

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>PENSION PLAN FOR EMPLOYEES OF UNITED FOOD & COMMERCIAL WORKERS UNION EMPLOYER HEALTH & WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNITED FOOD & COMMERCIAL WORKERS- EMPLOYER HEALTH & WELFARE FUND</u></p> <p><u>9199 MARKET PLACE SUITE 1</u> <u>BROADVIEW HEIGHTS, OH 44147</u></p>	<p>1c Effective date of plan <u>10/01/1973</u></p> <p>2b Employer Identification Number (EIN) <u>34-6726563</u></p> <p>2c Plan Sponsor's telephone number <u>216-241-2828</u></p> <p>2d Business code (see instructions) <u>445110</u></p>

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.	07/14/2025	CARL IVKA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2025	SASHA PHILLIPS
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	80
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	22
	6a(2)	24
	6b	44
	6c	12
	6d	80
	6e	2
	6f	82
	6g(1)	
	6g(2)	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	2

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

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

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

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

- a Pension Schedules**
- (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 _____
 - (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 _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF UNITED FOOD & COMMERCIAL WORKERS UNION EMPLOYER HEALTH & WELFARE FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UNITED FOOD & COMMERCIAL WORKERS- EMPLOYER HEALTH & WELFARE FUND</u>	D Employer Identification Number (EIN) <u>34-6726563</u>	

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

1a Enter the valuation date: Month 10 Day 01 Year 2023

b Assets

(1) Current value of assets	1b(1)	<u>10743098</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>11648670</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>8321441</u>
(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)	<u>7924933</u>
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)	<u>11162655</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>248772</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>667645</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>660422</u>

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

SIGN HERE	Signature of actuary <u>BENJAMIN HOLLE</u> Type or print name of actuary <u>THE SEGAL COMPANY</u> Firm name <u>7701FRANCE AVE</u> <u>EDINA, MN 55435</u> Address of the firm	Date <u>07/07/2025</u> Most recent enrollment number <u>23-23074</u> Telephone number (including area code) <u>952-259-2600</u>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	10743098
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	44	8120428
(2) For terminated vested participants	14	1057977
(3) For active participants:		
(a) Non-vested benefits		146110
(b) Vested benefits		1838140
(c) Total active	22	1984250
(4) Total	80	11162655
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2024		49418			
			Totals ▶	3(b)	3(c) 49418
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	147.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l 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
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	3.07 %
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
c Mortality table code for valuation purposes:				
(1) Males.....	6c(1)	A	A	
(2) Females	6c(2)	AF	AF	
d Valuation liability interest rate.....	6d	6.75 %	6.75 %	
e Salary scale	6e	4.00 %	<input type="checkbox"/> N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	7.3 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.3 %		
i Expense load included in normal cost reported in line 9b	6i	<input checked="" type="checkbox"/> N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)			
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>		

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date	9b	92696

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)		
(2) Funding waivers.....	9c(2)		
(3) Certain bases for which the amortization period has been extended	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c	9d		6257
e Total charges. Add lines 9a through 9d.....	9e		98953
Credits to funding standard account:			
f Prior year credit balance, if any	9f		1032330
g Employer contributions. Total from column (b) of line 3	9g		
		Outstanding balance	
h Amortization credits as of valuation date.....	9h		
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		69682
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)		
(2) "RPA '94" override (90% current liability FFL)	9j(2)		
(3) FFL credit	9j(3)		98953
k (1) Waived funding deficiency.....	9k(1)		
(2) Other credits.....	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		1200965
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		1102012
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SCHEDULE I (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan PENSION PLAN FOR EMPLOYEES OF UNITED FOOD & COMMERCIAL WORKERS UNION EMPLOYER HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 001
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C Plan sponsor's name as shown on line 2a of Form 5500 UNITED FOOD & COMMERCIAL WORKERS- EMPLOYER HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 34-6726563
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Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

		(a) Beginning of Year	(b) End of Year
1 Plan Assets and Liabilities:			
a Total plan assets	1a	10743098	12462977
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a)	1c	10743098	12462977
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)		
(2) Participants	2a(2)	49418	
(3) Others (including rollovers)	2a(3)		
b Noncash contributions	2b		
c Other income	2c	2309995	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		2359413
e Benefits paid (including direct rollovers)	2e	639534	
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h		
i Other expenses	2i		
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		639534
k Net income (loss) (subtract line 2j from line 2d)	2k		1719879
l Transfers to (from) the plan (see instructions)	2l		

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans	3e		X	
f Loans (other than to participants)	3f		X	
g Tangible personal property	3g		X	

Part II	Compliance Questions
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		Yes	No	Amount
4 During the plan year:				
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?.....	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 339627.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF UNITED FOOD & COMMERCIAL WORKERS UNION EMPLOYER HEALTH & WELFARE FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED FOOD & COMMERCIAL WORKERS- EMPLOYER HEALTH & WELFARE FUND</u>	D Employer Identification Number (EIN) <u>34-6726563</u>	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer UFCW HEALTH & WELFARE PLAN

b EIN 34-6726563 **c** Dollar amount contributed by employer 49418

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 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) 4.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): %OF WAGES

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	0
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	0
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	0

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes.

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

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

No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2023 This Form is Open to Public Inspection
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Name of Plan	PENSION PLAN FOR EMPLOYEES OF UNITED FOOD & COMMERCIAL WORKERS UNION EMPLOYER HEALTH & WELFARE FUND						
Plan Year Begin Date	10/01/2023	Plan Year End Date	09/30/2024	EIN	34-6726563	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34	3					
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	PENSION PLAN FOR EMPLOYEES OF UNITED FOOD & COMMERCIAL WORKERS UNION EMPLOYER HEALTH & WELFARE FUND						
Plan Year Begin Date	10/01/2023	Plan Year End Date	09/30/2024	EIN	34-6726563	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	PENSION PLAN FOR EMPLOYEES OF UNITED FOOD & COMMERCIAL WORKERS UNION EMPLOYER HEALTH & WELFARE FUND						
Plan Year Begin Date	10/01/2023	Plan Year End Date	09/30/2024	EIN	34-6726563	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

**PENSION PLAN FOR EMPLOYEES OF UNITED
FOOD & COMMERCIAL WORKERS UNION -
EMPLOYER HEALTH & WELFARE FUND**

FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023



CUNNINGHAM & ASSOCIATES
— CERTIFIED PUBLIC ACCOUNTANTS —

**PENSION PLAN FOR EMPLOYEES OF UNITED FOOD & COMMERCIAL
WORKERS UNION - EMPLOYER HEALTH & WELFARE FUND**

FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

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CUNNINGHAM & ASSOCIATES

— CERTIFIED PUBLIC ACCOUNTANTS —

www.c-p-a.com Offices in Ohio, South Carolina, and North Carolina 440.717.1350

June 19, 2025

INDEPENDENT AUDITOR'S REPORT

To the Trustees of the

Pension Plan for Employees of United Food & Commercial Workers Union - Employer Health & Welfare Fund

Broadview Heights, Ohio

Opinion

We have audited the accompanying financial statements of the Pension Plan for Employees of United Food & Commercial Workers Union - Employer Health & Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of September 30, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Pension Plan for Employees of United Food & Commercial Workers Union - Employer Health & Welfare Fund as of September 30, 2024 and 2023, the changes in its net assets available for benefits for the years then ended, the accumulated plan benefits as of September 30, 2023, and the changes in accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within 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 that may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

Cunningham & Associates

Broadview Heights, Ohio

**PENSION PLAN FOR EMPLOYEES OF UNITED FOOD & COMMERCIAL
WORKERS UNION - EMPLOYER HEALTH & WELFARE FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30,

<u>ASSETS</u>	<u>2024</u>	<u>2023</u>
Investments at fair value:		
Securities in investment accounts:		
Common and preferred stock	\$ 6,649,208	\$ 5,289,531
Corporate bonds	2,191,704	1,997,744
U.S. Government obligations	1,241,683	1,144,634
Mutual and exchange traded funds	2,118,205	2,051,389
Money market funds	217,441	208,444
Interest bearing cash	5,561	3,145
Total Investments	12,423,802	10,694,887
Receivables:		
Contributions	-	4,504
Interest and dividends	39,175	43,707
Total Receivables	39,175	48,211
Net Assets Available for Benefits	\$ 12,462,977	\$ 10,743,098

**The accompanying Independent Auditor's Report and notes
are an integral part of these statements.**

**PENSION PLAN FOR EMPLOYEES OF UNITED FOOD & COMMERCIAL
WORKERS UNION - EMPLOYER HEALTH & WELFARE FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED SEPTEMBER 30,

	2024	2023
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,944,909	\$ 556,250
Interest and dividends	365,086	384,332
Total investment income	2,309,995	940,582
Contributions:		
Participants	49,418	47,480
Total Additions	2,359,413	988,062
Deductions:		
Benefits paid directly to participants	639,534	629,333
Net Increase	1,719,879	358,729
Net Assets Available for Benefits:		
Beginning of year	10,743,098	10,384,369
End of year	\$ 12,462,977	\$ 10,743,098

The accompanying Independent Auditor's Report and notes
are an integral part of these statements.

**PENSION PLAN FOR EMPLOYEES OF UNITED FOOD & COMMERCIAL
WORKERS UNION - EMPLOYER HEALTH & WELFARE FUND**

STATEMENT OF ACCUMULATED PLAN BENEFITS

SEPTEMBER 30, 2023

Actuarial Present Value of Accumulated Plan Benefits:

Vested benefits:

Pensioners and survivors currently receiving benefits	\$ 6,139,737
Other vested benefits	1,702,107

Total vested benefits	7,841,844
------------------------------	------------------

Nonvested benefits	83,089
---------------------------	---------------

Total Actuarial Present Value of Accumulated Plan Benefits	\$ 7,924,933
---	---------------------

**The accompanying Independent Auditor's Report and notes
are an integral part of these statements.**

**PENSION PLAN FOR EMPLOYEES OF UNITED FOOD & COMMERCIAL
WORKERS UNION - EMPLOYER HEALTH & WELFARE FUND**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

FOR THE YEAR ENDED SEPTEMBER 30, 2023

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	<u>\$ 7,934,175</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated, net experience gain or loss and changes in data	107,544
Interest	512,547
Benefits paid	<u>(629,333)</u>
Net decrease	<u>(9,242)</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u><u>\$ 7,924,933</u></u>

The accompanying Independent Auditor's Report and notes
are an integral part of these statements.

**PENSION PLAN FOR EMPLOYEES OF UNITED FOOD COMMERCIAL
WORKERS UNION - EMPLOYER HEALTH WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

Note 1 - Description of Plan:

The following description of the Pension Plan for Employees of United Food & Commercial Workers Union - Employer Health & Welfare Fund (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of its provisions.

The Plan is a contributory defined benefit pension plan covering all eligible employees of the United Food & Commercial Workers Union - Employer Health & Welfare Fund, United Food & Commercial Workers Union - Employer Pension Fund, United Food & Commercial Workers Local 880 - Retail Food Employers Joint Pension Fund and United Food & Commercial Workers Local 880 - Mercantile Employers Joint Pension Fund. In order to be eligible to participate, the employees must consent to contribute 4% of their base salary.

The Plan provides retirement benefits for employees who have obtained the age of 65 years old with 5 years of credited service and reduced benefits at age 50 with at least 15 years of credited service. The monthly benefits are generally equal to 2% of average annual monthly base pay multiplied by the first 30 years of credited service, plus 1% of the average annual base pay for up to the next 15 years of credited service, up to a maximum total of 45 years. Average annual base pay is 1/10 of the average of the ten highest years of base pay. However, the minimum benefit for a participant is the participant's accrued benefit as of December 31, 2012.

The Plan also provides for a vested deferred benefit and, under certain conditions, provides benefits upon permanent disability, termination of service, and death. Present employees' accumulated contributions at September 30, 2024 and 2023 were approximately \$1,258,748 and \$1,209,330, respectively.

The Plan's participating employers pay all the administrative expenses of the Plan.

Note 2 - Summary of Significant Accounting Policies:

Basis of Accounting:

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

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Trustees to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those amounts.

**PENSION PLAN FOR EMPLOYEES OF UNITED FOOD COMMERCIAL
WORKERS UNION - EMPLOYER HEALTH WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

Note 2 - Summary of Significant Accounting Policies (Continued):

Contributions Receivable:

Contributions due but not paid prior to year-end are recorded as contributions receivable. A review is made at year-end of the estimated receivables, in order to determine if they are collectible. Such review, coupled with historical collection experience, serves as a basis for determining the amount required, if any, as an allowance for doubtful accounts. Contributions are charged against the allowance when accounts are deemed uncollectible. There were no write-offs of receivables in the years ended September 30, 2024 and 2023. The Trustees believe no allowance for doubtful accounts was required at September 30, 2024 and 2023.

Reclassifications:

Certain amounts in 2023 have been reclassified to conform to the 2024 presentation.

Valuation of Investments:

Investments are reported at fair value. Shares of mutual funds and common collective trusts are valued at the net asset value of shares held by the Plan at year end. 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. The Plan's Trustees determine the Plan's valuation policies utilizing information provided by its investment advisors and custodian. See Note 5 for a discussion of fair value measurements. Gains and losses are recognized when securities are sold on the settlement date. In those instances where stocks have been purchased at various times, an average cost is used to determine the realized gain or loss. Interest is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Note 3 - Tax Status:

The Plan has been approved by the Internal Revenue Service as a qualified, tax exempt pension plan within the meaning of Section 401(a) of the Internal Revenue Code ("IRC") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan received its latest determination letter on December 4, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC and is, therefore, exempt from Federal income taxes. It is believed that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

**PENSION PLAN FOR EMPLOYEES OF UNITED FOOD COMMERCIAL
WORKERS UNION - EMPLOYER HEALTH WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

Note 3 - Tax Status (continued):

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if it has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions for three years, however, there are currently no audits for any tax periods in progress.

Note 4 - Investment Securities:

In accordance with the Plan's trust agreement relating to the investment of contributions, the Trustees have retained various investment advisors and a custodian to manage and hold the investments. The advisors are allocated varying percentages of the total investment assets by management. The investment advisors are part of a program under the direction of Merrill Lynch. Merrill Lynch monitors the advisors and reports their performance to the Trustees on a regular basis. The Plan uses Bank of America, which owns Merrill Lynch, as the custodian of the assets.

Note 5 - Fair Value Measurements:

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

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets and liabilities in active markets that the plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means;

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

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

**PENSION PLAN FOR EMPLOYEES OF UNITED FOOD COMMERCIAL
WORKERS UNION - EMPLOYER HEALTH WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

Note 5 - Fair Value Measurements (Continued):

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

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 September 30, 2024 and 2023:

Common and preferred stock: Valued at closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing yields currently available on comparable securities of issuers with similar credit ratings.

Mutual and exchange traded funds and money market funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. The NAV is used as a practical expedient to estimate fair value and are not classified in the fair value hierarchy.

U.S. Government obligations: Valued at the closing price reported on the active market on which the obligations are traded.

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

The following tables set forth by level, within the fair value hierarchy, the plan's assets at fair value as of September 30, 2024 and 2023:

	Assets at Fair Value as of September 30, 2024			
	Level 1	Level 2	Level 3	Total
Common and preferred stock	\$ 6,649,208	\$ -	\$ -	\$ 6,649,208
U.S. Government obligations	1,241,683	-	-	1,241,683
Corporate bonds	-	2,191,704	-	2,191,704
Interest bearing cash	5,561	-	-	5,561
Total assets at fair value	7,896,452	2,191,704	-	10,088,156
Investments measured at NAV	-	-	-	2,335,646
Total investments	\$ 7,896,452	\$ 2,191,704	\$ -	\$ 12,423,802

**PENSION PLAN FOR EMPLOYEES OF UNITED FOOD COMMERCIAL
WORKERS UNION - EMPLOYER HEALTH WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

Note 5 - Fair Value Measurements (Continued):

	Assets at Fair Value as of September 30, 2023			
	Level 1	Level 2	Level 3	Total
Common and preferred stock	\$ 5,289,531	\$ -	\$ -	\$ 5,289,531
U.S. Government obligations	1,144,634	-	-	1,144,634
Corporate bonds	-	1,997,744	-	1,997,744
Interest bearing cash	3,145	-	-	3,145
Total assets at fair value	6,437,310	1,997,744	-	8,435,054
Investments measured at NAV	-	-	-	2,259,833
Total investments	\$ 6,437,310	\$ 1,997,744	\$ -	\$ 10,694,887

As of September 30, 2024, the following table summarizes the Plan's investments measured at NAV:

Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Mutual and exchange traded funds	\$ 2,118,205	\$ -	Daily	N/A
Money market funds	\$ 217,441	\$ -	Daily	N/A

These investments are valued using the NAV per share as provided by the fund manager, which is based on the fair value of the underlying assets held by the fund, less its liabilities. Management considers these valuations to be a reasonable estimate of fair value as of the reporting date.

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. We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

Note 6 - Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the years of service which participants have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated participants, 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 the participant's service rendered to the valuation date.

**PENSION PLAN FOR EMPLOYEES OF UNITED FOOD COMMERCIAL
WORKERS UNION - EMPLOYER HEALTH WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

Note 6 - Actuarial Present Value of Accumulated Plan Benefits (continued):

The actuarial present value of accumulated plan benefits is determined by The Segal Company, a firm of actuaries engaged by the Plan, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Under the provisions of the Plan, The Segal Company makes periodic actuarial valuations. Accordingly, their most recent actuarial study of the Plan was made as of October 1, 2023. Their valuation disclosed that sufficient contributions have been made to the Plan to keep it funded in accordance with the minimum funding requirements of ERISA for 2023.

The assumptions used for the actuarial valuation are reviewed by the actuary each year and represent the actuary's best estimate of the anticipated experience under the Plan. There were changes made to the assumptions in the most recent valuation of the Plan as of October 1, 2023. Some of the more significant assumptions used for the October 1, 2023 and 2022 valuations are as follows:

	October 1, 2023	October 1, 2022
Salary scale	4% increase per annum	4% increase per annum
Actuarial cost method	Entry Age Normal Actuarial Cost Method	Entry Age Normal Actuarial Cost Method
Current liability	Interest: 3.07%	Interest: 2.38%
Net investment return	6.75% per annum, compounded annually	6.75% per annum, compounded annually
Mortality assumption	RP-2012 White Collar Healthy Annuitant Mortality Tables, projected generationally with scale MP-2021	RP-2012 White Collar Healthy Annuitant Mortality Tables, projected generationally with scale MP-2021

**PENSION PLAN FOR EMPLOYEES OF UNITED FOOD COMMERCIAL
WORKERS UNION - EMPLOYER HEALTH WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

Note 6 - Actuarial Present Value of Accumulated Plan Benefits (continued):

Retirement assumption	A range of age increments resulting in a weighted average retirement age of 62, with retirement probabilities ranging from 1% at age 50 to 100% by age 65.	A range of age increments resulting in a weighted average retirement age of 62, with retirement probabilities ranging from 1% at age 50 to 100% by age 65.
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The foregoing 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 the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of October 1, 2023. Had the valuations been performed as of September 30, 2023 there would be no material differences.

Note 7 - Priorities Upon Termination:

The participating employers have voluntarily agreed to make sufficient contributions necessary to provide pension benefits to plan participants. In the event that the Plan would be terminated, the remaining assets, after providing for any administrative expenses, would be allocated among the participants in the following order:

- 1.) To repay the mandatory contributions received from employees
- 2.) To provide pensions to individuals who, three years prior to the Plan termination, were receiving or would have been eligible to receive pension benefits had they retired.
- 3.) To provide pension benefits, to all eligible individuals, which are guaranteed under Title IV, Section 4044 of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.
- 4.) To provide for all non-forfeitable benefits under the Plan.
- 5.) To provide for all other benefits under the Plan.

**PENSION PLAN FOR EMPLOYEES OF UNITED FOOD COMMERCIAL
WORKERS UNION - EMPLOYER HEALTH WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

Note 7 - Priorities Upon Termination (continued):

The Pension Benefit Guaranty Corporation ("PBGC") insures certain benefits under the Plan if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsors and the level of benefits guaranteed by the PBGC.

Note 8 - Party-In-Interest Transactions:

Bank of America is the custodian of the Plan's assets. In addition, Merrill Lynch oversees the activity of most of the money managers under their platform (See Note 4). Bank of America is the owner of Merrill Lynch. For the years ended September 30, 2024 and 2023, the Plan paid custodian fees to Bank of America of \$1,044 and \$1,026, respectively. Investment advisor fees paid to Merrill Lynch for the years ended September 30, 2024 and 2023 were \$47,441 and \$46,433, respectively.

Note 9 - 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 future statements of net assets available for benefits.

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

Note 10 - Subsequent Events:

The Trustees have evaluated subsequent events through June 19, 2025, the date which the financial statements were available to be issued. There were no matters that came to the attention of the Trustees that would require adjustments to or disclosure in the financial statements.

Schedule of active participant data (Schedule MB, Line 8b(2))

The participant data is for the year ended September 30, 2023.

Years of Credited Service

Age	Total	0 - 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24
30 - 34	3	1	1	1	—	—	—
35 - 39	2	1	—	—	—	1	—
40 - 44	4	—	1	1	2	—	—
45 - 49	1	—	1	—	—	—	—
50 - 54	2	1	—	—	1	—	—
55 - 59	4	—	1	—	1	1	1
60 - 64	5	—	2	1	1	—	1
65 - 69	1	—	1	—	—	—	—
Totals	22	3	7	3	5	2	2

Statement of actuarial assumptions/methods (Schedule MB, Line 6)

Mortality rates

Pre-retirement: None

Pensioners: Pri-2012 Healthy Retiree White Collar Amount-weighted Tables, projected generationally with scale MP-2021

Beneficiaries: Pri-2012 Contingent Survivor White Collar Amount-weighted Tables, projected generationally with scale MP-2021

These mortality tables with the generational projection (Scale MP-2021) to the ages of participants as of the valuation date reasonably reflects the mortality experience of the Plan as of the valuation date. The tables were then further adjusted to future years using the generational projection (Scale MP-2021) to reflect future mortality improvements between the valuation date and those years.

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

Annuitant mortality rates

Age	Healthy Male ¹ (%)	Healthy Female ¹ (%)
55	0.46	0.32
60	0.64	0.49
65	0.83	0.72
70	1.18	1.05
75	2.13	1.75
80	3.87	3.23
85	7.42	6.11
90	14.00	11.37

¹ Mortality rates shown are for the current year.

Termination rates

None

Retirement rates

Age	Annual Retirement Rates
50 – 54	1%
55 – 59	5%
60 – 61	15%
62	35%
63 – 64	25%
65	100%

The retirement rates were based on historical and current demographic data, adjusted to reflect the change in plan provisions effective January 1, 2013 and estimated future experience and professional judgement.

Description of weighted average retirement age

Age 62, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the October 1, 2023 actuarial valuation.

Retirement age for inactive vested participants

For participants whose accrued benefit as of December 31, 2012 is greater than or equal to their benefit under the current formula: 55

For other participants: 60

The retirement age for inactive vested participants was based on historical and current demographic data, adjusted to reflect the change in plan provisions effective January 1, 2013 and estimated future experience and professional judgment.

Salary scale

4% per year

The salary scale was based on historical and current demographic data, adjusted to reflect economic conditions of the industry, advice from the Trustees, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual salary scale over the most recent five years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be female.

Definition of active participants

Those employed by the participating employers as of the valuation date and have elected to join the Plan by making the required employee contribution.

Percent married

100% of participants are assumed to be married.

Age and gender of spouse

Age and gender of current spouse if known, otherwise spouses are assumed to be 2 years younger than male participants and 2 years older than female participants and have the opposite gender of the participants.

Benefit election

All participants are assumed to elect the Joint and Survivor annuity form of payment.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, economic conditions of the industry, and estimated future experience and professional judgment.

Net investment return

6.75%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

None. Administrative expenses are paid outside of plan assets by the participating employers

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized 20% per year over a five-year period. The actuarial value is further adjusted, if necessary, to be within 10% of the market value.

Actuarial cost method

Entry Age Normal Actuarial Cost Method. Entry Age is the age at the time the participant would have commenced employment if the plan had always been in existence. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by salary, with Normal Cost determined as if the latest benefit provisions had always been in effect.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in the Summary of Plan Provisions.

Current liability assumptions

- **Interest:** 3.07%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 Mortality Tables, separate for annuitant and non-annuitant, projected to 2023 with static scale MP-2021

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

FSA Contribution Timing (Schedule MB, Line 3a)	Employee contributions were paid at the end of each month during the year pursuant to the plan provision and therefore are equivalent to an average payment date of April 15, 2024.
Change in Actuary	Currently, Geoff Bridges, FSA, MAAA, EA of Segal is engaged by the plan sponsor as the Enrolled Actuary for the plan. Formerly, Aida Domlija, FSA, MAAA, EA of the same firm held that position. The change was made to due to a reassignment of duties.

Summary of plan provisions (Schedule MB, Line 6)

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

Plan year

October 1 through September 30

Pension credit year

October 1 through September 30

Plan status

Ongoing plan

Normal pension

- **Age Requirement:** 65
- **Service Requirement:** Fifth anniversary of employment if hired on or after January 1, 2013; otherwise none
- **Amount:** Greater of:
 - 2 ½% of final average salary per year of credited service to a maximum of 20 years for service and salary as of December 31, 2012
Final average salary for this clause is defined as one-fifth of the highest sum of the gross salaries paid to a participant for any five calendar years no later than December 31, 2012 while an active participant. Salary includes all compensation as reported on Form W-2, including regular salary and wages, overtime pay, bonuses, and commissions; or
 - 2% of final average salary per year of credited service for the first 30 years of credited service plus 1% of final average salary per year of credited service for the next 15 years of credited service, for a maximum of 75% of final average salary using service and salary as of the date of termination/retirement.

Final average salary for this clause is defined as average of the highest sum of the gross salaries paid to a participant for any ten calendar years while an active participant. Salary includes regular salary and wages.

Early retirement

- **Age & Service Requirements:**
 - Age 50 and 15 years of credited service, or
 - Age 55 and 5 years of credited service
- **Amount:** Greater of normal pension accrued through December 31, 2012, actuarially reduced from age 55 if necessary, or total normal pension accrued, actuarially reduced from age 65

Disability

- **Age Requirement:** None
- **Service Requirement:** Five years of credited service
- **Amount:** Normal pension accrued at disability, payable immediately without reduction

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service
- **Amount:** Normal or early pension accrued
- **Normal Retirement Age:** 65

Withdrawal (not payable if other benefits are payable)

- **Age Requirement:** None
- **Service Requirement:** None
- **Amount:** Return of employee contributions with interest at 120% of the federal mid-term rate

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service
- **Amount:** 50% of the benefit participant would have received had he or she retired the day before death and elected the 50% joint and survivor option. If the participant died prior to eligibility for an immediate early retirement pension, the spouse's benefit is deferred to the date participant would have been eligible. The surviving spouse, and designated beneficiary if surviving spouse dies, are guaranteed payment of the accumulated participant contributions.

Pre-retirement lump-sum death benefit

- **Age Requirement:** None
- **Service Requirement:** None
- **Amount:** Return of participant contributions with interest at 5%, not payable if the spouse's pre-retirement death benefit is payable.

Post-retirement death benefit

If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the participant. Total pension benefits paid is guaranteed to be no less than 100% of employee contributions with interest at 120% of the federal mid-term rate.

Optional forms of benefits

The following optional forms of payment are available for married participants under the Plan:

- Single Life Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity

Participation

Immediately upon commencement of employee contributions

Contribution Requirement For Employees

As a condition of plan participation, employees are required to contribute 4% of compensation.

Credited Service

Service for the years and complete months during which the employee was an active participant.

Vesting Service

One year of vesting service for each pension credit year during the contribution period in which the employee works 1,000 hours.

Changes in plan provisions

The following changes in plan provisions were first reflected in this actuarial valuation:

- Maximum annual compensation limit, increased from \$305,000 to \$330,000.

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

A Name of plan Pension Plan For Employees Of United Food & Commercial Workers Union-Employer Health And Welfare Fund	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF United Food & Commerical Workers Union Health & Welfare Fund	D Employer Identification Number (EIN) 34-6726563	

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

1a Enter the valuation date: Month 10 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	10,743,098
(2) Actuarial value of assets for funding standard account.....	1b(2)	11,648,670
c (1) Accrued liability for plan using immediate gain methods	1c(1)	8,321,441
(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)	7,924,933
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)	11,162,655
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	248,772
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	667,645
(3) Expected plan disbursements for the plan year	1d(3)	620,422

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

SIGN HERE	 Signature of actuary Geoff Bridges, FSA, MAAA, EA Type or print name of actuary	<u>7/7/2025</u> Date <u>2306597</u> Most recent enrollment number <u>312-984-8500</u> Telephone number (including area code)
	SEGAL Firm name 101 N. WACKER DR., SUITE 1800 CHICAGO IL 60606-1722 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

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

5m	
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6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.07 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	0 A
(2) Females	6c(2)	0 A
d Valuation liability interest rate.....	6d	6.75 % 6.75 %
e Salary scale	6e	4.00 % <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	% %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	7.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.3 %
i Expense load included in normal cost reported in line 9b	6i	<input checked="" type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		<input type="checkbox"/> Yes <input type="checkbox"/> No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	92,696
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	6,257
e Total charges. Add lines 9a through 9d	9e	98,953
Credits to funding standard account:		
f Prior year credit balance, if any	9f	1,032,330
g Employer contributions. Total from column (b) of line 3	9g	0
	Outstanding balance	
h Amortization credits as of valuation date	9h	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	69,682
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	
(3) FFL credit	9j(3)	98,953
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	1,200,965
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	1,102,012
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No