ 85,676,640                 |                              | \$ 13,734,085                         |

\*Charge bases established on or before January 1, 2009 have been extended five years as of January 1, 2009 as approved under Section 431(d)(1)(A).

| Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases |                  |                |                            |                              |                              |                                       |
|---------------------------------------------------------------------------|------------------|----------------|----------------------------|------------------------------|------------------------------|---------------------------------------|
| Type of Base                                                              | Date Established | Initial Amount | Initial Amortization Years | 1/1/2023 Outstanding Balance | Remaining Amortization Years | Beginning of Year Amortization Amount |
| <b>Credits</b>                                                            |                  |                |                            |                              |                              |                                       |
| 1. Assumption Change                                                      | 1/1/1996         | \$ 491,468     | 30                         | \$ 103,621                   | 3                            | \$ 36,902                             |
| 2. Change Assumptions                                                     | 1/1/1998         | 2,717,390      | 30                         | 898,739                      | 5                            | 204,854                               |
| 3. Experience Gain                                                        | 1/1/2010         | 4,291,587      | 15                         | 832,739                      | 2                            | 430,450                               |
| 4. Experience Gain                                                        | 1/1/2013         | 543,298        | 15                         | 236,333                      | 5                            | 53,869                                |
| 5. Experience Gain                                                        | 1/1/2022         | 4,339,122      | 15                         | 4,166,448                    | 14                           | 445,245                               |
| TOTAL CREDITS                                                             |                  |                |                            | \$ 6,237,880                 |                              | \$ 1,171,320                          |
| NET                                                                       |                  |                |                            | \$ 79,438,760                |                              | \$ 12,562,765                         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                                                                                                                                                                                         | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information<br/><br/>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br/><br/>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110<br/><br/>2023<br/><br/>This Form is Open to Public Inspection</div> |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| ▶ Round off amounts to nearest dollar.<br>▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| A Name of plan<br>UFCW UNIONS & PARTICIPATING EMPLOYERS PEN FUND                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                             | B Three-digit plan number (PN) ▶ 002                                                       |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>BD OF TRUSTEES, UFCW UNIONS & PART<br>EMP PEN FUND                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                             | D Employer Identification Number (EIN)<br>52-6117495                                       |
| E Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions)                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| 1a Enter the valuation date: Month 1 Day 1 Year 2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| b Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| (1) Current value of assets.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1b(1)                                                                                                                                                                                                                                                                                                                                                       | 103,999,880                                                                                |
| (2) Actuarial value of assets for funding standard account .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1b(2)                                                                                                                                                                                                                                                                                                                                                       | 113,456,215                                                                                |
| c (1) Accrued liability for plan using immediate gain methods .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1c(1)                                                                                                                                                                                                                                                                                                                                                       | 253,765,788                                                                                |
| (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)                                                                                                                                                                                                                                                                                                                                                       | 253,765,788                                                                                |
| 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)                                                                                                                                                                                                                                                                                                                                                    | 443,289,702                                                                                |
| (b) Expected increase in current liability due to benefits accruing during the plan year.....                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1d(2)(b)                                                                                                                                                                                                                                                                                                                                                    | 2,197,284                                                                                  |
| (c) Expected release from "RPA '94" current liability for the plan year.....                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1d(2)(c)                                                                                                                                                                                                                                                                                                                                                    | 23,234,967                                                                                 |
| (3) Expected plan disbursements for the plan year.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1d(3)                                                                                                                                                                                                                                                                                                                                                       | 25,205,919                                                                                 |
| Statement by Enrolled Actuary<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div>Peter R. Hardcastle</div> <div>Signature of actuary</div>                                                                                                                                                                                                                                                                                              | <div>9/20/2024</div> <div>Date</div>                                                       |
| PETER R. HARDCASTLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                             | 23-05197                                                                                   |
| Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                             | Most recent enrollment number                                                              |
| CHEIRON, INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                             | (703) 893-1456                                                                             |
| Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             | Telephone number (including area code)                                                     |
| 8300 GREENSBORO DRIVE<br>SUITE 800<br>MCLEAN VA 22102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| Address of the firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |
| Schedule MB (Form 5500) 2023 v. 230728                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |

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

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 103,999,880                  |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   |                                   |                              |
|                                                                                                                                     | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 3,745                             | 191,561,481                  |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 6,438                             | 181,920,254                  |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 966,310                      |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 68,841,657                   |
| <b>(c)</b> Total active .....                                                                                                       | 1,698                             | 69,807,967                   |
| <b>(4)</b> Total .....                                                                                                              | 11,881                            | 443,289,702                  |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 23.46 %                      |

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

| (a) Date<br>(MM/DD/YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                                                                                 | 5,331,038                         |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 5,331,038                         | <b>3(c)</b> 0                   |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | <b>3(d)</b> 51,753              |

**4** Information on plan status:

|                                                                                                                                                                            |           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                           | <b>4a</b> | 44.7 %                                                              |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....     | <b>4b</b> | C                                                                   |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                  |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....      | <b>4e</b> |                                                                     |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                       | <b>4f</b> |                                                                     |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                     |           |                                                                     |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here. .... <input type="checkbox"/>                      |           |                                                                     |
| • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."                                                                     |           | 2051                                                                |

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

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

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                                               |                                                                                                  |                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                                  | <b>6a</b>                                                                                        | 2.55 %                                                                                                                                          |
|                                                                                                                               | Pre-retirement                                                                                   | Post-retirement                                                                                                                                 |
| <b>b</b> Rates specified in insurance or annuity contracts.....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                           |
| <b>c</b> Mortality table code for valuation purposes:                                                                         |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Males .....                                                                                                        | <b>6c(1)</b>                                                                                     | A                                                                                                                                               |
| <b>(2)</b> Females .....                                                                                                      | <b>6c(2)</b>                                                                                     | A                                                                                                                                               |
| <b>d</b> Valuation liability interest rate .....                                                                              | <b>6d</b>                                                                                        | 7.00 %                                                                                                                                          |
| <b>e</b> Salary scale .....                                                                                                   | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |
| <b>f</b> Withdrawal liability interest rate:                                                                                  |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Type of interest rate .....                                                                                        | <b>6f(1)</b>                                                                                     | <input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                             | <b>6f(2)</b>                                                                                     | %                                                                                                                                               |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                 | <b>6g</b>                                                                                        | 5.7 %                                                                                                                                           |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                   | <b>6h</b>                                                                                        | -12.0 %                                                                                                                                         |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                       | <b>6i</b>                                                                                        | <input type="checkbox"/> N/A                                                                                                                    |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....                     | <b>6i(1)</b>                                                                                     | %                                                                                                                                               |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b..... | <b>6i(2)</b>                                                                                     | 1,600,000                                                                                                                                       |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                             | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |

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

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 989,808             | 101,566                        |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                             |                                                                     |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------|
| <b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....                                                                                             | <b>8a</b>                                                           |          |
| <b>b</b> Demographic, benefit, and contribution information                                                                                                                                                                                                 |                                                                     |          |
| <b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |          |
| <b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |          |
| <b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |          |
| <b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....                                                                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |          |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                  |                                                                     |          |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code?.....                                                                                                                                                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |          |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                               | <b>8d(2)</b>                                                        | 5        |
| <b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |
| <b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....                                                                                                 | <b>8d(4)</b>                                                        |          |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                        | <b>8d(5)</b>                                                        |          |
| <b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No            |          |
| <b>e</b> If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) ..... | <b>8e</b>                                                           | -738,906 |

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

|                                                                         |           |            |
|-------------------------------------------------------------------------|-----------|------------|
| <b>a</b> Prior year funding deficiency, if any .....                    | <b>9a</b> | 60,870,813 |
| <b>b</b> Employer's normal cost for plan year as of valuation date..... | <b>9b</b> | 2,561,886  |

**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 |            |
|--------------|---------------------|------------|
| <b>9c(1)</b> | 85,676,640          | 13,734,085 |
| <b>9c(2)</b> | 0                   | 0          |
| <b>9c(3)</b> | 0                   | 0          |

**d** Interest as applicable on lines 9a, 9b, and 9c.....**9d** 5,401,675**e** Total charges. Add lines 9a through 9d.....**9e** 82,568,459**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** 5,331,038**h** Amortization credits as of valuation date.....

|           | Outstanding balance |           |
|-----------|---------------------|-----------|
| <b>9h</b> | 6,237,880           | 1,171,320 |

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 265,423**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL) .....**(3)** FFL credit .....

|              |             |   |
|--------------|-------------|---|
| <b>9j(1)</b> | 162,990,740 |   |
| <b>9j(2)</b> | 294,372,945 |   |
| <b>9j(3)</b> |             | 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** 6,767,781**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** 75,800,678**o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current 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** 75,800,678**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....☒ Yes ☐ No

*Schedule MB, line 6 – Summary of Plan Provisions*

**A. Former Meat and Poultry Participants**

**1. Eligibility**

All employees formerly covered by a collective bargaining agreement requiring contributions by employers (including the Local Union) to the Amalgamated Meat Cutters and Allied Workers of North America Local Union No. 593 and Washington Wholesalers Pension Fund participate in the plan. As of January 1, 2007, the Fund was merged with the UFCW Unions and Participating Employers Pension Fund.

**2. Credited Service**

Credited service consists of the total past and future service as defined below.

*a. Past Service*

Past credited service is based on completed years and months of continuous employment with a participating employer prior to the employer's participation date (January 1, 1966 for employers participating under the Amalgamated Meat Cutters agreement and April 1, 1975 for employers participating under the Poultry Workers agreement).

*b. Future Service*

Future credited service is expressed in terms of years (and fractional years) of employment on or after January 1, 1966 during which an employer is required to make contributions to the Fund. The following schedule is applicable for determining future credited service:

| <u>Hours</u>   |               | Future<br>Service Credit |
|----------------|---------------|--------------------------|
| At Least       | But Less Than |                          |
| 400            | 600           | 0.3                      |
| 600            | 800           | 0.4                      |
| 800            | 1,000         | 0.5                      |
| 1,000          | 1,200         | 0.6                      |
| 1,200          | 1,400         | 0.7                      |
| 1,400          | 1,600         | 0.8                      |
| 1,600          | 1,800         | 0.9                      |
| 1,800 and over |               | 1.0                      |

Contributions are made and credit given for the Meat Cutters for 173 hours in any month a participant works 134 or more hours. No employee will be credited with more than one year of future credited service in one calendar year.

Credited service for calculating benefit amounts may not exceed 40 years.

*Schedule MB, line 6 – Summary of Plan Provisions*

**3. Vesting Service**

Vesting service for Meat Cutters is the total of past and future credited service.

Vesting service for Poultry Workers is future credited service.

In all cases, one year of vesting service is granted for each year of future credited service in which the participant works at least 1,000 hours.

**4. Loss of Credited Service**

A participant who has fewer than five years of vesting credit will lose all of his previously accumulated credited service if, before qualifying for and making an application for benefits, he suffers at least three consecutive breaks in service (works less than 500 hours). An exception is made for service in the armed forces in time of war, national emergency or pursuant to a national conscription, provided he returns to active service as an employee within 90 days after release or within such longer period as is prescribed by law. A participant who has lost all of his credited service is considered a new participant at such time as subsequent contributions are made to the pension trust on his behalf.

**5. Reinstatement of Service Credits**

A former participant who ceases to participate after January 1, 1976 and again becomes a participant may reinstate his prior service and benefit accruals. Reinstatement of prior benefit accruals will be as of the last day of the 12-month period following completion of 1,000 hours with the employer in:

- a. the 12-month period commencing with the date of his return, or
- b. the 12-month period in the plan year following the date of his return, or
- c. any subsequent plan year, provided that (i) the number of consecutive years between the last break in service and the beginning of the plan year in which he fulfills the 1,000-hour requirement was less than his prior vesting service, or (ii) the participant accumulates at least five years of future service following resumption of participation.

*Schedule MB, line 6 – Summary of Plan Provisions*

**6. Normal Retirement Benefit**

Eligibility: A participant is eligible for a normal retirement benefit upon satisfying all of the following conditions:

**Age:** 60  
**Credited Service:** 5  
**Future Credited Service:** 1

Benefit: The monthly benefit at normal retirement is a dollar amount multiplied by credited service. The dollar amount varies by employer as follows:

| Employer    | Monthly Benefit<br>Per year of Service |
|-------------|----------------------------------------|
| Boar's Head | \$ 6.25                                |
| All Others  | \$ 38.00                               |

**7. Late Retirement**

Eligibility: A participant who remains in employment beyond his normal retirement date is eligible to receive a late retirement benefit commencing on the first day of the month following or coinciding with his actual retirement date.

Benefit: The benefit is determined in accordance with the normal retirement formula based on credited service to the participant's actual date of retirement.

**8. Early Retirement Benefit**

Eligibility: A participant is eligible for an early retirement benefit upon satisfying all of the following conditions:

**Age:** 50  
**Credited Service:** 10  
**Future Credited Service:** 1

Benefit: The monthly retirement benefit is the amount determined in accordance with the normal retirement pension formula based on credited service to the date the participant terminates employment, reduced by 1/2 of 1% for each month that the actual benefit commencement date precedes the normal retirement date.

**9. Vesting**

Eligibility: A participant who terminates employment after completing five or more years of vesting service, including one year of future credited service, is eligible to receive a deferred vested pension commencing at his normal retirement date.

Benefit: The monthly deferred vested pension is the benefit determined in accordance with the normal retirement pension formula based on credited service to the date the participant terminates employment. Individuals who terminated prior to January 1, 1981

*Schedule MB, line 6 – Summary of Plan Provisions*

have their benefit calculated according to the former plan provisions.

In lieu of benefits commencing at normal retirement, a participant who has completed ten years of credited service (including one year of future credited service) upon reaching age 50 may elect to have a reduced pension commencing immediately. The reduction is calculated in the same manner as the early retirement reduction.

**10. Total and Permanent Disability**

Eligibility: Each participant who becomes totally and permanently disabled after completing ten or more years of credited service (including one or more years of future credited service) and who qualifies for and receives disability benefits under the federal Social Security law then in effect is eligible for total and permanent disability benefits under the Fund.

Benefit: The monthly total and permanent disability benefit is determined in accordance with the normal retirement pension formula based on credited service at the date of disability.

Disability benefits commence after meeting all of the eligibility requirements noted in the eligibility section above with no reduction if prior to the participant's normal retirement date.

**11. Surviving Spouse Benefit**

Eligibility: The spouse of an active participant, terminated vested participant, or retired participant who has not yet started to receive benefits, who dies after completing five or more years of credited service (including one or more years of future credited service), is eligible for a survivor's benefit provided the spouse has been legally married to the participant for at least one year prior to the death of the participant.

Benefit: The monthly benefit payable to the spouse is the greater of:

- a. 40% of the pension the participant would have received if the participant retired the day immediately preceding his death and elected an immediate payment of benefits, or
- b. 50% of the pension the participant would have received if the participant retired the day immediately preceding his death and elected the joint and one-half survivor's benefit option.

Payment commences at the time the participant would have been eligible to receive benefits in the amount specified in b. above if death occurs prior to eligibility for an immediate benefit.

*Schedule MB, line 6 – Summary of Plan Provisions*

**12. Post-Retirement Spouse Benefit**

Eligibility: Unless an alternative optional form of benefit is elected, the spouse of a retired participant who is receiving a pension at his death is eligible for a survivor's benefit provided the spouse had been legally married to the retiree for at least one year prior to death.

Benefit: The survivor's benefit is equal to 20% of the monthly benefit being paid to the participant. The survivor's benefit is payable monthly to the surviving spouse for life.

**13. Post-Retirement Lump Sum Death Benefit**

Eligibility: The post-retirement lump sum death benefit is payable at the death of any retiree who was receiving a monthly pension from the Plan at the time of death.

Benefit: The lump sum post-retirement death benefit is \$2,500.

**14. Forms of Pension Benefits**

The normal form of pension is a monthly benefit for life, with 50% of the pension continued to the surviving spouse after the participant's death (provided the spouse was legally married to the participant for at least one year prior to death). The pension commences the first day of the next calendar month after conditions for retirement are satisfied and an application is filed.

Optional benefits, actuarially equivalent in value to the normal form of benefit, are available for election within 60 days of retirement.

- a. A reduced "joint and survivor" benefit: wherein, at the death of pensioner, the full amount of the reduced pension continues for the lifetime of the spouse. (For a participant and spouse of equal age, this option provides a reduced pension equal to 80% of the regular pension. Where the spouse is one year younger, the percentage is 79%, etc.)
- b. A reduced "joint and 2/3 survivor" benefit: wherein, at the death of pensioner, 2/3 of the reduced pension continues for the lifetime of the spouse. (For a participant and spouse of equal age, this option provides a reduced pension equal to 90% of the regular pension. Where the spouse is one year younger, the percentage drops to 89%, etc.)
- c. A reduced "joint and 1/2 survivor" benefit wherein, at the death of the pensioner, 1/2 of the reduced pension continues for the lifetime of the spouse. (For a participant and spouse of equal age, this option provides a reduced pension equal to 95% of the regular pension. Where the spouse is one year younger, the percentage drops to 94%, etc.)

**15. Changes Since Last Valuation**

None.

*Schedule MB, line 6 – Summary of Plan Provisions*

**B. Former Consolidated Participants**

**1. Eligibility**

Employees hired prior to June 30, 2016 who satisfied the eligibility requirements of the Consolidated Fund prior to June 30, 2016.

**2. Credited Service**

Credited service is determined under the provisions of the plan prior to the transfer.

**3. Normal Retirement Benefit**

The benefit accrued prior to June 30, 2016 was accrued in accordance with the plan provisions of the plan prior to transfer.

Benefits accrue after June 30, 2016 at the rate of \$46.45 per month per year of service.

**4. Early Retirement Benefit**

Employees may receive benefits on retirement before the Normal Retirement Date under the provision of the prior plan.

**5. Vesting**

All participants were fully vested at the time of transfer.

**6. Total and Permanent Disability**

Disability retirement can occur upon the employee becoming totally and permanently disabled (according to Social Security criteria) after he has completed at least ten years of credited service. The accrued normal retirement pension will be payable without actuarial reduction as soon as the disability has been established to the satisfaction of the Trustees.

**7. Pre-Retirement Spouse's Pension**

Each employee who is vested under the Fund will be provided pre-retirement spouse's pension coverage whereby, if his death occurs before actual retirement, his spouse will receive a lifetime pension from the Fund. The spouse's pension will begin on the first of the month following the later of the employee's death or the earliest date he could have elected to retire under the Fund based upon his credited service at death. The amount of such pension will be one-half of that which would have been payable to the employee if he had retired on the date the spouse's pension is to begin and elected a joint and 50 percent survivor option.

*Schedule MB, line 6 – Summary of Plan Provisions*

**8. Forms of Pension Benefits**

The normal form payable to an unmarried participant is a single life annuity. The normal form of pension payable to a married employee will be an actuarially reduced pension on the joint and 50 percent survivor basis unless the employee elects otherwise with the written consent of the spouse. In addition, married participants can elect an actuarially reduced Joint and Survivor pension with a 75% or 100% continuation.

**9. Changes Since Last Valuation**

None.

**3. Credited Service**

For each participant under either of the prior pension plans, credited service under this Fund at January 1, 1982 shall be equal to the credited service accrued under the prior Fund as of December 31, 1981; for each other person, credited service prior to January 1, 1982 (or date of joining the Fund, if later), shall be continuous service with his then employer to the nearest month. On and after January 1, 1982, one-fourth of a year of future service is granted to each full-time employee for each 400 hours worked in each calendar year up to 1,600 hours. For part-time employees, 200 hours per quarter and 800 hours per year are required.

**C. All Other Participants**

**1. Eligibility**

All employees within bargaining units represented by Local 400 and Local 27 where the collective bargaining agreement calls for contributions to this Fund on behalf of such employees as well as Local 400 staff.

**2. Normal Retirement Date**

At the employee's option, on the last day of the month in which his 65<sup>th</sup> birthday occurs, but not prior to his completing at least five years of credited service.

*Schedule MB, line 6 – Summary of Plan Provisions*

**4. Normal Retirement Benefit**

The benefit is determined according to the contribution rate recognized for benefit accrual purposes. This may be less than the bargained contribution rate. The recognized contribution and benefit schedule is as follows:

| Recognized Contribution Rate | Pension Benefit Per Month Per Year of Credited Service |                        |
|------------------------------|--------------------------------------------------------|------------------------|
|                              | Full-Time Benefit Rate                                 | Part-Time Benefit Rate |
| \$.05                        | \$ 7.13                                                | \$ 3.56                |
| .08                          | 11.25                                                  | 5.62                   |
| .12                          | 16.75                                                  | 8.37                   |
| .15                          | 20.13                                                  | 10.06                  |
| .18                          | 22.25                                                  | 11.12                  |
| .21                          | 24.00                                                  | 12.00                  |
| .24                          | 26.13                                                  | 13.06                  |
| .27                          | 28.13                                                  | 14.06                  |
| .30                          | 30.13                                                  | 15.06                  |
| .33                          | 32.13                                                  | 16.06                  |
| .40                          | 36.80                                                  | 18.40                  |

**Note:** Though substantially all participants are subject to the contribution and benefit rates above, there are exceptions. More detailed information on such exceptions can be found in the appendix to the plan document.

**5. Early Retirement**

At the employee's option after he has both attained age 55 and completed at least 15 years of credited service. His accrued normal retirement pension is reduced by one-half of one percent for each month by which his retirement precedes his 60<sup>th</sup> birthday.

**6. Disability Retirement**

Disability retirement can occur upon the employee becoming totally and permanently disabled (according to Social Security criteria) after he has completed at least ten years of credited service. His accrued normal retirement pension will be payable without actuarial reduction as soon as the disability has been established to the satisfaction of the Trustees.

**7. Deferred Vested Pension Benefit**

If an employee ceases to work within a bargaining unit covered by the Fund after he has completed five years of Vesting Service, he will be entitled to his normal retirement pension accrued at the date he stopped work, payable starting on his Normal Retirement Date. Vesting service equals the sum of (a) credited service under each of the prior plans as of December 31, 1981, plus (b) his service after January 1, 1982, in which a year of vesting service is granted for each plan year in which he is credited with at least 750 regular time hours.

*Schedule MB, line 6 – Summary of Plan Provisions*

**8. Pre-Retirement Spouse's Pension**

Each employee who is vested under the Fund will be provided pre-retirement spouse's pension coverage whereby, if his death occurs before actual retirement, his spouse will receive a lifetime pension from the Fund. The spouse's pension will begin on the first of the month following the later of the employee's death or the earliest date he could have elected to retire under the Fund based upon his credited service at death. The amount of such pension will be one-half of that which would have been payable to the employee if he had retired on the date the spouse's pension is to begin and elected a joint and 50 percent survivor option.

**9. Normal Form of Pension**

The normal form of pension payable to a married employee will be an actuarially reduced pension on the joint and 50 percent survivor basis unless the employee elects otherwise with the written consent of the spouse. If the employee receives his pension on a single life basis, then a death benefit equal to the excess, if any, of a. over b. will be payable to the employee's designated beneficiary where a. and b. equal.

- a. 60 times the monthly pension amount
- b. the total amount of payments made prior to the employee's death.

**10. Post-Retirement Death Benefit**

Upon the death of an employee receiving pension benefits under the Plan, a single sum death benefit will be paid to his designated beneficiary. The amount of the death benefit will be \$2,500 if the majority of his credited service was as a full-time employee and \$1,500 if the majority of such service was as a part-time employee.

**11. Changes to Plan Provisions Since Last Valuation**

None

**Note:** The above summary is for the sole purpose of stating the principal plan provisions on which the valuation is based. Entitlement to benefits under the Fund is determined under the terms and provisions of the pension plan document.

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

**A. Actuarial Assumptions**

**1. Rates of Investment Return and Discounting**

Funding and disclosure purposes:

7.00% compounded annually. This assumption is consistent with the investment consultant's long term capital market outlook for the investment allocation policy.

Current Liability under RPA 1994:

2.55% compounded annually

Withdrawal Liability purposes:

The Fund uses current PBGC interest rates (3.90% for the next 20 years and 3.65% thereafter) to determine the portion of the vested liabilities funded by the market value of Fund assets. The liabilities for the unfunded portion are based on the funding investment return of 7.00%.

**2. Rates of Mortality**

Funding and disclosure purposes:

Actives: RP-2000 Healthy Annuitant mortality table with generational mortality improvement using Scale AA with a 2014 base year

Healthy Inactives: RP-2000 Healthy Annuitant mortality table with generational mortality improvement using Scale AA with a 2014 base year

Disableds: RP-2000 Disabled Retiree mortality table until age 65  
RP-2000 Healthy Annuitant mortality table after age 65 with generational mortality improvement using Scale AA with a 2014 base year

Current Liability: 2023 Static Mortality as prescribed by IRS regulations.

Withdrawal Liability purposes: Same mortality as used for funding and disclosure purposes.

Terminated vested participants over the age of 80 are assumed to be deceased and are therefore not valued.

An experience study was conducted to establish the current mortality and a projection to the current table has been incorporated to allow for future mortality improvement.

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

**3. Other Demographic Assumptions**

**a. Rates of Retirement**

| Number Expected to Retire Annually Per 1,000 |        |     |        |
|----------------------------------------------|--------|-----|--------|
| Age                                          | Number | Age | Number |
| 55                                           | 50     | 62  | 100    |
| 56                                           | 50     | 63  | 100    |
| 57                                           | 50     | 64  | 100    |
| 58                                           | 50     | 65  | 500    |
| 59                                           | 50     | 66  | 500    |
| 60                                           | 100    | 67+ | 1,000  |
| 61                                           | 100    |     |        |

**b. Post-Termination Retirement Rates**

Employees who terminate employment with entitlement to deferred vested pensions are assumed to commence receiving benefits when first eligible for unreduced benefits.

Former Meat and Poultry participants are assumed to retire at age 60. The remaining participants are assumed to retire at age 65 unless they have at least 15 years of service in which they are assumed to retire at age 60.

**c. Late Retirement**

Terminated vested participants commencing a benefit after normal retirement date are assumed to

collect a retroactive lump sum with 1% interest payable from their normal retirement date.

**d. Rates of Turnover**

Termination of employment for reasons other than death, disability, or retirement is assumed to be in accordance with annual rates as shown.

| Number Expected to Terminate Annually Per 1,000 |        |         |        |
|-------------------------------------------------|--------|---------|--------|
| Service                                         | Number | Service | Number |
| 0                                               | 500    | 15      | 70     |
| 1                                               | 330    | 16      | 70     |
| 2                                               | 250    | 17      | 70     |
| 3                                               | 200    | 18      | 70     |
| 4                                               | 150    | 19      | 70     |
| 5                                               | 125    | 20      | 70     |
| 6                                               | 120    | 21      | 70     |
| 7                                               | 110    | 22      | 70     |
| 8                                               | 100    | 23      | 70     |
| 9                                               | 80     | 24      | 60     |
| 10                                              | 80     | 25      | 50     |
| 11                                              | 80     | 26      | 40     |
| 12                                              | 70     | 27      | 30     |
| 13                                              | 70     | 28      | 20     |
| 14                                              | 70     | 29      | 10     |

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

**e. Disability**

Disability incidence rates are assumed to be equal to 150 percent of the Group Long-Term Disability Insurance Crude Rates of Disablement (Male Experience Only) published in Transactions, Society of Actuaries, 1979 Reports. Rates were capped at 1% (10 participants per 1,000). The following table shows the Illustrative rates of disablement.

| Age | Disabilities Per<br>1,000 Participants |
|-----|----------------------------------------|
| 25  | 0.4                                    |
| 30  | 0.6                                    |
| 35  | 1.0                                    |
| 40  | 1.6                                    |
| 45  | 2.6                                    |
| 50  | 4.5                                    |
| 55  | 8.5                                    |

**f. Pre-Retirement Spouse's Benefit**

It was assumed that 80 percent of the male employees and 60 percent of the female employees would be married at the time of death and, assuming service and age requirements were met, would therefore be eligible for the pre-retirement spouse's benefit. It was assumed that surviving spouses would begin to receive benefits when first eligible.

**g. Percent Electing Joint and Survivor Form of Pension**

It was assumed that 56 percent would retire with the joint and survivor option in effect with the balance of the retiring employees receiving their benefits under the single life form.

**h. Spouse's Age**

It was assumed that husbands are three years older than their spouses.

**4. Administrative Expenses**

\$1,600,000 (\$134.67 per participant) as of the beginning of the year added to the normal cost. For financial disclosure under FASB Topic ASC 960 the present value of future administrative expense is based on future beginning of the year cash flows of \$134.67 per participant that increase 3% per year for inflation.

**5. Rational for Assumptions**

In accordance with Actuarial Standard of Practice No. 27, the justification for the 7.00% interest rate is based on the Trustees' risk preference, Plan's current asset allocation, and the investment manager's long-term capital market outlook.

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

In accordance with Actuarial Standard of Practice No. 35, the demographic assumptions other than mortality are held over from prior valuations. All demographic assumptions are monitored annually, and there have been no significant gains or losses from the Fund's liabilities which indicates that these assumptions are still appropriate. We will make adjustments as needed based on Fund experience.

**6. Changes in Assumptions Since Last Valuation**

The RPA '94 current liability interest rate was changed from 2.22% to 2.55% to comply with appropriate guidance. The mortality table for current liability was also updated to the 2023 Static Mortality tables for annuitants and non-annuitants.

The PBGC interest rates used to determine the funded portion of the vested liabilities was changed from 2.40% for 20 years and 2.11% thereafter to 3.90% for 20 years and 3.65% thereafter.

The per participant cash flows used to estimate the present value of future administrative expense for financial disclosure under FASB Topic ASC 960 changed to \$134.67 per participant. Last year \$125.18 was used.

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

**B. Models**

Cheiron utilizes and relies on the actuarial software program known as ProVal for the intended purpose of calculating liabilities and projected benefit payments. ProVal is a product of Winklevoss Technologies

The projected expected results of future valuations in this report were developed using P-scan, our proprietary tool for the intended purpose of developing projections.

As part of the review process for this 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 report.

**C. Actuarial Methods**

**1. Asset Valuation Method**

The method used to value plan assets for funding purposes (i.e., for minimum funding purposes under IRS Code Section 412 and for deductibility under IRS Code Section 404) is that described under Approval #15 of Revenue Procedure 2000-40.

At 1/1/07, the actuarial value is set equal to market value. Going forward the actuarial value is taken to be

the Market Value of Assets less unrecognized returns (or plus unrecognized losses) in each of the last five years. An unrecognized return is equal to the difference between the actual return on the market value and the expected return on the market value and is recognized over a five-year period (20% in the year incurred, and an additional 20% in each subsequent year until fully recognized). The actuarial value is further adjusted so that in no event will it lie outside a range of 80%-120% of market value.

**2. Funding Method: Unit Credit Cost Method**

The cost method for valuation of liabilities used for this valuation is the Unit Credit 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.

**3. Changes in Methods Since Last Valuation**

None.



**FOR PLAN YEAR COMMENCING JANUARY 1, 2023**

**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 Unions and Participating Employers Pension Fund**

**EIN: 52-6117495**

**PN: 002**

**Plan Year 1/1/2023**

**Fund Contact Information  
Mr. Jeff Ianniello  
Associated Administrators, LLC  
(410) 683-7764**

**March 31, 2023**

UFCW Unions and Participating Employers Pension Fund  
c/o Mr. Jeff Ianniello  
Associated Administrators, LLC  
8400 Corporate Drive, Suite 430  
Landover, MD 20785

March 31, 2023  
EIN: 52-6117495  
PN: 002  
Phone: (410) 683-7764

***Re: Annual Certification of Plan Status under Internal Revenue Code §432(b) and Employee Retirement Income Security Act of 1974 §305(b) for UFCW Unions and Participating Employers Pension Fund***

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, 2023, 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 Fund’s Board of Trustees determined that, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, the Fund could not reasonably be expected to emerge from Critical status within the 10-year Rehabilitation Period prescribed by law. Starting with the 2020 plan year, the Fund has been certified as being in Critical and Declining status. The Board updated the Rehabilitation Plan to provide that it will apply for Special Financial Assistance (SFA) under the American Rescue Plan Act (ARPA). The Fund is currently on the waiting list to apply. Based on the calculation of the estimated SFA as specified in the assumptions of this certification, the Fund is projected to avoid insolvency and extinguish its funding deficiency and will emerge from Critical status after December 31, 2051<sup>1</sup>. As such, we certify that the Fund is making scheduled progress.

This certification and its content 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 in this certification. This certification does not address any contractual or legal issues. We are not attorneys, and our firm does not provide any legal services or advice.

<sup>1</sup> The American Rescue Plan Act of 2021 places all plans receiving SFA in the Critical status category through the end of the plan’s 2051 plan year.

Board of Trustees

March 31, 2023

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This certification was prepared exclusively for the Trustees of the Pension Fund and the Secretary of the Treasury. 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 certification are not intended users as defined in the Actuarial Standards of Practice, and Cheiron assumes no duty or liability to any other user.

In preparing this certification, we have relied on information (some oral and some written) supplied by Associated Administrators and the Fund's investment consultant, Investment Performance Services, Inc. This information includes, but is not limited to, the plan provisions, employee data, and financial information. 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.

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,  
Cheiron



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Peter R. Hardcastle, FSA, EA (20-5197)  
Principal Consulting Actuary



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Brett Warren, FSA, EA (20-8320)  
Consulting Actuary

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 a 431(d) five-year automatic extension, was certified as Critical last year, and will remain Critical unless it passes the two emergence tests: **Condition 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.

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

NO

*The Fund is certified to be in Critical status for 2023.*

## APPENDIX II – DETAIL FOR ACTUARIAL CERTIFICATION

### A. *Funding Standard Account Credit Balance (used for Test 1)* (takes into account 431(d)(1) amortization extensions.)

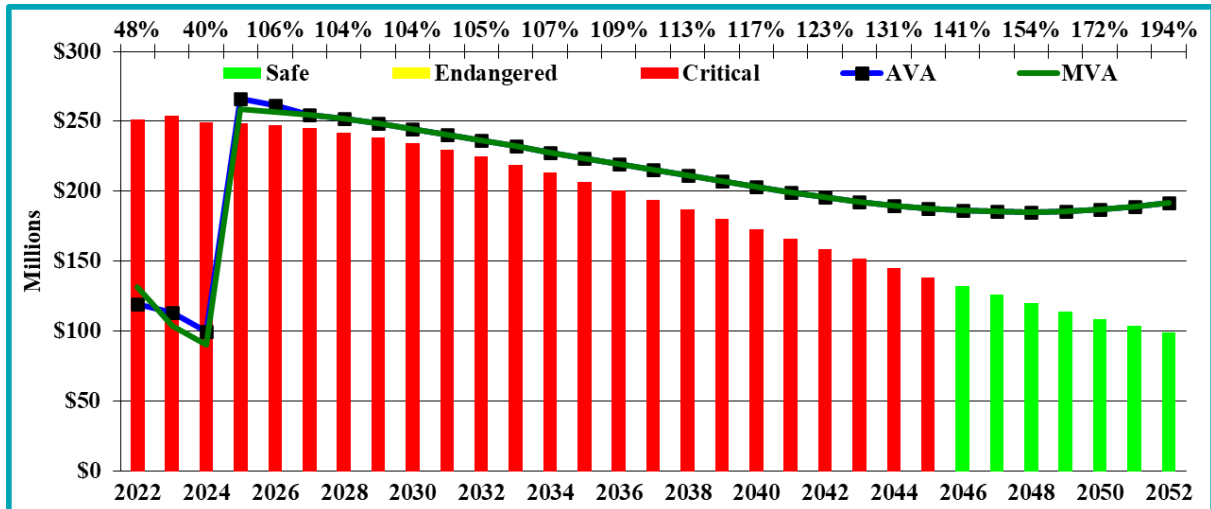
| <u>Date</u> | <u>Credit</u>   | adjusted with interest to end of year |                |                      |
|-------------|-----------------|---------------------------------------|----------------|----------------------|
|             | <u>Balance</u>  | <u>Charges</u>                        | <u>Credits</u> | <u>Contributions</u> |
| 1/1/2023    | \$ (60,865,510) | \$ 17,442,135                         | \$ 1,253,312   | \$ 4,751,546         |
| 1/1/2024    | (76,563,373)    | 16,932,436                            | 1,253,312      | 5,034,951            |
| 1/1/2025    | (92,566,982)    | 16,980,564                            | 792,731        | 5,034,951            |
| 1/1/2026    | (110,199,553)   | 16,502,336                            | 2,714,925      | 4,913,121            |
| 1/1/2027    | (126,787,812)   | 14,433,542                            | 4,568,703      | 4,723,567            |
| 1/1/2028    | (140,804,231)   | 14,341,750                            | 6,768,896      | 4,608,936            |
| 1/1/2029    | (153,624,445)   | 11,648,979                            | 9,294,368      | 4,497,745            |
| 1/1/2030    | (162,235,022)   | 11,150,544                            | 11,861,138     | 4,389,889            |
| 1/1/2031    | (168,490,991)   | 9,065,612                             | 14,465,092     | 4,285,269            |
| 1/1/2032    | (170,600,611)   | 8,492,075                             | 17,091,906     | 4,183,788            |
| 1/1/2033    | (169,759,035)   | 7,843,747                             | 19,734,431     | 4,150,975            |
| 1/1/2034    | (165,600,508)   | 7,316,271                             | 22,374,695     | 4,118,491            |
| 1/1/2035    | (158,015,628)   | 6,053,861                             | 23,358,628     | 4,086,332            |
| 1/1/2036    | (147,685,624)   | 4,176,218                             | 23,358,628     | 4,054,494            |
| 1/1/2037    | (134,786,713)   | 4,152,210                             | 22,882,216     | 4,022,975            |
| 1/1/2038    | (121,468,802)   | 3,900,540                             | 22,882,216     | 3,991,770            |
| 1/1/2039    | (106,998,172)   | 3,874,829                             | 22,882,216     | 3,960,878            |
| 1/1/2040    | (91,519,778)    | 3,615,453                             | 22,882,216     | 3,930,295            |
| 1/1/2041    | (74,729,105)    | 3,674,049                             | 20,920,537     | 3,900,018            |
| 1/1/2042    | (58,813,637)    | 3,504,498                             | 19,066,759     | 3,870,043            |
| 1/1/2043    | (43,498,287)    | 3,566,466                             | 16,589,732     | 3,840,368            |
| 1/1/2044    | (29,679,533)    | 3,628,348                             | 14,064,260     | 3,810,990            |
| 1/1/2045    | (17,510,198)    | 3,697,137                             | 11,497,491     | 3,781,906            |
| 1/1/2046    | (7,153,653)     | 3,770,884                             | 8,893,536      | 3,753,112            |
| 1/1/2047    | 1,221,355       | 3,846,742                             | 6,266,723      | 3,724,606            |
| 1/1/2048    | 7,451,438       | 3,927,866                             | 3,624,197      | 3,696,386            |
| 1/1/2049    | 11,365,756      | 4,015,219                             | 983,934        | 3,668,448            |
| 1/1/2050    | 12,798,521      | 4,107,532                             | 0              | 3,640,789            |
| 1/1/2051    | 13,227,674      | 4,069,215                             | 0              | 3,613,406            |
| 1/1/2052    | 17,767,018      |                                       |                |                      |

The projection of the funding standard account uses the methods and assumptions set out in Appendix IV.

## APPENDIX II – DETAIL FOR ACTUARIAL CERTIFICATION

### B. Solvency Projection (used for Tests 2 and 3)

The chart below shows an asset projection over the next 30 years. The projection indicates that the Fund will not run out of assets (lines) during this time frame. The bars in the chart indicate the projected liabilities and the colors indicate what the status of the plan would be under PPA **before** passage of ARPA. Under the terms of ARPA, the plan will be placed in Critical status through the end of 2051 (entirety of the projection period). The figures at the top of the chart indicate the projected funded percentage.



The projection of plan assets assumes future contributions based on the Trustees' estimate of future industry activity and that contribution increases continue based on the current collective bargaining agreements as specified in the 2022 Rehabilitation Plan.

The Fund's largest employer has indicated that hours are expected to increase 5% in 2023, remain level with stable hours in 2024 and 2025, and then there will likely be a secular decline thereafter. The hours are expected to decline 3% from 2026-2032 and then 1% thereafter for the balance of the projection. The hours for all other employers are assumed to remain level in 2023 and for all future years.

Future asset returns are assumed to equal the actuarial assumption, 7.00% per year net of investment expenses.

### **APPENDIX III – SCHEDULED PROGRESS**

IRC §432(e)(3)(A)(i) and (ii) require that a critical plan adopt a Rehabilitation Plan that causes it to emerge from Critical status by the end of its Rehabilitation Period, or that such plan take “all reasonable measures” which enable it to emerge at a later date or which forestalls its possible insolvency. The table and chart in Appendix II show that the Fund is projected to avoid an accumulated funding deficiency (positive credit balance) starting in the plan year beginning 2047 and remain solvent through 2052. Therefore, the Fund is making scheduled progress in meeting the requirements of its 2022 Rehabilitation Plan.

## APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

### A. Actuarial Assumptions

#### 1. Rates of Investment Return

7.0% compounded annually net of investment expenses

#### 2. Rates of Mortality

Actives: RP-2000 Healthy mortality table with generational mortality improvement using Scale AA with a 2014 base year

Healthy Inactives: RP-2000 Healthy mortality table with generational mortality improvement using Scale AA with a 2014 base year

Disableds: RP-2000 Disabled Annuitant without projection for ages prior to 65. RP-2000 Healthy Annuitant for ages after 65 with generational mortality improvement using Scale AA with a 2014 base year

Terminated vest participants over the age of 80 are assumed to be deceased and are therefore not valued.

An experience study was conducted to establish the current mortality and a projection to the current table has been incorporated to allow for future mortality improvements.

#### 3. Rates of Retirement

| Number Expected to Retire Annually Per 1,000 |        |     |        |
|----------------------------------------------|--------|-----|--------|
| Age                                          | Number | Age | Number |
| 55                                           | 50     | 62  | 100    |
| 56                                           | 50     | 63  | 100    |
| 57                                           | 50     | 64  | 100    |
| 58                                           | 50     | 65  | 500    |
| 59                                           | 50     | 66  | 500    |
| 60                                           | 100    | 67+ | 1,000  |
| 61                                           | 100    |     |        |

#### 4. Post-Termination Retirement Rates

Employees who terminate employment with entitlement to deferred vested pensions are assumed to commence receiving benefits when first eligible for unreduced benefits.

Former Meat and Poultry participants are assumed to retire at age 60. The remaining participants are assumed to retire at age 65 unless they have at least 15 years of service in which they are assumed to retire at age 60.

## APPENDIX IV – METHODOLOGY AND ASSUMPTIONS

### 5. Late Retirement

Terminated vested participants commencing a benefit after normal retirement date are assumed to collect a retroactive lump sum with 1% interest payable from their normal retirement date.

### 6. Rates of Turnover

Termination of employment for reasons other than death, disability, or retirement is assumed to be in accordance with annual rates as shown below.

| Number Expected to Terminate<br>Annually Per 1,000 |        |         |        |
|----------------------------------------------------|--------|---------|--------|
| Service                                            | Number | Service | Number |
| 0                                                  | 500    | 15      | 70     |
| 1                                                  | 330    | 16      | 70     |
| 2                                                  | 250    | 17      | 70     |
| 3                                                  | 200    | 18      | 70     |
| 4                                                  | 150    | 19      | 70     |
| 5                                                  | 125    | 20      | 70     |
| 6                                                  | 120    | 21      | 70     |
| 7                                                  | 110    | 22      | 70     |
| 8                                                  | 100    | 23      | 70     |
| 9                                                  | 80     | 24      | 60     |
| 10                                                 | 80     | 25      | 50     |
| 11                                                 | 80     | 26      | 40     |
| 12                                                 | 70     | 27      | 30     |
| 13                                                 | 70     | 28      | 20     |
| 14                                                 | 70     | 29      | 10     |

### 7. Disability

Disability incidence rates are assumed to be equal to 150 percent of the Group Long-Term Disability Insurance Crude Rates of Disablement (Male Experience Only) published in Transactions, Society of Actuaries, 1979 Reports. Rates were capped at 1% (10 participants per 1,000). The following table shows the Illustrative rates of disablement.

| Age | Disablements Per<br>1,000 Participants |
|-----|----------------------------------------|
| 25  | 0.4                                    |
| 30  | 0.6                                    |
| 35  | 1.0                                    |
| 40  | 1.6                                    |
| 45  | 2.6                                    |
| 50  | 4.5                                    |
| 55  | 8.5                                    |

## **APPENDIX IV – METHODOLOGY AND ASSUMPTIONS**

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

It was assumed that 80 percent of the male employees and 60 percent of the female employees would be married at the time of death and, assuming service and age requirements were met, would therefore be eligible for the pre-retirement spouse's benefit. It was assumed that surviving spouses would begin to receive benefits when first eligible.

### **9. Percent Electing Joint and Survivor Form of Pension**

It was assumed that 56 percent would retire with the joint and survivor option in effect with the balance of the retiring employees receiving their benefits under the single life form.

### **10. Spouse's Age**

It was assumed that husbands are three years older than their spouses.

### **11. Administrative Expenses**

\$1,500,000 as of the beginning of the year added to the normal cost, plus annual expense inflation of 3%.

### **12. Calculation and timing of Special Financial Assistance**

Special Financial Assistance in the amount of \$165,000,000 was assumed to be received on December 31, 2024. The amount was calculated using the demographic assumptions proposed for the SFA application.

### **13. 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, 2022 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, 2022 actuarial valuation results projected to December 31, 2022 using expected liabilities, and preliminary, unaudited December 31, 2022 assets, as well as the Trustees' estimate of future industry activity, and assumed special financial assistance. These projections also assume the continuation of the plan provisions and actuarial assumptions in effect as of January 1, 2022. The projections assume that all future assumptions are met except where indicated with respect to future investment returns. The future outcomes become increasingly uncertain over time, and therefore the general trends and not the absolute values should be considered in the review of these projections.

## **APPENDIX IV – METHODOLOGY AND ASSUMPTIONS**

### **14. Rationale for Assumptions**

In accordance with Actuarial Standard of Practice No. 27, the justification for the 7.00% interest rate is based on the Trustees' risk preference, Plan's current asset allocation, and the investment manager's long-term capital market outlook.

In accordance with Actuarial Standard of Practice No. 35, the demographic assumptions other than mortality are held over from prior valuations. All demographic assumptions are monitored annually, and there have been no significant gains or losses from the Fund's liabilities which indicates that these assumptions are still appropriate. We will make adjustments as needed based on Fund experience.

### **15. Changes in Assumptions Since Last Valuation**

None.

## **B. Actuarial Methods**

### **1. Asset Valuation Method**

The method used to value plan assets for funding purposes (i.e., for minimum funding purposes under IRS Code Section 412 and for deductibility under IRS Code Section 404) is that described under Approval #15 of Revenue Procedure 2000-40.

At 1/1/07, the actuarial value is set equal to market value. Going forward the actuarial value is taken to be the Market Value of Assets less unrecognized returns (or plus unrecognized losses) in each of the last five years. An unrecognized return is equal to the difference between the actual return on the market value and the expected return on the market value and is recognized over a five-year period (20% in the year incurred, and an additional 20% in each subsequent year until fully recognized). The actuarial value is further adjusted so that in no event will it lie outside a range of 80%-120% of market value.

### **2. Funding Method: Unit Credit Cost Method**

The cost method for valuation of liabilities used 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.

### **3. Changes in Methods Since Last Valuation**

None.

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

The Fund uses current PBGC interest rates (3.90% for the next 20 years and 3.65% thereafter) to determine the portion of the vested liabilities funded by the market value of Fund assets. The liabilities for the unfunded portion are based on the funding investment return of 7.00%.

*Schedule MB, line 3(d) – Withdrawal Liability Amounts*

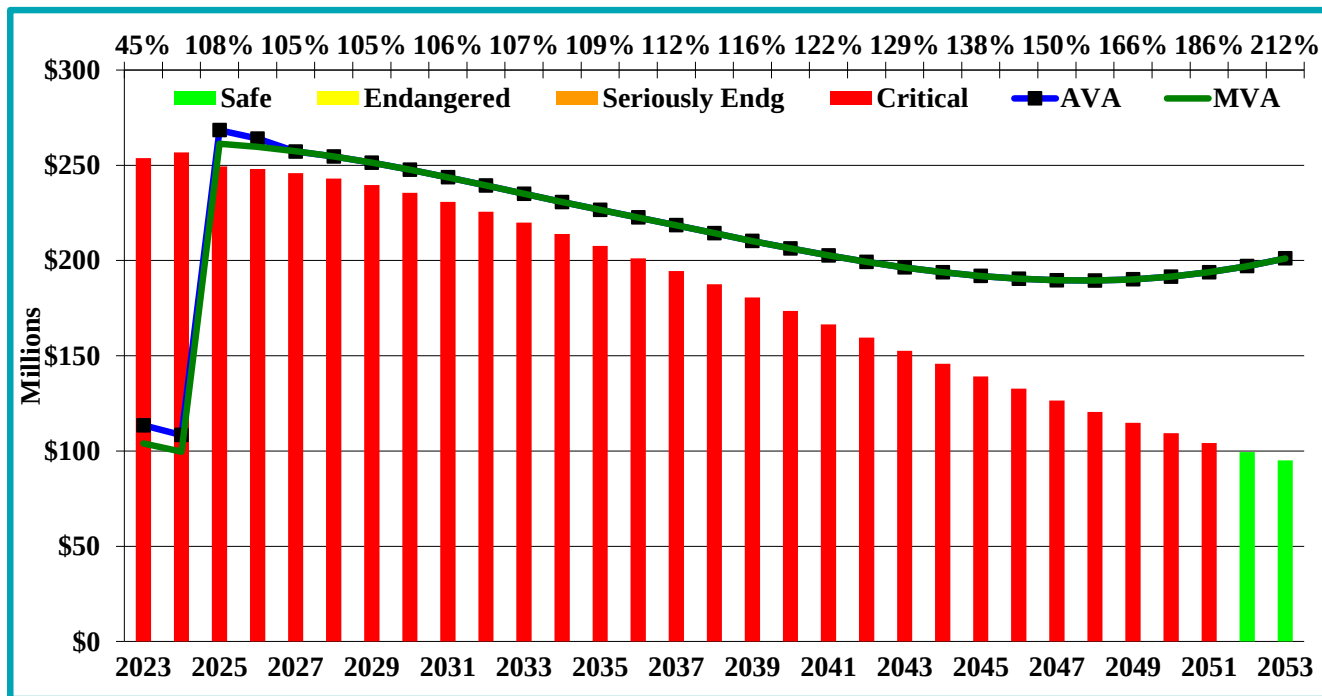
| Schedule MB, Line 3(d) - Withdrawal Liability Amounts |                  |                  |               |
|-------------------------------------------------------|------------------|------------------|---------------|
| Payment Date                                          | Periodic Amounts | Lump Sum Amounts | Total Amounts |
| 3/28/2023                                             | \$ 17,251        | \$ 0             | \$ 17,251     |
| 6/26/2023                                             | 17,251           | 0                | 17,251        |
| 10/27/2023                                            | 17,251           | 0                | 17,251        |

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

Support for the Fund’s “Critical” status can be found in the attached 2023 PPA Certification.

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

IRC §432(e)(3)(A)(i) and (ii) require that a critical plan adopt a Rehabilitation Plan that causes it to emerge from Critical status by the end of its Rehabilitation Period, or that such plan take “all reasonable measures” which enable it to emerge at a later date or which forestalls its possible insolvency. The projection indicates that the Fund will not run out of assets (lines) during this time frame. The bars in the chart indicate the projected liabilities and the colors indicate what the status of the plan would be under PPA after passage of ARPA. Under the terms of ARPA, the plan will be placed in Critical status through the end of 2051 and emerge from Critical status in the plan year beginning 2052. Therefore, the Fund is making scheduled progress in meeting the requirements of its Rehabilitation Plan.



**UFCW Unions and Participating Employers Pension Plan**

**EIN 526117495**

**Plan No. 002**

**Plan Year Ended December 31, 2023**

**Form 5500, Schedule H, Part III**

**Financial Statements used to formulate IQPA's opinion**

**The entire report has been attached to the Accountant's Opinion**

**UFCW Unions and Participating Employers Pension Plan**

**EIN 526117495**

**Plan No. 002**

**Plan Year Ended December 31, 2023**

**Form 5500, Schedule H, Part IV, Line 4i  
Schedule of Assets (Held at End of Year)**

**See attachment to the Audit Report attached at Accountant's Opinion**

**SCHEDULE R, SUMMARY OF REHABILITATION PLAN**  
**SCHEDULE R, UPDATE OF REHABILITATION PLAN**  
**UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND PARTICIPATING**  
**EMPLOYERS PENSION FUND**

**EIN# 52-6117495**  
**PLAN NUMBER 002**

In accordance with the Employee Retirement Income Security Act (“ERISA”) as amended by the Pension Protection Act of 2006, on March 31, 2023, the actuary of the United Food and Commercial Workers Unions and Participating Employers Pension Fund (“Fund”) certified the Fund to be in Critical Status for the Plan Year beginning January 1, 2023. As a result of the Fund’s Critical Status, the Fund’s Board of Trustees adopted an updated Rehabilitation Plan based on Fund information and reasonable assumptions about how the Fund’s assets and liabilities are expected to change in the coming years, particularly as a result of changes in the Fund’s investment returns, which are dependent on the financial markets, and the Fund’s intent to apply for Special Financial Assistance (SFA) under the American Rescue Plan Act (“ARPA”). The Fund’s Rehabilitation Period ran from January 1, 2013 through December 31, 2022.

The Fund’s Trustees determined that, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, the Fund could not be reasonably expected to emerge from Critical Status by the end of the Rehabilitation Period. Pursuant to ERISA Section 305(e)(3)(A)(ii), the Board of Trustees adopted a Rehabilitation Plan designed to enable the Fund to avoid insolvency (as defined by ERISA Section 4245) and emerge from Critical Status at a later date.

In arriving at the Rehabilitation Plan, the Board of Trustees noted that the contributions of the Fund’s largest contributing employer make up approximately 79% of the Fund’s contribution income. The Trustees further noted that this employer and the unions agreed on a new collective bargaining agreement (CBA) in November, 2022, which contains updated contribution rates retroactively effective to January 7, 2021 designed to enable the Fund to avoid insolvency. The Board of Trustees has also determined that the Fund will apply for Special Financial Assistance (SFA) under ARPA when it becomes eligible to do so. The Fund’s actuary has determined that, based on the calculation of the estimated SFA, the Fund is projected to avoid insolvency (as defined by ERISA Section 4245) and emerge from Critical Status at a date later than the end of the Rehabilitation Period. After reviewing the contribution rates agreed upon by the Bargaining Parties under the CBA and the actuary’s projections reflecting the estimated SFA, the Trustees agreed that such rates, and the application for SFA, were reasonable measures to emerge from Critical Status at a later time. and avoid insolvency. The Trustees adopted a Schedule of contribution rate adjustments reflecting those contribution rate increases. The Schedule contains contribution rate adjustments designed to enable the Fund to make sufficient progress toward avoiding insolvency and emerging from Critical Status by a date later than the end of the Rehabilitation Period, assuming the current level of benefits continues in effect.

The Fund's Board of Trustees will review the Fund's Rehabilitation Plan, including the Schedule, and will update the Rehabilitation Plan as required by law. The Board of Trustees will consider all other available options that may assist the Fund in emerging from Critical Status.

The Fund will make adequate progress, to the extent reasonable based on financial markets activity and other relevant factors, toward enabling the Fund to avoid insolvency and emerge from Critical Status by a date later than the end of its Rehabilitation Period.

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                     |
| A                                                                                          | This return/report is for:<br><div><input checked="" type="checkbox"/> a multiemployer plan<br/><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)<br/><input type="checkbox"/> a single-employer plan<br/><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report<br/><input type="checkbox"/> the final return/report<br/><input type="checkbox"/> an amended return/report<br/><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                 |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558<br/><input type="checkbox"/> automatic extension<br/><input type="checkbox"/> the DFVC program<br/><input type="checkbox"/> special extension (enter description)</div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                             |

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                                                                            |
| 1a      | Name of plan<br>UFCW Unions and Participating Employers Pension Plan                                                                                                                                                                                                                                                                                                                                                              |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                                                                                                                                |
| 1c      | Effective date of plan<br>01/01/1982                                                                                                                                                                                                                                                                                                                                                                                              |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Board of Trustees the UFCW Unions and Participating Employers Pension<br><br>Associated Administrators, LLC<br>8400 Corporate Drive, Ste 430<br><br>Landover MD 20785-2361 |
| 2b      | Employer Identification Number (EIN)<br>52-6117495                                                                                                                                                                                                                                                                                                                                                                                |
| 2c      | Plan Sponsor's telephone number<br>(301) 459-3020                                                                                                                                                                                                                                                                                                                                                                                 |
| 2d      | Business code (see instructions)<br>525920                                                                                                                                                                                                                                                                                                                                                                                        |

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 | Signed by:<br>Jason Chorpenning                          | 9/30/2024 | Jason Chorpenning                                            |
|           | E21F42ACA04B4B3...<br>Signature of plan administrator    | Date      | Enter name of individual signing as plan administrator       |
| SIGN HERE | Signed by:<br>William R. Seehafer                        | 9/30/2024 | William Seehafer                                             |
|           | 7DD5DA7C5486408...<br>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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                         |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                        |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 11,809                                                                                                                                                                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 1,694<br><b>6a(2)</b> 1,827<br><b>6b</b> 3,324<br><b>6c</b> 6,268<br><b>6d</b> 11,419<br><b>6e</b> 422<br><b>6f</b> 11,841<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b> 6                                                                                                                                                                                                                                                                                                                               |

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

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

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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\_\_\_\_\_